Family-School Collaboration within Behavioral Problem-Solving Teams: Examining the

Experiences of Racially and Ethnically Minoritized Families

By

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ABSTRACT

Decades of research and federal education policy support schools and families working together to support students. School problem-solving teams (PSTs) present an opportunity to engage families as collaborators in support planning, decision-making, and intervention implementation. However, meaningful collaboration between caregivers and PSTs rarely if ever occurs in practice. This is reflective of a broader trend, in which schools struggle to engage caregivers in meaningful collaboration, especially families of students from racially and ethnically minoritized backgrounds. This is exacerbated by disproportionality in special education and disciplinary referrals, as well as a history of marginalization in the education system. The purpose of the current study was to examine how caregivers of students from racially and ethnically minoritized backgrounds experienced work with school PSTs. More specifically, this study targeted racial and ethnic groups that experience disproportionality in disciplinary action and special education placement.

This qualitative study adapted constructivist grounded theory methodology to conduct and analyze individual semi-structured interviews with caregivers ($n = 4$). Research questions examined: (a) how caregivers conceptualized their role in the problem-solving process, (b) barriers and facilitators to collaboration, (c) successful and unsuccessful practices for engaging families in collaborative problem solving, and (d) indicators of equitable collaboration. Iterative grounded theory coding revealed analytic themes and categories related to these research questions. Caregivers described their role within collaborative problem-solving as an active one that involved: advocacy, implementation of interventions and sources of insight and information. Furthermore, caregivers discussed their roles in supporting their children's racial and ethnic identity and raising related concerns about diversity, bias, and inequity. Participants discussed

the importance of family-school relationships, proactive communication, and knowledge of PST processes. Finally, the dissertator identified open communication, family-school alignment, and child well-being as indicators of equitable collaboration. These findings guided practice-based recommendations and directions for future research.

CHAPTER I: INTRODUCTION

Background

Promoting adaptive behavioral functioning of students is a critical issue for schools, as maladaptive behaviors (e.g. disruption, non-compliance, dysregulation, aggression, absenteeism) can have significant implications for student outcomes and school climate (Reaves et al., 2018). Students who experience significant behavioral challenges benefit from increased support in the form of evidence-based intervention plans that are tailored to their needs (Sheridan & Kratochwill, 2010). This concept is a core tenet of Multi-Tiered Systems of Support (MTSS), a well-established framework for service delivery in schools (Pullen et al., 2018). Implementation of MTSS involves providing three tiers of increasingly intensive behavioral support for students within the general education setting. At Tier 1, school-wide preventative practices are put in place to teach social-emotional learning and to reinforce consistent behavior expectations. Students who experience challenges despite these universal supports are provided with more intensive support at Tier 2 or Tier 3 in the form of small groups or tailored support plans (National Association of School Psychologists [NASP], 2016). As of 2019, 41 states have reportedly embraced or encouraged using an MTSS framework, making it a widely implemented approach to service delivery throughout the United States (Bailey, 2019).

Within MTSS, student behavior is supported by multidisciplinary groups of personnel called Problem-Solving Teams (PSTs). PSTs include a variety of educational stakeholders including teachers, administrators, school psychologists, counselors, occupational therapists, and social workers (Rosenfield et al., 2018). At the Tier 1 level, PSTs work proactively with school personnel to establish practices that increase the frequency of appropriate student behaviors and decrease the frequency of problem-behavior in the general education setting. Students who

require more intensive support at Tier 2 or Tier 3 are referred to PSTs for consultation, in which team members work together to develop intervention plans that address students' social-emotional needs and behavioral challenges (Rosenfield et al., 2018). Teams utilize a systematic problem-solving approach in which they: identify concerns, collect, and review data, select appropriate intervention approaches, support implementation, and evaluate students' responsiveness to intervention (Dowd-Eagle & Eagle, 2014; Erchul & Ward, 2016). The goal of this process is to provide brief, solution-focused interventions that facilitate students' progress toward team-identified goals and the eventual transition to less intensive behavioral supports (Stoiber & Gettinger, 2016). By utilizing a collaborative approach, PSTs effectively combine the expertise and resources of a variety of stakeholders to provide comprehensive and sustainable supports for students experiencing challenges (Rosenfield et al., 2018).

PSTs also play an important role in preventing the unwarranted removal of students from general education settings. Federal education legislation calls for the protection of students' right to access free and appropriate public education in the least restrictive environment (Individuals with Disabilities in Education Act [IDEA], 2004). This law was designed to diminish differential access to education and to prevent schools from unduly segregating students with more intensive needs from their peers (Sullivan et al., 2019). In practice, IDEA (2004) calls for schools to do as much as possible to provide supports to students within the context of the general education setting (Jimerson et al., 2016). School PSTs support the enaction of this policy in several ways. First, PSTs serve as an intermediary between the general education and special education setting, with the power to prevent inappropriate placement of students with behavior challenges. Federal and state legislation dictates that before students with persistent academic or behavioral challenges can be placed in special education, schools must consider students' responsiveness to

intensive (Tier 2 and Tier 3) interventions (Zirkel, 2017). This means that in most school districts, referral to problem-solving consultation is the final checkpoint before students are evaluated for a disability (Erchul & Ward, 2016). Second, PSTs serve as an alternative to suspension or expulsion of students with persistent behavior challenges. Such disciplinary practices fail to recognize or address the needs of students with persistent behavioral challenges (American Psychological Association [APA], n.d.). Finally, PSTs strengthen the capacity of school systems to support students in the general education setting (Rosenfield et al., 2018). By working with school staff to select, implement, and evaluate evidence-based intervention strategies, PSTs increase schools' competency to address behavior challenges within the classroom. This mitigates the need to remove students from the general education setting via special education referral or disciplinary action (Rosenfield et al., 2018).

Despite efforts to ensure that all students have equitable access to education, significant disproportionality persists in the American school system. National data consistently demonstrates that students of color experience overrepresentation in special education and a greater likelihood than white peers to be subjected to harsh disciplinary action (U.S. Department of Education [U.S. DOE], 2021; U.S. Government Accountability Office [U.S. GAO], 2018). More specifically, students who identify as (a) Black or African American, (b) Hispanic or Latinx, (c) American Indian or Alaskan Native, (d) Hawaiian or Pacific Islander, or (e) multiracial are significantly more likely than peers to be suspended, expelled, and/or receive special education services (U.S. GAO, 2018; Nguyen et al., 2019; Skiba et al., 2014; U.S. DOE, 2021; Zhang et al., 2014). For the present paper, the term "minoritized" will be used to describe these groups. Process-centered language has become increasingly common in research, policy, and public discourse. The term "minoritized" emphasizes the ongoing social experience of

marginalization within the education system that is a result of: historic and contemporary racism, social institutions that perpetuate inequity amongst groups, norms that sustain white privilege, and discriminatory practices by dominant groups that promote the ongoing subordination of non-dominant groups (Chase et al., 2014; Harper, 2012). Using the term "minoritized" also avoids the assumption that these experiences are limited to students that represent a numerical minority within their given school context. Such pervasive disproportionality has significant implications for the educational experiences of minoritized students including but not limited to decreased educational access, increased risk for negative academic or behavioral outcomes, and feelings of marginalization within school communities (NASP, 2013).

Within the MTSS framework for service delivery, PSTs are uniquely positioned to address disproportionality related to special education placement and disciplinary referrals in schools (Luiselli et al., 2001). These outcomes are often tied to behavior challenges, which PST teams are especially well-equipped to address. Additionally, PSTs serve as a critical step in the prereferral intervention process, in which students receive tailored interventions and supports in the general education setting before referral to special education is considered (Burns et al., 2005). Additionally, the availability of problem-solving support systems (such as PSTs and professional consultation) in the general education environment has been cited as a key element of culturally responsive prereferral interventions (Garcia & Ortiz, 2006). A high proportion of the students referred to PSTs for support are members of minoritized groups (Maslak, 2015; Newell, 2010). Providing these students with effective behavioral support within the general education setting is a critical way that PSTs can combat disproportionality.

To effectively serve the needs of a diverse student population and to reform processes that perpetuate disproportionality, it is critical for PSTs to embed culturally responsive

consultation practices within their work (Newell, 2010). Recommendations from the Wisconsin Department of Public Instruction (WI DPI; 2017) for equity building and culturally responsive practice encourage school teams to use authentic partnerships with families to build knowledge, trust, and mutual responsibility with marginalized groups. Similarly, best practice recommendations for implementing PSTs within an MTSS framework encourage teams to engage students' families as critical stakeholders throughout the problem-solving process (Harrison & Thomas, 2014). This sentiment is also echoed in federal educational policy, which requires schools to create meaningful opportunities for caregivers to engage in educational decision-making and support planning (Evans, 2018; Every Student Succeeds Act [ESSA], 2015). Taken together, these guidelines suggest that exploring the perspectives and experiences of families of minoritized students is an essential practice for carrying out culturally responsive problem-solving in schools. While much of the related discourse in this area has traditionally focused on children's biological parents, it is common in many families for stepparents, grandparents, extended family members, and other adults to play a significant role in a child's education (Yamauchi, 2017). To recognize the rich diversity of family structures represented in the American education system, the term "caregiver" will be utilized throughout the current paper to describe adults who assume a parenting role in the lives of school-age children.

Engaging families in the work of school PSTs is supported by decades of educational research, which demonstrates that students experience a myriad of academic, behavioral, and social-emotional benefits when parents or other family members are actively engaged in their education (Garbacz et al., 2017; Mapp & Kuttner, 2002). When school teams work in collaboration with families, they can tap into critical insights that caregivers possess about their child's strengths and needs (Sheridan & Kratochwill, 2010). Furthermore, when caregivers play

a meaningful role in developing intervention and support plans, it promotes ownership and buy-in (Sheridan & Kratochwill, 2010). These factors are critical for extending behavioral support beyond the school setting, and for encouraging caregivers to embrace and implement evidence-based behavior support strategies in the home. Taken together, the family-school literature suggests that meaningfully engaging families in the problem-solving process is a highly impactful strategy for establishing comprehensive student support across settings and for cultivating sustainable partnerships between schools and families (Edwards & Kutaka, 2015).

Although all students stand to benefit when school interventions involve family members, Meta-analytic research suggests that this impact is more significant for children from minoritized racial or ethnic backgrounds (Sheridan et al., 2019). For these students, caregivers' involvement and advocacy within school systems acts as powerful protective factors in the face of the risks associated with persistent marginalization. In collaboration with teams, caregivers from minoritized backgrounds can offer unique insights related to the values, beliefs, and cultural traditions that inform the experiences of students and their families (Ishimaru, 2020). By drawing on these funds of knowledge during the support planning process, schools can identify culturally responsive interventions that align well with students' needs and experiences (Ishimaru, 2020). The benefits of engaging caregivers of minoritized students as collaborators extend beyond the student themselves. The experience of participating in meaningful decision-making and intervention implementation can empower families by providing guidance in how to navigate school systems, how to advocate for their child's needs, and how to utilize evidence-based behavior support strategies (Mapp & Kuttner, 2013). Working closely with caregivers can also be beneficial for teachers, increasing their understanding and recognition of the diverse ways that families support students in their education (Baquedado-Lopez et al., 2013). This helps combat

deeply rooted biases and stereotypes about the deficiency of minoritized families within school systems (Ishimaru, 2019). Furthermore, emerging work on culturally responsive school-wide practices suggests that in order to combat disproportionality, school teams should actively seek the perspectives of groups that are most affected by disparities (Leverson et al., 2016). Given the multidisciplinary and collaborative nature of school PSTs, engaging caregivers of minoritized students as key stakeholders throughout the problem-solving process is a natural step toward culturally responsive practice and reduction of bias in pre-referral decision-making.

Problem Statement

Despite research highlighting a multitude of benefits when schools engage families in collaborative problem solving, this type of interaction is rarely seen in practice (Garbacz et al., 2018). During implementation, school PSTs often fail to encourage or provide opportunities for families to meaningfully participate in the problem-solving process (Dowd-Eagle & Eagle, 2014). This is reflective of a broader trend in education wherein school districts struggle to build collaborative partnerships with families, instead maintaining asymmetric relationships in which caregivers are encouraged to passively support their child's education (Erchul & Ward, 2016). Engaging families as partners can be especially challenging in the face of contextual and cultural factors (Stefanski et al., 2016). School districts across the United States persistently struggle to engage caregivers from minoritized families in collaborative work (Ishimaru, 2019). For minoritized groups, socio-historical factors related to power, culture, bias, and marginalization are especially salient in interactions with school personnel (Baquedado-Lopez et al., 2013). Furthermore, because of persistent disproportionality in special education and disciplinary referrals, minoritized families have a long history of negative interactions with school staff and the education system, which can make it difficult to establish trusting relationships with school

teams (Sheridan & Eastberg, 2020). These are significant factors that influence the quality and nature of the relationship between minoritized families and schools (Ishimaru, 2020). Since a high proportion of the students from minoritized backgrounds are referred to PSTs, it is critical to consider how their caregivers experience collaborative problem solving with school personnel.

A review of the literature related to engaging families from minoritized backgrounds in collaborative work with PSTs, reveals some significant limitations and areas for future development. First, examining the scope of work studying collaboration between families and schools reveals an overwhelming focus on the perspective of school personnel. Using a variety of data collection methods including surveys, rating scales, interviews, and focus groups; researchers have thoroughly explored educator's beliefs and observations about the value and process of collaborating with families. While this body of research provides some compelling insights about the benefits and challenges of engaging families as collaborators, it reflects only one side of the family-school dynamic. Collaboration is an interactive process that can be impacted by a host of interpersonal and contextual factors. To gain a holistic understanding of the complexity of family-school collaboration, it is critical to consider how each party is impacted by these factors. To address this limitation, additional work is needed that examines not only caregivers' perceptions and experiences of collaboration with schools but also the caregivers of minoritized students' point of view.

Second, a review of the PST literature reveals minimal work that examines the participation of caregivers in collaboration with prereferral PSTs. Although family-school collaboration is recommended as best practice and strongly encouraged in federal legislation, there is a surprising paucity of research analyzing it in practice. This is likely because PSTs often fail to meaningfully include caregivers in the problem-solving process. This is reflective of a

broader issue within education wherein scarcity of opportunities for meaningful participation and lack of influence over decision-making are two critical impediments to family engagement (Ishimaru, 2020). To address this discrepancy between recommendations and practice, more work is needed that examines collaboration between caregivers and school PSTs in the field. Exploratory work that captures how caregivers perceive and experience work with school PSTs can inform practice-based guidelines by highlighting what families perceive as barriers, facilitators, and effective practices for engaging families in the problem-solving process.

Considering the paucity of work examining caregiver participation within the context of PSTs, it is important to review research examining other contexts for collaborative problem solving between families and schools. Some examples include developing Individualized Education Plans (IEP) with special education teams and engaging in individual behavioral consultation with teachers and parents. Although this work provided some compelling findings about caregivers' perceptions of the core practices for facilitating true collaboration with families it also highlighted the challenges caregivers experience in working with school personnel. One significant limitation of this work however was the minimal representation of minoritized families. Most of the studies that were reviewed either failed to report participant demographics or had a predominantly white (90% or higher) sample. Only four studies were identified that examined minoritized caregivers' experiences engaging in collaborative problem solving with school staff. Across these studies, caregivers identified cultural differences and perceived respect for caregivers (or lack thereof) as factors that significantly impacted the extent of collaboration and partnership building between families and school IEP teams. These findings suggests that caregivers from minoritized groups have distinct phenomenological experiences of family-school collaboration that are uniquely tied to their identity. Given the number of minoritized students

who are referred for problem-solving consultation, these experiences need to be similarly explored within the context of prereferral PSTs. Work is needed that specifically examines the way caregivers of minoritized students perceive engagement efforts by PSTs and the collaborative problem-solving process. This can guide practical recommendations for improving engagement of minoritized families in collaborative problem solving.

Purpose of the Present Study

The purpose of the present study is to explore the experiences of families of racially and ethnically minoritized students in the context of working with school problem-solving teams (PSTs). A rich body of literature suggests that students and families benefit when caregivers are engaged in meaningful collaboration related to their child's education. PSTs represent an important opportunity for schools to collaborate with families (Dowd-Eagle & Eagle, 2014). This opportunity is especially pertinent for families from minoritized backgrounds, as disproportionality in discipline and special education referrals suggests that these students are highly likely to be served by PSTs (Maslak, 2015). In practice, school teams rarely engage families in the problem-solving process (Erchul, 2011). Furthermore, a review of the relevant literature reveals a paucity of research directly examining the role of families within the context of team-based problem solving in the general education setting (Dowd-Eagle & Eagle, 2014). The proposed study addressed this gap by examining the experiences and perspective of caregivers of minoritized students who have been served by PSTs. The study centered the voices of caregivers to inform future research directions and practice-based guidelines for engaging minoritized families in equitable collaboration through the PST.

Chapter II: LITERATURE REVIEW

Prereferral Problem-Solving Teams

Problem-solving teams (PSTs) in U.S. schools are embedded within federal and state education policy. As part of a multi-tiered system of support (MTSS) framework, PSTs are a multidisciplinary group of education stakeholders who work together to support student learning and development. At Tier 1, PSTs establish and support implementation of systems and practices to promote effective school environments that support students. At Tier 2 and Tier 3, PSTs support the development and evaluation of tailored intervention plans. IDEA (2004) requires schools to utilize multidisciplinary teams when engaging in intervention planning and evaluation. As of 2005, 86% of states either required or mandated that schools use PSTs as a part of the prereferral (Tier 2 and Tier 3) intervention process (Truscott et al., 2005). School districts embrace a variety of approaches to team-based consultation which can include school-based intervention teams, prereferral intervention teams, and behavior consultation teams (Truscott et al., 2005). Despite these different variations, PSTs that are implemented within an MTSS framework have several core elements including (a) the use of a systematic problem-solving approach to address behavioral concerns, (b) collaboration amongst a variety of stakeholders, (c) data-based decision-making, and (d) ongoing behavioral consultation with stakeholders for the development and implementation of intervention plans (Dowd-Eagle & Eagle, 2014; Erchul & Ward, 2016; Truscott et al., 2005).

Within MTSS, PSTs promote positive behavioral outcomes for students. Through systematic problem solving, coordination of supports, and selection of evidence-based interventions, PSTs can optimize the effectiveness of services at all tiers of MTSS (Erchul, 2011). PSTs also provide classroom teachers and other relevant service providers with

supplementary support that is grounded in multi-source data and evidence-based practice. This bolsters the capacity of schools to support students' needs within the general education setting (Rosenfield et al., 2018). Problem-solving teams promote positive outcomes at the individual and systems-level and have been tied to decreases in inappropriate special education referrals, changes in teachers' attitudes towards "difficult" students, improved competency in teachers' behavior management, and reduced academic and behavioral challenges for students (Dowd-Eagle & Eagle, 2014; Truscott et al., 2005). Finally, by bringing together key stakeholders with different areas of expertise, PSTs decrease the fragmentation of service delivery in schools and provide students with more holistic and sustainable supports (Rosenfield et al., 2018).

A critical function of PSTs is to safeguard against students with social-emotional or behavioral challenges being unnecessarily excluded from the general education setting (Rosenfield et al., 2018). Rather than removing these students from the classroom via disciplinary action or alternative placement, PSTs strive to implement behavioral interventions and supports that meet students' needs within the general education environment (Nese & McIntosh, 2016). For many students, problem-solving consultation as facilitated through a PST is an effective alternative to suspension or expulsion and a last step before referral for special education evaluation (Dowd-Eagle & Eagle, 2014). This means that PSTs are uniquely positioned to address disproportionality in school systems. Disproportionality occurs when groups are unequally represented within a given category (i.e. special education) or specific outcome (NASP, 2013). In the American school system, students from minoritized racial or ethnic backgrounds are consistently more likely than peers to receive harsh discipline for their behavior and to be placed into special education settings for emotional-behavioral concerns (NASP, 2013). Consequently, a high proportion of the students who are referred for behavioral

support from school PSTs are from minoritized racial and ethnic groups (Knotek, 2003; Maslak, 2015). To effectively meet the needs of minoritized students and to decrease disproportionality related to behavior concerns, it is critical for PSTs to identify and implement practices that are most effective and responsive to the needs of this population. For PSTs, this is especially important in two areas: exclusionary discipline and referral to special education.

Exclusionary Discipline

Decades of research demonstrates that students from minoritized racial groups are consistently overrepresented in behavior referrals and are more frequently subjected to suspension and expulsion (NASP, 2013). Regardless of either student behavior or socioeconomic status, race is one of the most significant predictors of exclusionary discipline in which students are removed from the educational environment as a punitive measure (Welsh & Little, 2018). More specifically, students who identify as Black or African American, Native American, Hispanic or Latinx, Native Hawaiian or Pacific Islander, and Multiracial are significantly more likely to be disciplined than peers from other groups (Booker & Mitchell, 2011; Brown & Tillio, 2013; Losen & Gillespie, 2012; Nguyen et al., 2019; Skiba et al., 2014; U.S. GAO, 2018; Welsh & Little, 2011). Commonly, students from minoritized racial and ethnic backgrounds receive suspensions and expulsions for non-violent offenses involving truancy, disruptive behavior, and "defiance" of classroom teachers (Fenning, 2007). These are behaviors that are particularly amenable to the behavioral interventions and supports that PSTs utilize. Furthermore, school disciplinary codes often don't offer educators many viable alternatives to suspension for such behaviors (Bowditch, 1993). As a part of MTSS, school PSTs have the power to influence systems-level approaches to addressing behavior and to provide classroom teachers with useful

alternatives to discipline in the form of evidence-based strategies for addressing student behavior in the classroom (Rosenfield et al., 2018).

Disproportionate exposure to exclusionary discipline, which temporarily or permanently removes students from their educational environment, has critical implications for racially and ethnically minoritized students' access to education (APA, n.d.). Many argue that exclusionary discipline practices "push" students of color out of schools (Ishimaru, 2020). Students who have been suspended are significantly more likely to drop out of high school than those who have not, and suspension is a stronger predictor of eventual dropout than either academic achievement or socioeconomic status (Skiba et al., 2014). Furthermore, students who have been suspended at least once are twice as likely to be involved in the criminal justice system and four times as likely to be arrested than those who have never been suspended (APA, n.d.). This troubling consequence of exclusionary discipline is often framed as the "school-to-prison pipeline", which disproportionately impacts students of color (Welsh & Little, 2018). As a framework for both prevention and intervention, MTSS provides an opportunity to address challenging behaviors before they escalate to the point of suspension or expulsion (Stoiber & Gettinger, 2016).

Suspensions and expulsions disrupt student's exposure to consistent instruction and educational support, which can cause them to fall behind academically. Furthermore, removal from the classroom or building as punishment can lead students to become alienated within the school community. After suspension or expulsion, students often feel singled out by teachers and unwelcome in the classroom (Fenning, 2007). This can perpetuate a cycle of interaction between the student and school personnel in which students continue to withdraw or act out at school as a means of coping with the negative feedback and phenomenological experience of being punished (Spencer et al., 1997). These ongoing negative interactions in the school environment can be

especially discouraging for students from minoritized racial and ethnic backgrounds who already experience persistent marginalization and inequity within the education system. By advocating for educators to recognize and address the needs of students with behavior challenges within the classroom, PSTs can interrupt or even prevent this negative cycle of interactions between racially and ethnically minoritized students and schools.

Referral to Special Education

Historically, students from minoritized racial and ethnic backgrounds have also experienced disproportionate representation in special education. In an examination of 5-year trends in national special education data, Zhang et al (2014) found that students who identified as African American, Hispanic, or American Indian/Alaskan Natives were more represented than white students in both Learning and Emotional/Behavioral Disability categories. In another study, the U.S. department of Education (2015) found that students who identified as black, American Indian, Native Hawaiian or Pacific Islander were more likely to receive special education services than all other groups combined. In contrast, white students were less likely than all other groups to receive special education services. This data reveals that despite efforts to promote equity in special education referrals and evaluation practices, students from diverse backgrounds continue to be disproportionately represented in special education (NASP, 2013).

Overrepresentation in special education has some significant implications for the way students from diverse backgrounds access their learning. In the annual review of IDEA implementation, the U.S. Department of Education (2020) reported that roughly 40% of black students, 42.6% of Native Hawaiian or Pacific Islanders, and 37.6% of Hispanic/ Latino students spend less than 80% of their day inside the general education classroom. In contrast, only about 33% of white students with disabilities spend less than 80% of their day inside the general

education classroom. Data suggest that students with disabilities are more likely to spend time outside of the classroom environment when they have diverse racial or ethnic identities. This represents another way in which students from minoritized racial and ethnic backgrounds are marginalized within the school environment. Students who are overrepresented in special education experience a myriad of other negative effects including stigmatization, low quality instruction, and fewer opportunities to learn (NASP, 2013).

Problem-solving teams play a critical role in addressing this disproportionality by ensuring that interventions in the general education environment are properly explored before a student is referred for special education (Rosenfield et al., 2018). Within MTSS, PSTs are positioned as an intermediary between the general education and special education settings. In accordance with the guidelines for disability identification laid out by the Individuals with Disabilities in Education Act (IDEA; 2004), schools are encouraged to explore students' responsiveness to intervention within the general education environment before placement in special education. PSTs are tasked with identifying appropriate and effective interventions that align with students' particular challenges (Erchul & Ward, 2016). PSTs are especially well-equipped to address behavior challenges. While students can be referred for disability evaluation due to a variety of concerns, challenging classroom behaviors are often cited by teachers and other school staff, especially for students from minoritized racial and ethnic backgrounds (Skiba et al. ,2006). When PSTs function effectively and are responsive to students' needs and backgrounds, they can prevent students from minoritized racial and ethnic backgrounds from being inappropriately placed in special education for behavior challenges.

The Problem-Solving Process

In practice, PSTs embrace a behavioral consultation approach to their work. This is an indirect form of service delivery wherein consultants (usually a school psychologist or other specialist) work collaboratively with consultees (school personnel) to engage in systematic problem solving for the benefit of a client (child). This process is guided by an understanding of ecological systems and behavioral principles (Erchul & Ward, 2016). The goal of this process is to empower consultees through capacity and resource-building to promote students' well-being. While there is some variability in team-based approaches to problem solving, a particular sequence of stages typically emerges. Problem solving in schools usually involves (a) relationship building, (b) identification or clarification of the problem, (c) analysis of the problem, (d) selection and implementation of an appropriate intervention, (e) evaluation of the intervention, and (f) plan for generalization, maintenance, and continued follow-up (Erchul & Ward, 2016). An important desired outcome of the problem-solving consultation process is establishing cooperative partnerships amongst stakeholders for the purpose of building sustainable support networks for students (Erchul & Ward, 2016).

School PSTs are typically comprised of a variety of school personnel (such as teachers, administrators, and student support specialists), but students' families are also important stakeholders to engage in the problem-solving process (Erchul & Ward, 2016; Weingarten et al., 2020). Caregivers spend time with their children outside the school setting, which allows them to observe the various social and environmental circumstances that shape their child's behavior and development. As a result, caregivers have insights about their child's strengths and challenges that school personnel do not. When embraced by educators, caregivers' expertise can add depth and precision to behavior support plans at school (Sheridan & Kratochwill, 2010). Furthermore,

when stakeholders share resources and information, students get supports that are more tailored to their unique needs (Mapp & Kuttner, 2013). By working together, schools and families can combine their knowledge and resources, providing more comprehensive support for students than either one can accomplish alone (Sheridan & Kratochwill, 2010). Additionally, caregivers can supplement the work of school-based teams by implementing interventions or support strategies in the home setting (Sheridan & Kratochwill, 2010). By engaging caregivers in problem solving and support planning, school teams are more likely to identify intervention strategies that are feasible and sustainable given the resources and capabilities of the family system (Dunst, 2002). This can help promote continuity for the student across home and school settings. Studies suggest that when students experience similar behavior expectations across their different environmental context, they face less challenges transitioning between home and school (Sheridan & Kratochwill, 2010).

Engaging families in the work of PSTs aligns well with both federal education policy and best practices in MTSS implementation (Harrison & Thomas, 2014). IDEA (2004) and ESSA (2015) both require schools to actively involve caregivers in their child's education. More specifically, ESSA (2015) calls for schools to engage caregivers in decision-making and in consultation related to their child's needs at school. A review of the current literature on the use of PSTs in schools reveals a consensus that engaging families in the PST process is important (Kovelski, 2002). This is reflected in the most recent edition of *Best Practices in School Psychology*, which emphasizes that PSTs should engage a variety of stakeholders in the problem-solving process, including caregivers who have expertise related to the child receiving support (Harrison & Thomas, 2014). Finally, as an established practice within schools, the work of PSTs

offers an important opportunity to embed family-school collaboration within a sustainable system of support.

Family-School Collaboration

Key Terms and Definitions

For decades, researchers and policymakers have examined the nature and importance of relationships between families and schools. Although many in the field of education have accepted the notion that it is beneficial for students when educators and caregivers interact, there are various perspectives on the purpose that such interactions serve and what relationships between families and schools should ideally look like (Garbacz et al., 2017). This has given rise to several different terms that are used to describe relationships between families and schools (e.g., family involvement, family engagement, family-school partnerships, and family-school collaboration). Although these terms sound similar, they reflect nuanced differences in assumptions and approaches for building relationships between families and schools (Garbacz et al., 2017). For clarity, this section will include a brief overview of key terminology and perspectives that are commonly used to characterize relationships between families and schools.

Family Involvement is one of the oldest and most enduring terms used to describe the role of caregivers within the school system (Edwards & Kutaka, 2015). This term is used to broadly refer to the variety of ways that families support students' education, conceptualizing caregivers' "involvement" as an important mechanism for students' academic and social-emotional success at school (Garbacz et al., 2017; Hornby & Lafaele, 2011). Family involvement research strives to identify core parenting behaviors that are associated with positive academic outcomes for students and explores how to promote or increase the frequency of such behaviors (Kim, 2009). Some family involvement activities that are commonly cited within this literature include

communicating regularly with teachers, helping with homework, volunteering for school events, and creating home environments that enhance child functioning and learning (Epstein, 2002). Within the family involvement paradigm, relationships between families and schools are characterized as unidirectional, in which school personnel provide guidance and expertise on facilitating students' learning, and caregivers provide support for these efforts (Ishimaru, 2020). For example, a school that embraces a family involvement paradigm might distribute resources on effective parenting strategies and support caregivers in identifying ways they can support students' learning activities at home or school.

Family Engagement is a relatively recent term that emerged in response to criticism that the family involvement paradigm reflects a school-centric perspective on relationships between schools and families (Edwards & Kutaka, 2015). Family engagement broadly refers to interactive processes and practices in which families and schools form productive alliances in which they work together to support the well-being of students (Garbacz et al., 2017). A key defining feature of the family engagement paradigm is the belief in shared responsibility among educators and families for meeting the academic, behavioral, social, and emotional needs of students (Christenson & Sheridan, 2001). From this perspective, caregivers and teachers are equal partners in all problem solving and decision-making that directly impacts students (Sheridan & Kratochwill, 2010). Furthermore, family engagement calls for school systems to proactively solicit parent presence and voice in the school environment (McKenna & Millen, 2013). This is accomplished by establishing systems, practices, and environments that are welcoming and accessible to families from an array of backgrounds and by providing meaningful opportunities for caregivers to partake in decision-making and planning at school (Garbacz et al., 2017).

Family-School Partnerships are reciprocal and equal, reflecting families' and educators

shared responsibility for student learning and development (Garbacz et al., 2017). Both

caregivers and school personnel are viewed as experts of their own domain, with the former

offering up important insights about education and the latter possessing critical knowledge about

their children (Sheridan & Kratochwill, 2010). Family-school partnerships are established

through authentic collaboration, cooperation, and coordination amongst caregivers and educators

across the home and school setting (Kim et al., 2012). In practice, this involves shared decision-

making, open and bidirectional communication between families and school personnel,

considering the opinions and ideas of caregivers and incorporating them into school planning

(Edward & Kutaka, 2015). These are all elements of *family-school collaboration*, wherein

caregivers are empowered to be active change agents with meaningful opportunities to influence

school systems (Ishimaru, 2019). Through authentic collaboration, schools establish relationships

with families that are characterized by "trust, respect, competence, communication, commitment,

equality, and advocacy" (Edward & Kutaka, 2015, p. 7). Districts that strive to establish true

partnerships with families assume that when caregivers and educators work together to share

information and coordinate resources, students are provided with more comprehensive support

than either set of stakeholders could accomplish alone (Mapp & Kuttner, 2013).

Contextualizing Family-School Collaboration

Ecological Systems Theory (EST) provides a framework for understanding how

collaboration between families and schools fits into a child's broader ecological context and how

these interactions can influence academic, social-emotional, and behavioral outcomes. Broadly,

EST suggests that an individual's development is continuously shaped through bidirectional

interactions with their environment (Bronfenbrenner, 1977). In defining the "environment",

Bronfenbrenner (1977) recognized that individuals interact with many different contexts throughout their lives, with some environments having a more direct influence on development. Bronfenbrenner and Evans (2000) characterized these interactions between individuals and their environment as proximal processes that are reciprocal, ongoing, and increasingly complex. In identifying points of prevention and intervention, it is critical to understand how proximal processes at each level of the ecological system shape the development and functioning of students.

Home and school are the two environments that children occupy most frequently, the settings where they have the most social interactions, and the settings where they learn (both formally and informally). EST suggests that these contexts (called microsystems) have the most proximal influence over a child's development (Sheridan & Kratochwill, 2010). As children learn and grow, they adapt to the unique demands, stressors, and available resources in each of these environments. In turn, practices within the home and school environment are constantly being influenced by children and their needs. To optimize child outcomes, it is critical to examine supports and resources in both home and school environments (Sheridan & Kratochwill, 2010). When families are active participants in planning and decision-making at school, service providers have a more accurate picture of these developmental contexts which results in the identification of feasible and sustainable supports (Sheridan & Kratochwill, 2010).

Within EST there are ongoing systematic interactions between environments, and these interactive contexts (mesosystems) have a significant impact on an individual's functioning (Bronfenbrenner, 1977). In other words, considering how a child's needs are being met in one environment does not provide a holistic understanding of that child's functioning because their experiences in other settings continue to have ongoing influences. For example, if a student has

difficulty staying on-task at school, a teacher might attribute this behavior to attention challenges. However, a conversation with the child's parent could reveal a great deal of instability in the student's home environment, which makes it difficult for the student to consistently get enough sleep and follow simple routines. By communicating across settings, key stakeholders can identify support strategies that are better suited to the student's overall needs (Sheridan & Kratochwill, 2010).

Students frequently move between the home and school environment in their daily lives. When there is inconsistency in the expectations across each of these settings or even worse, when beliefs and values are in opposition, students experience significant challenges (Reschly, 2020). On the other hand, when there is congruence across settings, students experience positive outcomes (Garbacz et al., 2017). For these reasons, the home-school mesosystem is a particularly powerful developmental context to target for intervention with students (Sheridan & Kratochwill, 2010). When school PSTs meaningfully engages families as partners in decision-making and support planning, they function as a mesosystemic intervention. By working together to address students' needs and to provide support, collaborative interventions have broader impacts for students (Sheridan & Eastberg, 2020). Additionally, building stronger relationship between families and schools promotes the sustainability of these supports over time (Weingarten et al., 2020). By bringing together school personnel and families, problem-solving teams target this important environmental context with significant implications for students' development and well-being.

The importance of social systems and structures within a child's community (the exosystem) and how they impact students' and families' experiences are emphasized within EST. These structures indirectly impact the kinds of opportunities, experience and resources that

are available to students and their families (Sheridan et al., 2020). For example, a parent's occupation can have a tremendous impact on their availability to provide behavioral support to students at home and to communicate with school personnel. This can indirectly perpetuate disproportionality in school systems as students from higher socioeconomic backgrounds are less likely to be referred for behavior challenges than students whose middle-class families can provide increased behavioral support at home (LaRocque et al., 2011). In working with diverse student populations, it is critical to consider the impact of exosystem factors and how they maintain disproportionality within schools (Garbacz et al., 2020).

Finally, EST suggests that it is critical to consider how the attitudes, ideologies, and social norms of the broader culture (macrosystem) provide political and normative nuance to a child's ecological context (Bronfenbrenner, 1977). While these macrosystem variables permeate every level of the ecological system, there is some variability in the frequency and intensity in which individuals interact with the larger cultural context (Reschly, 2020; Sheridan et al., 2020). Since the influence of the "dominant" culture is so pervasive and persistent, individuals from non-dominant (minoritized) groups interact with the larger cultural context more frequently and with greater intensity (Reschly, 2020). To appropriately contextualize the experiences of racially and ethnically minoritized students and families, it is critical to employ a sociocultural lens to examine proximal processes between minoritized groups and school systems (Ishimaru, 2019; Reschly, 2020).

Despite the utility of EST, there are several ways that it falls short in addressing the experiences of individuals from minoritized racial and ethnic groups. One major critique of EST is that it presents a relatively homogenized picture of development that doesn't consider how an individual's intersubjective experiences with their environment contribute to functioning and

development (Spencer et al., 1997). From this perspective, environmental "risk" and "protective"

factors are direct determinants of developmental outcomes, which doesn't consider how

individuals perceive stress and support within their environment (Velez & Spencer, 2018). This

can lead to a simplistic understanding of the experiences of racially and ethnically minoritized

groups who are often broadly categorized as "at risk" in developmental and educational research.

A second major critique of EST is that it fails to address power dynamics as an important

feature of the ecological system. In exploring the issue of intersectionality, Crenshaw (1989)

suggests that socio-political structures maintain the power and privilege of certain groups over

others, which creates interlocking systems of oppression. For marginalized groups, experiences

of oppression are pervasive throughout every level of the ecological system and play a critical

role in shaping how individuals perceive and interact with the world around them (Velez &

Spencer, 2018). For example, emerging research on identity development suggests that children

from racially and ethnically minoritized groups have increasingly distinct social experiences as

they become aware of their own positionality within different contexts (Quintana, 2007). To

accurately understand the impact of macrosystem and exosystem socio-cultural factors, it is

critical to consider the intersubjective experiences of students and families from minoritized

racial and ethnic groups.

A *Phenomenological Variant of Ecological Systems Theory (PVEST)* was proposed by

Spencer and Colleagues (1997) to address the aforementioned critiques. This theory suggests that

in order to properly conceptualize development, it is important to consider how individuals

perceive their experiences within given social or cultural contexts. This is based on the notion

that throughout the lifespan, individuals receive feedback about themselves through interactions

with their environment. The way this information is perceived by the individual has important

implications for identity development (Spencer et al., 1997). For racially and ethnically

minoritized groups, lived experiences related to race and ethnicity shape how individuals assign

meaning and value to different facets of their self-concept (Velez & Spencer, 2018).

Self-perception guides thoughts and behaviors within different contexts and determines

how individuals cope with perceived stressors or threats in the environment. If an individual

perceives an environment as hostile to their identity (due to chronic, negative feedback loops),

they develop context-specific coping strategies to maintain their self-perception. For example,

when black students have persistent negative experiences in schools due to sociocultural norms

that sustain implicit bias, disciplinary disproportionality, and achievement disparities, they may

begin to disengage from school to preserve their self-concept outside the school setting (Spencer

et al., 1997). This demonstrates that when individual phenomenological experiences are situated

within the broader ecological system, it provides a more dynamic and culturally responsive

approach for conceptualizing context-specific phenomena (Spencer et al., 1997).

There are several ways that PVEST offers important guidance for contextualizing

interactions between caregivers and school PSTs. First, the interactive process by which

caregivers and school PSTs work together cannot be understood by using a purely objective

approach. Rather, it is critical to examine how caregivers uniquely perceive their experiences

interacting with school PSTs (Holmes et al., 2020). Situating these experiences within the

broader ecological system should provide insight into the environmental factors and practices

that facilitate or inhibit collaboration between caregivers and schools. Second, the PVEST

framework suggests that it is critical to consider power and privilege by examining how specific

systems and practices create environments that are hostile towards specific identities and

welcoming towards others (Velez & Spencer, 2018). Third, PVEST suggests that it is critical to

examine how individual phenomenological experiences with race and ethnicity shape stakeholders' perceptions of themselves and their experiences (Spencer et al., 1997). To promote more frequent collaboration with families from racially and ethnically minoritized groups, researchers must reflect on how minoritized caregivers perceive their positionality within the family-school relationship and the contextual factors that contribute to this experience.

Guiding Frameworks for Family-School Collaboration

Collaborating with families is an ongoing, dynamic, and interactive process (Ishimaru, 2019). Building collaborative partnerships cannot be easily distilled into a "checklist" of activities or linear steps. Rather, family-school collaboration entails embodying "a fluid set of ideas based on mutual respect, communication, and shared goals" (Malchar et al., 2019, p. 206). To accomplish this, educators must simultaneously consider a variety of factors including their approach to working with families, attitudes toward caregivers, school atmosphere, and the actions that are undertaken to involve or engage families as collaborative partners (Christenson & Sheridan, 2001). Furthermore, families and schools are nested within complex ecological systems in which social, political, historical, and cultural factors influence the nature and course of family-school relationships. In working with students and families from racially and ethnically minoritized groups, traditional conceptualizations of engagement and family-school partnerships fall short because they fail to explore why school systems are inaccessible to certain groups (Ishimaru, 2020). However, emerging work that draws on sociological theories such as critical race, decolonization, sociocultural learning, and community organizing offers guidance for how schools can address some these factors to engage in more equitable collaboration with caregivers from racially and ethnically minoritized groups (Ishimaru, 2020).

Sociological Theories

Social and political stratification based on race, ethnicity, culture, primary language, and socioeconomic status shape the way different groups experience the American school system (Ishimaru et al., 2016). Historically, English-speaking individuals from white, middle-class backgrounds have maintained a position of power and privilege within our society. Critical race scholars argue that viewing "whiteness" as a superior standard is deeply ingrained within different social institutions (e.g., criminal justice, health care, housing). To maintain the power of the "dominant" group, "non-dominant groups" must be systematically oppressed (Ishimaru, 2020; Ladson-Billings & Tate, 1995). Within the education system in particular, this social hierarchy is maintained through policies, practices, and organizational structures that provide students from the dominant cultural group with greater access to resources and opportunities (Ladson-Billings & Tate, 1995). The effects of this dynamic have been documented in the form of persistent disparities in academic achievement and disproportionality in disciplinary practices and special education.

Notions of white supremacy also influence how educators perceive students and their families (Ishimaru et al., 2020). Baquedado-Lopez and colleagues (2013) observed that schools tend to value Eurocentric parenting practices and family involvement that aligns with the cultures of white, middle-class families. Rather than viewing caregivers as potential resources for collaboration, schools tend to focus their efforts on encouraging caregivers to adhere to these idealized standards of parenting and parent engagement. Families who do not fit in with this standard of parenting (non-dominant groups) are in turn perceived as deficient, so educators focus on providing resources to "fix" these caregivers rather than engaging them as a resource for collaboration (Ishimaru, 2020). Collectively, historical and ongoing experiences of racism,

discrimination and inequity also have a fundamental effect on how students and their families engage with and experience the education system (Bell, 1995). Embracing a sociological approach to education allows for more a more accurate critique of efforts to establish relationships between families and schools.

Equitable Collaboration Framework

In the Equitable Collaboration Framework, Ishimaru (2019) suggests that to meaningfully engage families from non-dominant cultural groups, it is critical to move beyond a traditional conceptualization of family-school partnerships in favor of more equitable forms of collaboration with families. As Mapp and Hong (2010) note, no family is "hard to reach", rather systems and policies have not been structured to allow families opportunities to collaborate. Thus, it is the responsibility of schools to reform their practices, goals, and values to better reflect the needs and priorities of families in the surrounding community (Ishimaru, 2019). Equitable collaborations empower students and families from non-dominant groups by embodying several core characteristics. First, schools' efforts to engage families are guided by systematic change goals. Rather than focusing on providing resources and meeting specific goals on a case-by-case basis, equitable collaborations strive to set up systems of shared responsibility and empowerment within schools (Ishimaru, 2020). Second, schools utilize strategies that build the capacity of a broad range of stakeholders and systems while also encouraging relationship-building. Third, within equitable collaborations, caregivers from non-dominant groups are recognized as experts. Caregivers are empowered to act as fellow educational leaders who contribute to the selection of school goals and priorities (e.g. setting the agenda). This contrasts with traditional partnership efforts, where caregivers tend to be seen as "clients" who receive benefits from work that is guided and determined by educators (Ishimaru, 2019). Fourth, equitable collaborations recognize

that educational change is a context-specific political process. Rather than focusing on the school in isolation, school staff must center all efforts within the broader social and historical context and consider issues in the broader school community (Ishimaru, 2019). For the present study, these rules provide useful guidelines for evaluating the quality of collaboration between racially and ethnically minoritized families and school PSTs. Ishimaru (2019) highlights several critical challenges that schools most overcome to engage in more equitable collaboration with families from non-dominant groups. These challenges are briefly described in the sections that follow.

Shifting from Family Involvement to Family Engagement. In education, paradigm shifts and systems-level change takes time. In thinking about how families and schools interact, there's been a shift from emphasizing parent involvement in education to engaging families in collaborative partnerships (Garbacz et al., 2017). This change in the framing of family-school interactions is evident in the shift in terminology and strategies emphasized in both research and policies (Ishimaru, 2019). However, this shift is not as readily observable in practice, as many schools continue to emphasize normative conceptualizations of involvement and de-emphasize authentic collaboration. Furthermore, schools struggle to establish systems and practices that engage families in shared decision making, collaborative problem solving, and meaningful planning (Ishimaru, 2020). Emerging research suggests that this can deter families from engaging with schools and cause caregiver isolation (Ishimaru, 2020). While many school districts actively endorse the notion of family engagement, in practice they tend to default to involvement-focused efforts when trying to build relationships with families. Moreover, caregivers are often left out of conversations about family engagement policies and practices, which maintains the established power hierarchy. Taken together, this can result in significant barriers to building meaningful collaborative relationships with families (Ishimaru, 2019).

Emphasis on Compliance Rather than Collaboration. Schools that embrace a family involvement paradigm tend to emphasize school-centric activities that limit caregivers' roles to school-based volunteering, attending school meetings, and helping students with homework (Bartz et al., 2017). This establishes a unidirectional power dynamic in which families are expected to adhere to schools' expectations around parental involvement with little room for families to provide input or challenge these assumptions. As a result, relationships between families and schools are often characterized by compliance rather than collaboration (Baquedado-Lopez et al., 2013). For several reasons, this power dynamic is particularly problematic for establishing relationships with families from minoritized racial and ethnic groups. First, minoritized groups experience both historical and ongoing marginalization within the school system due to policies and practices that are created and maintained by educators (Ishimaru, 2020). As multiple generations of students (and their caregivers) experience inequity in schools, it fosters distrust of educators and a hesitation or unwillingness to engage with the school system. Additionally, this creates negative feedback loops as school staff begin to perceive families from minoritized racial and ethnic groups as disinterested and hard to reach (Ishimaru, 2020). Another critical issue associated with this power dynamic is that minoritized groups tend to be underrepresented as educational leaders, meaning that school values and priorities tend to reflect a white, middle-class perspective. As a result, families from minoritized backgrounds are often expected to comply with expectations that are at odds with their cultural values and beliefs.

Deficit-Based Views of Families. By emphasizing that caregivers carry the weight of responsibility for students' well-being and success, the family involvement paradigm also characterizes families that do not align with a white middle-class standard of parenting as

deficient (Ishimaru, 2020). When a racially or ethnically minoritized child exhibits poor behavior or academic achievement in school, staff often attribute this to the home environment and familial factors such as inadequate parenting (Santangelo, 2009). This assumption is deeply rooted in notions of white supremacy, which position minoritized groups as inferior. Historically, this notion of racially and ethnically minoritized caregivers as inadequate has been interwoven in education policies and practices. One notable example is the practice of forcing Native American children to attend boarding schools to strip them of the culture, language, and beliefs of their families (Ishimaru, 2020). This "paradigm of deficiency" persists in school practices today. For instance, efforts to support families often focus on "fixing" caregivers by providing resources or guidance on "effective" parenting strategies (Garcia & Guerra, 2004). Schools might offer parent education events or provide handouts with directions for how families can translate school expectations to the home environment. When these options are offered without consulting families about their needs, it communicates that families do not possess sufficient expertise to support their children (Ishimaru, 2020). Furthermore, it disregards the multitude of diverse ways in which families support their child's education (Baquedado-Lopez, 2013). When families feel unappreciated or disrespected by schools, building collaborative partnerships can be difficult.

Furthermore, a deficit-based view of families minimizes the responsibility of the school to create opportunities and incentives for families to be involved in their child's education. Schools tend to "write off" families that are difficult to connect with, which further weakens family-school connections and continues to exclude marginalized families from the education process (Ishimaru, 2019). This also maintains the power-dynamic of teachers and administrators as the primary decision-makers while maintaining the appearance of "partnership-oriented" relationships. School staff have the opportunity to address this dynamic by adapting their

practices to make "hard to reach" school systems more accessible to families (Argus-Calvo et al., 2005).

      Failure to Address Socio-Political Context. Schools often fail to acknowledge the historical, social, and political context of family-school interactions (Ishimaru, 2020). For example, traditional notions of "ideal" family involvement are grounded in white, middle-class norms for parenting and education (Baquedado-Lopez, 2013). Behaviors such as volunteering at school, attending parent teacher conferences, and helping students with homework can present unique barriers to families from minoritized racial and ethnic groups (LaRocque et al., 2011). First, due to ongoing experiences of discrimination and inequity, caregivers from minoritized racial and ethnic groups can often feel uncomfortable and unwelcome in school spaces. Second, minoritized groups may face logistical challenges in trying to become more involved in their child's education. For example, limited access to childcare or transportation support can be a significant barrier to attending school events or meetings. Finally, traditional perspectives on family involvement can be inconsistent or even in direct opposition with families' cultural beliefs about parenting and education (LaRocque et al., 2011). Rather than seeking to support students and families in culturally responsive ways, parental involvement approaches maintain the status quo, putting pressure on families from racially and ethnically minoritized groups to assimilate to the dominant culture's views on education (Ishimaru, 2020). Failure to recognize the perspective of minoritized families can lead to these families feeling alienated and disconnected from the school community. In fact, a growing body of research indicates that misguided efforts to involve racially and ethnically minoritized families can result in greater disengagement from schools (Ishimaru, 2020).

Collaborative Problem Solving between Schools and Families

Despite the benefits of family-school collaboration highlighted in research and federal educational policy calling for schools to engage caregivers as collaborators within MTSS, there is evidence to suggest that this happens less frequently in practice. Garbacz and colleagues (2018) examined the family engagement practices of more than 300 schools implementing Positive Behavioral Interventions and Supports (PBIS), a multi-tiered approach to supporting behavior in schools. Participating schools in the sample were selected because they were in states that identified family engagement as a core area of focus. Most schools in the study reported using a variety of family engagement strategies such as using questionnaires to solicit caregivers' input, and providing parenting support materials to families. However, only about 11% of schools in the sample reported that they engaged families in decision-making and only 50% reported having family members actively participate on school-based teams (Garbacz et al., 2018). Although districts may embrace the notion of family engagement as critical, in practice there is a tendency to default to unidirectional involvement approaches that fail to encourage meaningful collaboration or shared ownership over decision-making (Garbacz et al., 2018). This is sometimes described as the "myth of equality" in which educators who embrace a "family engagement" perspective perceive caregivers as having equal partnership despite families having little meaningful power or input within decisions (Argus-Calvo et al., 2005).

A similar finding was revealed in a study by Kurth et al (2019) which examined how parents' input is incorporated during individualized educational planning with special education teams. Content analysis was used to examine 88 different IEPs of students ranging in age from kindergarten through 12th grade. Kurth and colleagues (2019) found that although parents should theoretically play an equal role in development of the IEP, school personnel tended to dominate

all aspects of decision-making. About one third of all parent-identified concerns and priorities were not addressed by any corresponding goals or services in students' final IEPS. This was in spite of the fact that there was at least one family member present at 64 of the total 66 examined IEP meetings. Kurth et al (2019) concluded that despite their membership on the team, caregivers were provided with meager opportunities to provide meaningful input in decision-making and planning related to their child. This reinforces the observation that meaningful collaboration between school-based teams and caregivers rarely occurs in practice.

The discrepancy between practical guidelines outlined in research and implementation of family engagement practices is also notable within the context of prereferral problem-solving teams. In practice, caregivers rarely engage in or attend PST meetings at all. Survey data from a recent study including over 3000 educators revealed that less than .1% of respondents reported including parents as members of the problem-solving team at their school (Sims et al., 2023). Another recent study examined the implementation of PSTs in two elementary schools (Truckenmiller & Lannie, 2019). Ratings by team members revealed that input from caregivers was only discussed during about 44% of PST meetings. These findings represent a striking example of the research to practice gap in education. Even in the wake of wide-spread education policy calling for schools to increase family engagement, family members' input continues to be infrequently integrated into the PST process (Truckenmiler & Lannie, 2019). Rather than actively engaging families in the educational activities, educators tend to engage families in "superficial or obligatory" ways (i.e. providing notice of referral to the team). This often results in caregivers being relegated to the role of "consent giver" rather than active and empowered participants in shared decision-making or support-planning (Argus-Calvo et al., 2005; Erchul & Ward, 2016). Implementation research suggests that performance feedback and training are

effective at increasing PST implementation fidelity (Truckenmiller & Lannie, 2019). This suggests that providing PSTs with training that includes practical guidelines for engaging caregivers in the problem-solving process may be helpful at increasing the frequency of family-school collaboration in practice.

To gain a better sense of why school PSTs continue to struggle with engaging caregivers authentically in the problem-solving process, a review of the current research on these issues is provided. Research on family-school collaboration in general tends to focus on fidelity of intervention implementation, the nature and quality of communication during prereferral support activities, and treatment effects (Robbins & Searby, 2013). However, this review covers studies that specifically examined the caregiver perspective on family-school collaboration. This body of research offers some compelling explanations for why collaborative problem-solving between caregivers and educators is so challenging to establish in practice. Due to the paucity of research examining work between families and prereferral PSTs, the reviewed research also includes family-school collaboration in a variety of other contexts including work with special education teams and behavioral consultation between parents and teachers.

Problem-Solving Teams

Robbins & Searby (2013) used a multiple-case study approach to examine how interdisciplinary middle-school teams involved parents in problem-solving and decision-making. Researchers used focus groups and individual interviews to gather feedback from caregivers and interdisciplinary team members about their experiences working together. The subsequent thematic analysis identified several critical factors for promoting caregiver engagement in the problem-solving process. Teams that effectively engaged caregivers believed that parental involvement was essential to student success, were open and approachable, were a resource to

parents, and approached problem solving as an opportunity to team with parents (Robbins & Searby, 2013). These findings suggest that a teams' approach, attitude, atmosphere, and actions help foster collaborative partnerships with families (Christenson & Sheridan, 2001). School teams have the power and responsibility to embrace attitudes and practices that make them more accessible to caregivers (Argus-Calvo et al., 2005). It is important to note that data collection for this study did little to explore the extent to which caregivers actually experienced these elements in their work with the teams. To get a better sense of how these factors play out in practice, more work is needed that encourages caregivers to reflect on their actual experiences working in collaboration with school teams.

Although this is one of the few studies examining caregiver perspectives in working with prereferral multidisciplinary teams in schools, Robbins & Searby (2013) outlined some notable limitations to their work. First, they reported "staggering" difficulties recruiting parents to participate, with four out of the nine scheduled focus groups having zero participants show up (Robbins & Searby, 2013). The resulting thematic analysis reflected both educator and caregiver perspectives (with no disaggregation of findings), so it is unclear how caregivers specifically experience work with the PST. Another challenge was that many demographic characteristics of the sample were not reported. This makes it difficult to determine how representative these findings are of the experiences of racial or ethnically minoritized families working with multidisciplinary teams. Finally, in addressing the quality of dialogue in parent focus groups, researchers commented that parents had a surprising lack of knowledge about the function of interdisciplinary teams in schools (Robbins & Searby, 2013).

Individual Education Program Teams

Collaboration between parents and school teams has been explored more thoroughly within the context of special education. When students have an identified disability, they are supported by an interdisciplinary team that includes both school personnel and caregivers. These IEP teams engage in a similar collaborative problem-solving process to PSTs, wherein a child's needs are systematically analyzed to identify appropriate interventions and supports (Erchul & Ward, 2016). A distinguishing aspect of the IEP team is that their work is responsive rather than preventative, providing services after a student's challenges have been deemed significant enough to qualify as a disability. This often leads to parents taking on the role of an advocate fighting for their child's rights and needs rather than a collaborator (Bacon & Causton-Theoharris, 2012). Another distinguishing aspect of work within IEP teams is that parents have a legal right to be equal partners in decision-making and planning (Kurth et al., 2019). This is different from PSTs, where parent engagement is highly encouraged but not legally required.

Tucker & Schwartz (2013) conducted a study with the parents of Autistic children which explored their perceptions of collaboration with the IEP team. In total, 135 participants completed an online survey that included force-choice and rank-order questions. From the total sample, 71% of caregivers rated themselves as "highly involved" in the IEP process. Respondents reported that they felt most involved when team members asked for caregiver input about IEP drafts and when they were involved in writing IEP goals and objectives. Additionally, parents reported that the most critical practices for promoting parent collaboration with the IEP were: maintaining regular contact and integrating parents' suggestions into the IEP or support planning (Tucker & Schwartz, 2013). These practices reflect some of the core elements of family-school collaboration, including meaningful decision-making and shared responsibility

(Ishimaru, 2019). However, 66% of respondents reported that there was at least one time during the IEP process that they felt excluded and, 83% reported experiencing conflict with school IEP teams (Tucker & Schwartz, 2013). Some reasons for this included: ideas and suggestions not being included, no regular communication, and the IEP being created without parent input. Tucker & Schwartz (2013) concluded that cultivating strong and successful partnerships between families and IEP teams require intentional work and should not be considered an afterthought of the teaming process.

Bacon and Causton-Theoharis, (2012) conducted a multi-method qualitative study examining the parent-school relationship in the context of special education. Data collection consisted of interviews with parents, observations of IEP meetings, and discourse analysis between parents and school personnel. Parents reported that they did not experience equitable participation in the IEP process, despite this being outlined as a right to parents of children with disabilities in IDEA (2004). One notable barrier to caregivers' meaningful engagement in meetings was professionalized language that was confusing to parents and maintained school staff as the dominant knowledge-bearers. Researchers observed that school teams used caregiver's confusion or difficulty processing complex information presented in meetings (e.g. assessment data) to "legitimize" making decisions without considering caregiver knowledge or perspectives. Researchers also found that tight meeting schedules made caregivers feel rushed and offered little room for them to voice their concerns or advocate for their children (Bacon & Causton-Theoharis, 2012). These findings suggest that caregivers have a desire to advocate for their children within team meeting but can struggle to do this effectively due to team practices.

Esquivel and colleagues (2008) examined parents' perceived experiences in school-based team meetings. Participants included parents of children with disabilities who were

involved with their children's schools through membership on the districts' special education advisory group. Participants were asked to describe their positive and negative experiences in school-based team meetings using an open-ended written response format. The conditions that were determined to have a significant impact on caregivers' experiences were: meeting context and organization, relationship factors, communication, problem-solving factors, and parent's emotional experience. Parents reported negative experiences when they arrived at the IEP meeting and found all the documents already prepared, without proper parental input. One specific recommendation for improving parents' experiences working with school-based teams was involving parents in pre-meeting organization and planning. Another recommendation of how to improve the experience was to solicit feedback from parents during the meetings and to explicitly encourage the participation of all team members (including caregivers). Finally, findings suggested that school teams should acknowledge parents' emotions during the process, whether they are positive or negative.

Although the aforementioned studies provide some insight and practical guidelines for how school-based teams can meaningfully engage caregivers in collaborative problem solving, there are some limitations. Esquivel et al. (2008) and Tucker & Schwartz (2013) did not report on participant's racial and ethnic backgrounds. Despite reporting a sample that was representative of their school population, Bacon and Causton-Theoharis (2012) included only two caregivers from minoritized racial and ethnic groups in their final study. This is reflective of early family-school collaboration research which has limited representation of minoritized caregivers. Another limitation with the previously mentioned studies were that the samples comprised parents who were already heavily "involved" at the school and in the IEP process. This fails to recognize the perspectives of families who feel excluded from their child's

education, which is a common experience for families who have been marginalized within the school system (Ishimaru, 2019). More work is needed that directly examines the perspectives of caregivers from minoritized racial and ethnic backgrounds in their engagement and disengagement from school-based teams.

A recent meta-synthesis conducted by Buren and colleagues (2020) identified 18 peer-reviewed qualitative studies (published between 1990 and 2015) that examined the experiences of families from non-dominant communities in special education. Within the context of this meta-synthesis, the term "nondominant" broadly included individuals from diverse cultural and linguistic backgrounds who experience marginalization based on policies developed by dominant groups. While this definition overlaps with groups that have been minoritized within the education system, there is some difference. More specifically, only ten of the total identified studies were conducted with groups that overlap with the present study's definition of racial and ethnic minoritized groups (i.e., African American, Native American, Hispanic or Latinx, Native Hawaiian or Pacific Islanders, and Multiracial). The other eight studies focused specifically on the experiences of Asian families. Although these groups also experience marginalization within the education system, they are not included in the current study because they are underrepresented within special education and disciplinary referrals, decreasing the likelihood of their interaction with school PSTs. In total, only four (Geenen et al., 2005; Harry, 1992; Salas, 2004; Wilson, 2015) specifically examined how caregivers and school personnel collaborated while the rest focused on parents' reported satisfaction with their child's special education services (Buren et al., 2018). Identified studies all utilized either individual interviews or focus groups to examine barriers and facilitators to collaboration with school IEP teams. This

demonstrates the surprising lack of research examining how caregivers from minoritized racial and ethnic groups experience collaborative problem solving with school-based teams.

Through Meta-synthesis coding, Buren and Colleagues (2018) identified central themes that shaped nondominant families' experiences with the IEP process. One central theme was that cultural differences represented a significant systematic barrier to collaboration. Across studies, families expressed frustration at the occurrence of cultural misunderstandings between families and school staff. This manifested in the form of breakdowns in communication, lack of cultural sensitivity and efforts to cultivate it, and practices that were not responsive to students' unique cultural contexts. As a result, families across studies reported feeling frustrated, stressed, and excluded from collaboration efforts. Additionally, conflict between families' cultural values and norms in the education system impacted parents' understanding of how to advocate for their child's needs and rights. Buren and colleagues (2018) highlighted that these findings demonstrated instances in which nondominant families were forced to relinquish decision-making power to schools. This major theme suggests that when schools do make specific efforts to recognize and be responsive to families' backgrounds, cultural differences can become a significant barrier to families playing an active role in collaboration.

Another critical theme that was identified by Buren and Colleagues (2018) was the sentiment that behaviors by school staff often made nondominant caregivers feel disrespected and excluded from the collaboration process. Studies described IEP practices and staff behaviors that made parents feel that their time and effort was not valuable. For example, caregivers in several studies noted that school staff either rushed through meetings or did not make sufficient time for families to address concerns or ideas. Additionally, caregivers reported that school staff frequently made negative comments about family members and students, spoke in a sarcastic or

impatient tone, and often used stereotyping to devalue or dismiss concerns that were identified by family members. Across several studies, parents discussed feeling like school staff did not respect their families' beliefs or values. Finally, parents reported instances of schools engaging in one-sided decision making that emphasized children and family deficits. The experiences highlighted by this major theme suggest that there are many ways school teams can directly or indirectly communicate respect for families. When families' efforts to engage with school-based teams are devalued and diminished, it can create significant barriers to establishing school-family relationships that are characterized by trust and collaboration.

Similar findings were echoed in a recent study by Rosetti and colleagues (2020), which examined the experiences of culturally and linguistically diverse caregivers within special education. This study included 38 caregivers who participated in focus groups discussing their experience of family engagement within IEP team meetings. Thematic analysis revealed that a critical barrier to meaningful engagement within meetings was a lack of direction or explicit guidance around IEP practices or how to advocate within team meetings. Participants reflected that expectations and norms around family advocacy are culturally specific and can be marginalizing to diverse families. Caregivers also reported feeling that they were not given meaningful opportunities to collaborate with the team, as staff often disregarded parent input, rushed through meetings, and presented decisions without collaborating first (Rosetti et al., 2020). Despite the study focusing specifically on experiences within meetings, caregivers also highlighted several "between-meeting" barriers that limited their engagement with teams. This included infrequent communication from school staff, and school staff failing to follow-through on decisions or services discussed during meetings (Rosetti et al., 2020).

Taken together, these findings suggest that the relational experiences that racially and ethnically minoritized families have in their work with school-based teams play a significant role in shaping how families engage in collaboration. For minoritized groups, issues of cultural understanding and respect are especially salient during interactions with school-based teams. In considering how to effectively engage families in collaboration with school, it is critical to examine how families from minoritized racial and ethnic backgrounds perceive these factors within the context of systematic problem solving with schools. Additionally, these findings suggest that critical practices for establishing collaborative partnerships between caregivers and school teams extend outside of meetings, encompassing communication, information-sharing, preparation, and implementation or follow-through.

Conjoint Behavioral Consultation

Although the body of research examining the experiences of families within school-based PSTs is relatively sparse, the literature on problem-solving consultation in one-on-one contexts provides some useful insights (Frank & Kratochwill, 2014). Conjoint Behavioral Consultation (CBC) is an approach to school consultation that aims to build partnerships between families and schools. Within CBC, a consultant (e.g., school psychologist, school social worker, school counselor) facilitates collaborative problem solving between teachers and parents to address student's behavioral concerns (Sheridan & Kratochwill, 2010). CBC follows a similar problem-solving process as PSTs and is also used to address concerns related to behavioral challenges. This process is spread out over a series of structured meetings that each center around a different phase of the problem-solving process (Sheridan & Kratochwill, 2010). One key difference from school-based PSTs is that caregivers are essential participants in problem solving within CBT. Together, teachers and parents create support plans that span the home and school setting.

In a randomized control trial including 267 elementary school students and their parents, Sheridan and colleagues (2017) examined the effects of CBC on student outcomes, as well as acceptability of CBC and changes to the parent-teacher relationship. CBC had a significant positive effect on students' behavior in the classroom, with an increase in appropriate social behaviors and a decrease in behavioral concerns. In addition, teachers who participated in the CBC intervention reported significant improvements in the quality of the teacher-parent relationship that outpaced changes in the control group. Moreover, the effects of the CBC intervention were significantly mediated by the quality of the parent-teacher relationship. This work has several important implications for work on school PSTs. First, when families and school staff engage in a systematic, collaborative problem-solving process, it results in effective interventions to address student behavior challenges. Additionally, the collaborative problem-solving approach is effective at building positive relationships between families and schools that are characterized by clear communication. Finally, this study points to the importance of family-school relationships in the collaborative problem-solving process, as they play a mediating role in the effectiveness of family-school interventions.

One important limitation to point out about this study is that consultants who facilitated the CBC process were graduate students who received specialized training in the consultation model. The way such collaborative problem solving is experienced within PSTs may be very different depending on the level of training staff members receive, competing demands within the school setting, resources, and existing relationship amongst PST members. Another notable limitation was that 90% of the caregivers that participated in this process were white, which makes it difficult to generalize this finding to consultation with racially and ethnically minoritized families. This issue is especially important to address as caregivers from minoritized

families often have strained or contentious relationships with their child's teachers, due to a host of systemic and socio-political factors (Ishimaru, 2020). More work is needed that examines the significance of relationships between racially and ethnically minoritized caregivers and school personnel as well as work that considers the relational processes that are essential for establishing them.

Caregiver Disengagement from Collaboration

While much of the current literature has focused on how caregivers experience collaboration with school teams, many caregivers do not collaborate with school teams for a variety of reasons (Ishimaru, 2020). In considering ways to increase collaboration between families and schools, it is important to also consider the experiences of these "unengaged" caregivers and to explore their perception of factors that impede caregiver collaboration with school teams. A review of the current literature reveals a dearth of research that directly examines the experiences of caregivers who feel "unengaged" in their child's education. This may be attributed to the methodological challenges of carrying out this work, specifically identifying and recruiting participants. Caregivers who struggle to engage in school processes due to cultural, economic, or logistical factors may similarly struggle to engage in a research study. Additionally, caregivers who are distrusting of school systems may have similar hesitations related to higher-education settings in which research typically occurs.

One study conducted by Luet (2017) attempted to address this gap through a qualitative study conducted in a district where caregivers are frequently characterized as "not involved." This study included interviews with caregivers and a variety of other educational stakeholders (i.e. teachers, school-board members, community organizers, students, and administrators) as well as observations over a three-year period. One unique characteristic of this study is that the

researcher volunteered at and recruited participants from the district's Truancy Intervention Center. Stakeholders recruited from this environment had generally experienced some challenges with school engagement. In total, Luet (2017) interviewed 78 individuals, 75% of which identified as belonging to racially and ethnically minoritized groups. The resulting analysis yielded themes that captured family and district perspectives.

Caregivers in the study generally did not describe themselves as highly involved in their child's education, noting that they weren't "classroom parents." In contrast, caregivers highlighted a number of ways that they supported their child's education outside of school, including talking to their children about their studies, helping with homework, and setting up motivational systems at home. Participants also described having informal interactions with teachers (e.g. talking during drop-off,) rather than attending formal meetings or events at the school. While caregivers in the study did not explicitly consider these examples of "parent involvement", Luet (2017) categorized them as examples of "navigational capital." This was described as resourceful ways that caregivers maneuver through the education system in ways that align with their routines, contexts, and needs. However, Luet (2017) observed that amongst caregivers and school staff, formal forms of family engagement remained the dominant discourse and were thus valued more highly. Luet (2017) noted that although caregivers in the study were doing a great deal to support student's education, their efforts were rarely acknowledged or valued by other stakeholders in the district.

Luet (2017) also noted institutional barriers to parent involvement such as poverty, lack of resources, poorly designed systems, and unwelcoming school environments. When discussing these barriers however, participants tended to place blame on parents rather than on school systems. For instance, in discussion about the impact of poverty, caregivers were blamed for not

adapting to challenging financial situations in a way that prioritized their child's education. Furthermore, school staff and district representatives tended to focus on how these factors caused a breakdown in family structures, and the subsequent negative effect on students (Luet, 2017).

A final area impacting caregiver engagement in school was communication. Caregivers noted that schools failed to share important information or shared information too late for it to be useful. This included information about how caregivers could engage in their child's education. Caregivers also noted challenges with trying to solicit information from school staff but having their questions left unanswered or deferred to administrators who were not available to meet. Participating caregivers perceived the school environment overall as an unwelcoming space where their involvement was deterred. District staff observed that caregivers often came to school upset and defensive about a particular concern or still upset about their own negative experiences as a student (Luet, 2017).

In the absence of additional research examining the experiences of "unengaged" caregivers, a broader look at the family engagement literature reveals some insight into why some families are less engaged than others. Conus & Fahrni (2017) examined how caregivers and school staff negotiate roles in establishing family-school relationships. This ethnographic analysis utilized semi-structured interviews with 12 kindergarten parents and their six teachers at a primary school in Switzerland. Almost all of the families represented were immigrants and thus represented a minoritized group within the context. Conus & Fahrni (2017) found that caregivers and teachers possessed contradictory expectations about family-school interactions. While caregivers expressed an expectation for school staff to initiate interactions and share information about students' functioning, teachers held the expectation that "no news is good news" and that caregivers should reach out as needed or when specific challenges arise (Conus & Fahrni, 2017).

Researchers suggested that this "role confusion" limited how often caregivers-initiated interactions with school staff and reinforced negative perceptions of minority parents as "uninterested" and "difficult to reach" (Conus & Fahrni, 2019).

This analysis also revealed several additional socio-psychological barriers that caregivers experienced (which teachers were unaware of). Barriers included caregivers having little confidence in their communication abilities, doubting the legitimacy of their questions and concerns, withholding concerns to preserve positive relationships with teachers, and an assumption that "good parents" don't burden school staff with demands. Researchers noted that these barriers were especially limiting to parents from minority groups, due to their unfamiliarity with the majority school culture. Conus & Fahrni (2019) concluded that barriers to caregivers' engagement in communication with school staff were generally linked to staff attitudes and practices.

Kelty & Wakabayashi (2020) examined family and educator perceptions of family engagement through focus groups conducted in "high needs" K-12 schools. Participating caregivers were asked about what factors contributed to ineffective school engagement. Caregivers highlighted judgment or fear of judgment by school staff and lack of communication as the primary factors that hindered family engagement (Kelty & Wakabayashi, 2020). Additionally, caregivers pointed to a lack of meaningful opportunities to engage with the school, with many families noting that opportunities to engage were "traditional" and not inclusive of diverse family backgrounds and structures. Finally, caregivers noted confusion and lack of direction about how to engage with the school. Participating school staff corroborated this concern, noting that they were generally directed to have caregivers participate in meetings but were unsure of what to do when they actually attended (Kelty & Wakabayashi, 2020).

In another study, Milne (2016) examined the role of cultural capital and social class on establishing family-school relationships. Cultural capital refers to social assets (e.g. education, communication skills) that help individuals navigate social systems (Lareau & Weininger, 2003). Interviews with 50 indigenous caregivers revealed class differences in the way families interacted with schools. More specifically, middle-class caregivers exhibited more comfort questioning teachers and making demands of school teams, more knowledge in advocating for supports, and more agency in communicating with school staff as equals (Milne, 2016). Caregivers from lower socioeconomic backgrounds reported more comfort interacting with school staff in an informal manner rather than interacting as equal partners (Milne, 2016). Furthermore, "lower class" families experienced more economic barriers to engagement (e.g. availability to attend meetings due to work schedules) which made them more dependent on school staff for guidance and decision-making related to their child's education. Milne (2016) also found that there were class differences in the way histories of discrimination and injustice in education impacted caregivers. They observed that indigenous caregivers from middle class backgrounds felt they needed to be more involved and forceful in monitoring school processes for injustice and advocating on their child's behalf. On the other hand, indigenous caregivers from lower socioeconomic backgrounds experienced more intense feelings of distrust and discomfort with school systems, which made it difficult to interact positively with school staff (Milne, 2016).

Taken together, these findings suggest a certain dissonance between caregiver and school staff perceptions of family engagement responsibilities in the extant literature. Although there is some acknowledgement that institutional barriers such as socioeconomic status and education can limit family's ability to be more engaged with schools, there is less recognition by school

staff around how expectations for involvement vary by culture. In reflecting on family engagement research, there is tendency for responsibility to be placed on caregivers and families rather than school systems. In the reviewed studies, caregivers who didn't engage with schools expressed concerns about their abilities to effectively communicate with staff, feeling unwelcome in the school environment, and lack sufficient information about school systems to advocate for their children's needs. More research is needed that directly explores the experiences and perspectives of caregivers who actively disengage from family-school collaboration (choose not to participate) as well as those who are not offered the opportunity.

Summary of Research Needs

A review of the literature on the use of PSTs in schools reveals several significant gaps. First, despite research and educational policies calling for schools to engage families as partners in problem solving, there is little work examining the extent to which this is carried out in practice. Second, there is a need to further examine how parents experience collaboration with school PSTs. Blue-Banning et al. (2004) suggest that the most effective way of examining the perspectives of caregivers within family-school partnerships is through qualitative work. While collaboration with families has been thoroughly explored in the special education literature, caregiver experiences need to be addressed specifically within the context of the PST. Furthermore, existing qualitative work focusing on families and PSTs tends to solicit school personnel perspectives and focus specifically on identifying discrete factors that contribute to positive or negative teaming experiences with families. Without the parent perspective, it is difficult to fully comprehend barriers and facilitators to engaging families in collaborative problem solving.

Third, there is little research directly examining the outcomes and perceived effects of engaging families in PSTs. While a rich body of research on family-school partnerships suggests that collaboration between caregivers and PSTs would be linked to positive student outcomes, it is unclear how this kind of collaboration impacts caregivers and families. Further qualitative work can examine caregivers' perceived benefits and effects of collaborating with school PSTs. Fourth, it is difficult to determine what practices or core elements of PSTs are critical to meaningful collaboration with families. While emerging research on CBC and teaming with parents during the IEP process offers some insights, there is still only limited research examining parents' roles and the teaming process during team problem-solving consultations (Dowd-Eagle & Eagle, 2014).

Fifth, despite wide-spread use of PSTs in schools, there are minimal practice guidelines for how to engage families in collaborative problem solving. While many schools may have the intention to engage families as key collaborators in problem-solving consultation, there is little research documenting or guiding this process in practice. Moving forward, more research is needed to better understand how schools currently integrate families in the problem-solving process and to determine how to improve current practices to better engage families. Sixth, there is minimal research examining the experiences of families from minoritized racial and ethnic groups within the context of school PSTs. Findings from the special education literature suggest that minoritized caregivers have distinct experiences that impact how readily they establish collaborative partnerships with school teams (Buren et al., 2018). To optimize equitable collaborations within the context of MTSS, more qualitative work in this area is needed.

Qualitative Methods

Qualitative studies are useful for examining complex phenomena and relationships that are difficult to quantify (Tong et al., 2007). As a dynamic and interactive process, family engagement has proven to be exceedingly difficult to measure and evaluate. A review of the family engagement literature reveals little guidance or validated measures that can comprehensively and reliably capture the nature of collaboration between families and schools (Garbacz et al., 2017). Qualitative work provides a compelling alternative for examining complex social experiences of individuals (Charmaz, 2014). By eliciting participant narratives and engaging in thematic analysis, qualitative researchers aim to make meaning of the attitudes, beliefs, perceptions, and reactions of a particular group within specific contexts (Charmaz, 2000). For these reasons, a qualitative approach was selected for the current study as the most effective way to examine the relationships between caregivers and PSTs.

A body of research investigating school PSTs has examined implementation and acceptability of team-based problem solving to support behavior challenges in schools. However, these studies have largely centered around the perspectives and actions of school staff, which are solicited using surveys, rating scales, and observations (Newton et al., 20112; Rosenfield et al., 2018; Ruby et al., 2010; Welch et al., 1999; Yetter, 2007). Qualitative methods offer the opportunity to actively engage caregiver voice in the ongoing conversation about the implementation of PSTs in schools. With the current paucity of research examining the role of caregivers within PSTs, this work would contribute important foundational knowledge about how families perceive collaborative problem solving with school teams and inform practical recommendations on how to better engage families in work with PSTs.

Qualitative methods can be especially powerful for capturing the experiences of individuals with minoritized identities (Ishimaru, 2020). Focus groups and interviews allow participants to describe lived experiences in their own words, giving voice to groups that have been marginalized within the education system and who are often excluded or misrepresented in educational research (Brantlinger et al., 2005). This empowers racially and ethnically minoritized caregivers by reinforcing the idea that they possess unique expertise or "funds of knowledge" that can guide educational research practice, and policy (Ishimaru, 2020). Furthermore, qualitative work frames families from minoritized racial and ethnic backgrounds as critical stakeholders in education and promotes educational policy and practice that is culturally responsive. Finally, qualitative analysis promotes a more nuanced understanding of the complex experiences of bias, discrimination, and systemic racism that racially and ethnically minoritized students and families experience in the education system (Yull et al., 2014). The present study will contribute to the development of a knowledge base around the experiences of minoritized groups in collaborative problem solving with schools and inform practical recommendations around how schools can be more equitable in their efforts to engage families in the PST process.

Grounded Theory

Grounded theory is a widely used approach to qualitative inquiry that has been utilized in a myriad of educational research focusing on family-school interactions (Buren & Brown, 2018; Geenen et al., 2005; Harry et al., 1992; Macleod et al., 2017; Wilson et al., 2015). Developed by Glaser and Strauss (1967), grounded theory calls for an inductive, or "bottom-up" approach to examining phenomena. Researchers who embrace this approach follow an iterative process, analyzing data as it is collected, and using emerging concepts and themes to guide further data collection. Through constant comparison of the emerging theory with multiple knowledge

sources, researchers construct new theories that are fully "grounded" in data (Glaser & Strauss, 1967). This type of inductive approach is especially useful in exploratory work, with grounded theories serving as an important starting point to guide future research and practice in areas that have not been explored in great depth (Mills et al., 2006).

In their conceptualization of grounded theory, Glaser & Strauss (1967) argued for qualitative work to be systematic and objective. This work aligned with positivist notions that researchers can utilize scientific methods to neutrally observe the external world and explain phenomena (Charmaz, 2000). Glaser (1978) further emphasized the importance of objectivism, asserting that qualitative researchers should begin studies as "blank slates" that exclusively consider participants' narratives during interpretation and theory development (Charmaz, 2000). In recent decades however, many grounded theorists have shifted toward an interpretivist paradigm, embracing the assumption that reality is not singular or objective and that interpretations of it are shaped by an individual's experiences and context (Charmaz, 2014; Thanh & Thanh, 2015). With this shift, qualitative researchers have begun to address the limitations of Glaser & Strauss' (1967) objectivist ontology.

One limitation of traditional grounded theory is that it fails to properly recognize or address the researcher's biases and positionality. This is a particularly important issue within qualitative work because the researchers themselves serve as the primary instruments for data collection and analysis (Wa-Mbaleka, 2020). A traditional grounded theory approach calls for researchers to remain objective by forgoing literature reviews, refraining from developing hypotheses, and constantly comparing emerging theories with the data. However, critics argue that it is relatively impossible to completely extricate the researcher from their positionality, biases, existing knowledge, and prior experiences (Mills et al., 2006). These factors can

significantly impact the course of qualitative work, from the questions that researchers choose to investigate, to the way they engage participants during data collection, and how they interpret information during data analysis (Wa-Mbaleka, 2020). To establish trustworthiness in the data and resulting grounded theory, it is important for researchers to actively reflect on and address their own positionality and reflexivity throughout the research process (Tracy, 2010).

A second limitation of traditional grounded theory is that it leaves little room for considering the sociocultural context (Charmaz, 2000). Social, cultural, temporal, and structural factors within participants' ecological system all carry significant implications for the way individuals act and assign meaning to their lived experiences (Spencer et al., 1997). Although these factors may not be explicitly discussed by participants during a qualitative study, understanding the sociocultural context can lead to more nuanced meaning-making and theory development (Charmaz, 2000). Furthermore, contextual factors can impact the experiences of researchers and participants as they establish rapport and discussion during qualitative research. Not addressing such contextual factors during study design, data collection, and analysis can diminish the trustworthiness and quality of qualitative data (Charmaz, 2014; Tracy, 2010).

A third limitation of traditional grounded theory is that it discourages researchers from utilizing guiding frameworks or findings from relevant research to inform qualitative work. Glaser and Strauss (1967) asserted that researchers should refrain from reviewing relevant literature or theories to discourage confirmatory bias. However, other grounded theorists argue that background knowledge or previous experience (e.g., specialized training in a related area) can deepen a researchers' understanding of the topic of interest and in turn, their comprehension of the data (Mills et al., 2006). Furthermore, findings from relevant research can offer important insights to guide study design and starting points for data analysis (Charmaz, 2014). Embracing

such "sensitizing topics" as points of departure for qualitative work can result in the development of more compelling and fully developed grounded theory.

Constructivist Grounded Theory

Charmaz (2014) suggests adapting Glaser & Strauss' (1967) traditional approach to grounded theory research by embracing a constructivist epistemology. Constructivism assumes that individuals actively create knowledge as they interact with their surroundings and strive to make meaning of past and present experiences. This implies the existence of multiple social realities, all of which occur within given temporal, cultural and structural contexts. This suggests that qualitative researchers cannot passively "discover" an objective external reality through neutral observation. Rather, investigators and participants co-construct knowledge of a shared understanding of the phenomenon of interest through an interactive research process. The aim of constructivist-grounded theory (CGT) work is not to create an objective picture, but to offer an "interpretive understanding of subjects meanings" (Charmaz, 2000, p. 510).

A CGT approach addresses several of the limitations of Glaser and Strauss' original work. First, CGT embraces the researcher's subjectivity, calling for active reflection on biases, positionality, and reflexivity throughout the research process (Charmaz, 2000). This encourages researchers to demonstrate reflexivity in their decisions and actions throughout the qualitative research process, resulting in methodology and data interpretation that is more responsive to participants' backgrounds (Charmaz, 2014). Second, a constructivist approach recognizes that knowledge is relative to the context in which it is constructed. This prompts researchers to address the sociocultural context during theory development. Additionally, it enables researchers to look beyond participants' explicit statements and actions to consider their implicit assumptions, beliefs, and values. This results in a more nuanced meaning-making process

(Charmaz, 2000). Finally, constructivism allows researchers to build on existing knowledge by embracing sensitizing topics as a starting point for study design and analysis.

Summary

Prereferral PSTs serve as an important opportunity to embed family-school collaboration within multi-tiered systems of support. Engaging families in collaborative problem solving and support planning process aligns with both federal education legislation and best practices for MTSS implementation. Furthermore, this is supported by decades of research that demonstrate that students experience a myriad of benefits when families and schools work together to provide support. However, meaningful collaboration between school teams and caregivers rarely if ever occurs in practice. Within the context of the work of prereferral PSTs, caregivers rarely attend meetings and are seldom given the opportunity to contribute to the problem-solving process. Promoting collaboration between caregivers and PSTs is especially critical for racially and ethnically minoritized families. Research suggests that students from racially and ethnically minoritized backgrounds experience more significant effects of parental involvement in school interventions (Sheridan et al., 2019). Furthermore, due to disproportionality associated with behavior referrals in schools, PSTs are highly likely to serve students from minoritized racial and ethnic backgrounds. There is a notable gap in the literature that examines how caregivers from minoritized racial and ethnic groups experience collaboration with school PSTs. Addressing this gap is critical to inform guidelines for how school PSTs can more effectively engage caregivers from minoritized racial and ethnic backgrounds in collaborative problem solving.

Research Questions

To address these identified gaps and issues, the dissertator conducted a qualitative study examining how families from minoritized racial and ethnic backgrounds experience working

with school PSTs. This study was grounded in a constructivist epistemology, which assumes that individuals make meaning of their experiences through social interactions within their context (Charmaz, 2000). In keeping with this paradigm, the current study adapted CGT methodology (Charmaz, 2014). With a relativist ontology, this work strived to contextualize the process of meaning-making, recognizing that knowledge is not absolute, existing in relation to cultural and temporal contexts (Dieronitou, 2014). This framework is well suited for the proposed study, which aims to "give voice" to the experiences of caregivers who have worked with school problem-solving teams. In adapting methods typically used within CGT studies, the dissertator utilized semi-structured interviews with caregivers of racially and ethnically minoritized students to gather information about their experiences working with the elementary school PSTs (Charmaz, 2000). This study design addressed the following research questions:

1. In their work with school PSTs, how do caregivers of students from minoritized racial and ethnic backgrounds conceptualize their role as collaborators within the problem-solving process?

2. What do caregivers of students from minoritized racial and ethnic backgrounds perceive as barriers and facilitators to collaborative problem solving between families and school staff on PSTs?

3. What do caregivers of students from minoritized racial and ethnic backgrounds perceive as successful and unsuccessful practices for engaging families in collaborative problem solving?

4. What do caregivers of students from minoritized racial and ethnic backgrounds consider to be key indicators of equitable collaboration between families and school-based teams?

CHAPTER III: METHOD

Research Design

In the present qualitative study, CGT methods were adapted to explore the lived experiences of caregivers of students from minoritized racial and ethnic backgrounds in their work with prereferral PSTs. More specifically, caregivers of minoritized students were interviewed about their experiences working with the PST at their child's school or their experiences collaborating more generally with PST staff. CGT methods were adapted and used to make meaning of the narratives shared by caregivers during individual interviews. The key elements of CGT methodology that were utilized within the present study were: simultaneous data collection and analysis, use of comparative methods, iterative coding, inductive development of conceptual categories and analytic themes, memoing, reflection on positionality, and use of sensitizing concepts and emerging data to adapt study design (Charmaz, 2014). These methods were not used for the purpose of developing a novel theory, as this was outside the scope of the current study and research questions. Through iterative coding, the current study shed light on how families of racially and ethnically minoritized students perceive and experience collaborative work with school PSTs. Analytic themes and categories addressed caregivers' perceptions of their role within the problem-solving process, barriers and facilitators to problem-solving, and reflection on effective and ineffective collaboration practices. Additionally, findings and caregiver recommendations guided the formulation of practice-based guidelines for PSTs.

The current study was part of a larger project entitled "An Empirical Analysis of Problem-Solving Teams to Improve Functioning and Student Outcomes." The purpose of the larger project is to develop and evaluate a standardized protocol for team-based problem solving

in schools. The five-year project is funded by the Institute of Education Sciences at the University of Wisconsin-Madison (#R324A190198) facilitated by Dr. Jennifer Asmus and Dr. Thomas Kratochwill. The dissertator's study was conducted to further guide development of the standardized PST protocol.

Participants

The current study included caregivers of racially and ethnically minoritized students who were served by school PSTs. To recognize the rich diversity of family structures in the United States, the term "caregiver" broadly included biological parents, stepparents, grandparents, and other adults who shared in the primary caregiving responsibilities for a child. For the purpose of the study, "racially and ethnically minoritized students" included children who identified as Black or African American, Hispanic or Latinx, Native American or Alaskan Native, Pacific Islander or Native Hawaiian, or Multiracial on the demographic survey. Students who identified as Asian were not included in the current study as data suggests that individuals from this group do not experience disproportionality within special education or disciplinary referrals, suggesting that they would not have increased interactions with the PST related to their racial background (Park, 2019).

The dissertator opted to frame inclusion criteria around the student's racial and ethnic identity rather than the caregiver's identity to be more inclusive of multiracial, foster, and adoptive families. Preliminary conversations with school staff during the recruitment process revealed that these diverse family structures were relevant to the participating school's populations and the work of their PSTs. Data from the 2020 census as well as research on adoption rates and foster placement similarly reflect that these family contexts are increasingly relevant for children in the United States (Jones et al., 2021; Marr, 2007; Vandivere et al., 2009).

Additionally, participating school districts maintained demographic data about students rather than their parents. Since caregivers do not always share the same racial and ethnic identity as their children, this made it difficult for school teams to identify caregivers from racially and ethnically minoritized groups directly.

The study was open to caregivers whose children were served by the PST within the last three school years (2020-2023). School teams assisted the dissertator in identifying students who had been referred to the team for emotional or behavioral concerns during the time period. To broadly capture the scope of interactions caregivers can experience with problem-solving teams, caregivers were included regardless of their level of engagement with the team. For example, caregivers could participate in the present study even if they never attended a PST meeting or contributed to the problem-solving process directly. For the purpose of the study, caregivers who self-reported participating in "some problem solving or decision-making" (see *Participant screening)* with the team as a whole were considered to be "PST engaged" and caregivers who self-reported that they did not choose to participate in these activities, who were unable to, or who were not given the opportunity to participate in these activities were considered "PST unengaged." The operational definitions of these terms are further described in the description of the demographic survey later in this chapter.

Finally, due to the time-limited structure of interviews and the logistics of carrying them out in a virtual setting, participants were limited to individuals who were fluent in conversational English. This allowed participants to converse with the dissertator in a way that mimics an in-vivo interview without the need for additional interpreter services. Furthermore, this limited the likelihood of misunderstanding the cultural context or mischaracterizing caregiver's experiences

in the present study. While it is critical to recognize the experiences of linguistically diverse

families, this was outside the scope and resources of the present study.

Caregivers

The final sample consisted of four caregivers, representing two different Wisconsin

school districts and three different elementary schools. The total sample was split evenly

between engagement categories, with two caregivers being categorized as PST engaged (E1 and

E2) and two as PST unengaged (D1 and D2). Three of the caregivers self-identified as female

and one identified as male. Caregivers ranged in age from 22 to 51(mean = 38.75). Three of the

caregivers identified as white and one caregiver identified as multiracial (African American and

white). General demographic data for these participants is summarized in Table 1.

Table 1:

Summary of Caregiver Demographics

Participant ID	E1	E2	D1	D2
Engagement Category	PST engaged	PST engaged	PST unengaged	PST unengaged
Gender	Male	Female	Female	Female
Age	48	51	34	22
Race	White	White	White	Black; White
Ethnicity	Not Hispanic/ Latinx	Not Hispanic/ Latinx	Not Hispanic/ Latinx	Not Hispanic/ Latinx
Highest Level of Education	Graduate degree	Graduate degree	Some college or university	High school diploma or equivalent
Occupation	Higher Education	Unemployed	Disabled	Caregiver

There was some variation in participants' education and occupation by engagement group. The two caregivers who fell in the PST engaged category both completed graduate degrees. One had a doctorate and was working in higher education at the time of the study. The second PST engaged caregiver had a master's degree and reported that she was unemployed at the time of the study (but had some previous experience working in secondary education). At the time of the study, she was also employed part-time as a support staff at her child's school (although this was not reported on the demographic survey). Within the PST unengaged category, one caregiver reported "some college or university" and current occupation as "disabled," while the other reported "high school diploma or equivalent" and described their current occupation as "caregiver."

Students

Participating caregivers provided demographic information about the child who was served by the school PST (summarized in Table 2). Three of the children were multiracial, with a combination of black, white, Hispanic and Native American ancestry represented. The fourth student identified as Native American. Participants were asked to report on the grade level of their child during the time that they were referred to the PST. Student grade level ranged from kindergarten to 3rd grade. At the time of data collection, all the children who had been served by the PST were still placed within the general education setting and did not have IEPs or 504 plans. One of the caregivers had experiences working with IEP teams with her other child and sometimes discussed this experience during interviews.

Table 2

Summary of Child Demographics

Participant ID	E1	E2	D1	D2
Child Race	Black	Native American	Black; White; Native American	Black; White;
Child Ethnicity	Hispanic	Not Hispanic/ Latinx	Not Hispanic/ Latinx	Hispanic
Grade Referred to PST	3	KG	1	2
Educational Placement	General Education	General Education	General Education	General Education
Caregiver Relationship	Foster parent; Adoptive parent	Foster Parent	Stepparent; Adoptive parent	Biological Parent

Families

The sample represented a diverse array of family structures. Participats represented a broad spectrum of caregiver roles including one biological parent, two adoptive parents (or parents undergoing the adoption process), two foster parents (or former foster parents) and a stepparent. Several caregivers self-identified with more than one caregiver role. One of the families identified as a "multi-parent household" and the remaining three were all single-parent families. Two of the families reported having multiple (2-3) school-aged children in the family. Three of the caregivers also reported having young children who were not yet school-aged. Participant E2 was the only caregiver who reported having a one-child household. Family characteristics are summarized in Table 3.

Table 3

Family Structure

Participant ID	E1	E2	D1	D2
Caregiver role	Foster parent; Adoptive parent	Foster Parent	Stepparent; Adoptive parent	Biological Parent
Family Structure	Dual/ Multi-parent household	Single-parent household	Single-parent household	Single-parent household
Number of school-aged children	3	1	1	2

Reported Interactions with PST

Through the demographic survey, caregivers reported on the nature and scope of their interactions with the PST. When asked about the manner in which the PST process was initiated, three participants reported that they were informed about their child's referral by email or other electronic message while one received a letter in the mail. However, during interviews the two PST unengaged caregivers both reported that they could not recall being notified of their child's referral. Both PST unengaged caregivers reported having no specific point of contact with the team during the problem-solving process, while the PST engaged caregivers both indicated the school psychologist as their main point of contact. PST engaged caregivers reported communicating with members of the school team through phone or teleconference calls, team meetings (virtual or in-person), and letters sent in the mail. PST unengaged caregivers reported "no communication" during the PST process aside from letters in the mail.

Caregivers self-reported on their level of engagement with the PST. Both PST unengaged caregivers felt they were not presented with the opportunity to participate in any PST activities. In interviews, both PST unengaged participants shared that they could not recall the school notifying them that their child had been referred to the PST and that they were unaware that the

PST existed. On the demographic survey, the two PST unengaged caregivers did not report engaging in any of the possible collaboration activities that were outlined. They both selected having "little to no interaction with the PST while they were serving my child." Both PST unengaged caregivers learned about the PST during the course of the study and reported that they would have engaged in the collaborative problem-solving process if they had known about the PST.

One PST engaged caregiver (E1) selected that they "participated in decision-making and planning with the PST." In the interview, this caregiver described attending a team meeting, discussing concerns, and providing feedback about the team's proposed solutions before coming to an agreement about the support plan together. Before the team meeting, the caregiver described meeting/ communicating with the student's classroom teacher individually to identify concerns and to remain updated as the team collected data. The second PST engaged caregiver (E2) selected being "in communication with the team but minimally involved in planning and decision-making." In interviews, this caregiver described meeting individually with the school psychologist to discuss concerns and possible solutions, meeting with the school team to "brainstorm" strategies to address the concerns, and later expressing concern to staff about the effectiveness of the support plan. This caregiver described sharing their input during meetings but ultimately having to agree with strategies and supports that had already been identified by the team.

Finally, participants were asked to provide ratings about their experiences using a 5-point Likert scale. First, caregivers were asked to rate their relationship with the school (options ranged from 1 [very poor] to 5 [excellent]. Responses ranged from 3(fair) to 5 (excellent) with an average rating of 4.25. Caregivers were also asked how satisfied they were with the support their

child's school has provided to the family (options ranged from 1 [not at all satisfied] to 5

[completely satisfied). Responses again raged from 3(moderately satisfied) to 5(completely

satisfied). Finally, caregivers were asked the extent to which they felt the PST considered their

cultural beliefs and ideas as part of the PST process (options ranged from 1 [not at all] to 5 [a

great deal]. On this question, the three caregivers who identified as white reported scores that

ranged from 4 (*considerably*) to 5 (*a great deal*). The caregiver who identified as multiracial

reported a 1, indicating that they felt their cultural beliefs and backgrounds were *not at all*

considered as part of the PST process. Overall, the caregiver who identified as belonging to a

racial group that has been minoritized within the school system (specifically within disciplinary

and special education referrals) had the lowest ratings across all three areas.

Recruitment Procedures

Recruitment for the present study took place in conjunction with the larger PST project.

At the start of the larger PST project, principal investigators identified a pool of fifteen school

districts across Wisconsin. These schools were selected based on their proximity to Madison, WI

(within 100 miles), their current implementation of PSTs, no previous involvement with a similar

project previously conducted by the principal investigators (i.e., Project LIST), and their

openness to being approached for participation if the current project received grant funding. The

current study utilized this original pool of districts for initial recruitment.

To increase the likelihood of identifying caregivers of racially and ethnically minoritized

students, purposive sampling was used to target the ten districts from the original pool with the

largest populations of students from minoritized groups. Demographic data for the 2021-2022

school year was retrieved from the Wisconsin Department of Public Instruction (DPI, 2022) to

guide this selection process. From this initial recruitment wave, four school districts agreed to

participate. Due to low recruitment numbers and feedback from districts about difficulty

identifying racially and ethnically minoritized students that had been served by the PST, a

second wave of recruitment was initiated. In this targeted wave, five additional districts were

identified through a review of DPI data for the state of Wisconsin. The additional districts were

selected for having student populations with the highest percentage of minoritized students in the

state. Despite having the largest population of minoritized students, two large metropolitan

districts in Wisconsin were excluded from this process because of review procedures that would

prevent recruitment until the following school year. From this second wave of recruitment, one

additional school district agreed to participate in the study. From the full fifteen school districts

contacted about the study, five agreed to participate and distributed recruitment materials to

families. Table 4 provides a summary of districts that were contacted during recruitment, those

that agreed to participate in the study, and their demographics.

Table 4

Key Characteristics of School Districts Targeted for Recruitment

District	Recruitment Wave	Participating Elementary Schools	Total Elementary Population	Percentage of Minoritized Students
District A*	Initial	3	2,897	31.4%
District B	Initial		817	30.7%
District C*	Initial	1	2,736	20.8%
District D	Initial		1064	20.5%
District E*	Initial	5	956	17.5%
District F	Initial		1,611	17.2%
District G	Initial		2,410	16.4%
District H	Initial		414	12.3%
District I**	Initial	1	1272	12.1%
District J	Initial		486	11.5%
District K**	Targeted	5	1,789	65.8%
District L	Targeted		9,483	50.9%
District M	Targeted		8,271	56.1%
District N	Targeted		5,559	70.9%
District O	Targeted		4,673	33.5%

*Denotes districts that agreed to participate

** Denotes districts from which participants for the final study were recruited.

Study Materials

A letter outlining the purpose of the current study as well as details about the procedures was shared with student services staff in each targeted district (Appendix A). This letter also asserted that at the conclusion of the study, the dissertator would share practice-based recommendations with participating schools. Upon agreeing to participate in the study, district representatives were asked to complete a memorandum of understanding (Appendix B) to grant the dissertator permission to contact elementary school teams. Next, the dissertator contacted elementary school principals and school psychologists to provided information about the study.

Upon agreeing to participate in the study, principals were asked to identify a point of contact on the PST to collaborate with the dissertator on recruitment efforts. This contact person was generally the principal, the school psychologist, or the school counselor. The dissertator met with the PST to address questions about the study and to support them in compiling a list of minoritized students who were referred to the PST over the last three school years (2020-2023). The dissertator provided guidance to the school teams on how to identify relevant families. The school staff then electronically shared recruitment materials with identified students' families. The families' contact information was not shared with the research team and all direct recruitment communication was done by school staff before completion of the consent form. The dissertator offered to provide paper copies of recruitment materials but no schools opted to utilize these versions. School teams agreed to send at least three waves of recruitment information to identified families over the course of the school year to maximize participant exposure to recruitment information.

Recruitment materials sent to families included a study letter and a flyer (Appendix C). Information provided in the study letter included a brief explanation of PSTs, an assertion that the study was focused on collecting information about the perspectives of caregivers who have participated in the PST process, and a brief overview of interview procedures (i.e., duration, virtual format, and expectations for participation). Recruitment materials also shared information about study compensation, with participants who completed a full interview earning a $30 gift card to a retailer. The study letter also included a brief positionality statement from the dissertator and the principal investigator of the larger PST project (Appendix D). This provided a reflection about the researchers' racial and ethnic backgrounds as well as their experiences working with families in education and their reason for pursuing the current area of research.

Participant Screening

Recruitment materials provided a direct link to a Qualtrics survey that participants used to complete the consent process and the demographic survey. As a part of this procedure, interested participants self-identified their child's racial and ethnic background, indicated their level of engagement in the problem-solving process, and indicated their proficiency in English. To indicate their level of engagement, caregivers selected from the following multiple choice options to describe their engagement with the PST: (a) I participated in PST decision-making and/or planning, (b) I was in communication with the team but was minimally involved in any planning or decision-making, (c) I was presented with the opportunity to participate in PST activities but was unable or chose not to, and (d) I was not presented with the opportunity to participate in any PST activities. Caregivers who indicated one of the first two choices were considered "PST engaged" and caregivers who indicated one of the second two choices were considered part of the "PST unengaged." The dissertator used this information to select participants who met inclusion criteria for the study and to determine if they fell into the PST engaged or "PST unengaged category. Once participants were cleared for participation, the dissertator contacted for scheduling.

Setting

Schools

Participating caregivers were recruited from public elementary schools in Wisconsin that served students ranging from 4-year-old kindergarten through third grade. The final sample of caregivers attended three elementary schools across two districts. All schools were located within 100 miles of the Madison Metropolitan area. District locales were categorized by the Wisconsin Department of Public Instruction (DPI, 2021). District I (see Table 4) was classified

as a distant town, meaning a "territory inside an Urban Cluster that is more than 10 miles and

less than or equal to 35 miles from an Urbanized Area." District K was classified as a small city,

meaning a "territory inside an urbanized area and inside a principal city with population less than

100,000." Participating schools varied considerably by grade-level, size, and demographics.

School 1 (located within District I) was a large elementary school with a small percentage of

students from minoritized backgrounds while Schools 2 and 3 (located in District K) in

comparison were smaller schools with significantly more diverse school populations. Table 5

provides a summary of key school demographics for the 2021-2022 school year (DPI, 2022).

Table 5

Participating School Demographics

		Grades	Enrollment	Minoritized Students	Students with Disabilities	Economically Disadvantaged	English Language Learners
Town	School 1, District I	4K-2	493	8.9%	10.3	23.7	2.6
City	School B, District K	4K-3	173	86.1%	15%	91.3%	9.2%
	School C, District K	4K-3	340	64.1%	15%	65%	12.1%

Virtual Context

In the wake of the global COVID-19 pandemic, the dissertator opted for a socially distant

approach to data collection that prioritized the safety of participants and the dissertator. With

increased access to the internet and advances in digital security, teleconferencing platforms offer

a secure and safe alternative to in-person data collection. In fact, qualitative researchers have

long considered the use of online interviews to improve access for populations of interest and to decrease logistical barriers (Fox et al., 2007). In the present study, interviews were conducted virtually using Zoom, a software that is available for free download on all smartphones as well as personal computers and tablets. Participants were also provided with a call-in number that allowed them the option to participate in the interview via phone if needed. During scheduling, the dissertator verified that participants had access to appropriate technology to participate in the virtual interview with both video and audio input. Participants were asked to join from a private space with minimal distraction. All four caregivers joined the interviews from their homes and kept their camera on for the majority of the call. Two of the parents had small children present at home during the interview and needed to stop periodically throughout the call to attend to them. The dissertator conducted the interview from a private space with ample lighting that was free of distractions.

Procedures

Consent

Prior to data collection, informed consent was obtained from all participants. Participants were provided with a digital copy of the consent form (Appendix E) that provided an overview of the study. The dissertator reviewed the consent form with participants before the start of each interview and provided opportunities to ask questions or express concerns. The consent form also provided details about the study procedures and compensation for participants. During the informed consent process, the dissertator detailed steps that would be taken to de-identify data and plans to store transcripts and recordings on a secured server until the completion of the study. The dissertator reviewed steps to maintain confidentiality (e.g. joining from a private

space, utilizing headphones) and reviewed the limits to confidentiality. Finally, participants were informed that they had the option to withdraw from the study at any time.

Demographic Questionnaire

After completing the digital consent form, interested caregivers were directed to complete a brief demographic questionnaire (Appendix F) via Qualtrics. The questionnaire gathered demographic information about the participating caregiver as well as their child. This information was utilized to determine if participants met inclusion criteria and to gather contextual information about the participant's experiences. Data about the caregiver included: race, ethnicity, gender, age, caregiver role, primary language(s), education, and occupation. Data about the child included: race, ethnicity, gender, grade-level, special education eligibility, and accommodations/ supports received at school. On the questionnaire, caregivers also answered questions about their experiences with the PST at their child's school, including identifying points of contact, selecting types of activities from a list, and rating satisfaction with their experience. Finally, caregivers were asked to self-select their level of engagement with the PST from the following options: (a) I participated in decision-making and/or planning, (b) I was in communication with the team but was minimally involved in any planning or decision-making, (c) I was presented with the opportunity to participate in PST activities but was unable or chose not, or (d) I was not presented with the opportunity to participate in any PST activities. Participants who selected from the first two choices were assigned to the "PST engaged" condition and participants who selected the last two choices were assigned to the "PST unengaged" condition.

Interview Procedures

Data collection occurred virtually, using the Zoom teleconferencing platform. Interviews were a semi-structured format in which the dissertator followed standardized protocols containing a pre-determined set of questions and follow-up prompts. For the purposes of data analysis, audio and visual recordings were created during interviews using the Zoom software. A physical audio recording device was also used to create a back-up recording in the event of technology failure. The Zoom platform has an automatic transcription feature which was activated at the start of each interview. At the end of each interview, audio, and video recordings as well as the transcript text files were downloaded, de-identified, and stored in a secure online location (UW Box) to protect the confidentiality of study participants.

Interviews followed a semi-structured format which utilized an interview guide that focused the discussion around specific areas of inquiry. In accordance with a CGT approach to interviewing, the interview guide served as a flexible outline to guide conversation (Charmaz, 2014). This consisted of pre-determined questions related to the study aims and prompts for the interviewer to invite the participant to clarify or elaborate on their responses. To aid in data analysis and to document research decisions, the dissertator took field notes during each interview to track emerging themes in participants' responses, to note relevant observations about participants' reactions and behavior, and to document decisions to probe further (Charmaz, 2014).

Interviews ranged in duration from 60 to 100 minutes (mean = 78.25 minutes). Interviews were conducted by the dissertator, a school psychology graduate student with training and experience in conducting clinical interviews with children and adults. To bolster expertise in conducting semi-structured interviews and focus groups for research purposes, the dissertator

also consulted with a faculty member that has expertise in this area and reviewed best practice recommendations for qualitative interview research (Brinkmann, 2014). At the start of each interview, the dissertator provided an overview of expectations for participation in virtual interviews, including the target duration (90 minutes), maintaining video connection when possible, and a plan for re-establishing contact in the event of a lost connection. Throughout the interview, the dissertator documented observations, clarifications, and contextual information in field notes. At the conclusion of the interview, the dissertator provided space for participants to ask clarifying questions about the study and thanked them for their participation. Gift cards were provided to participants via email after completing the full interview.

Interview Protocols

The use of intensive interviewing is a key methodology associated with a CGT approach to qualitative work. Per methodology outlined by Charmaz (2014), intensive interviewing involves exploring participants' experiences through a "gently guided, one-sided conversation" that utilizes open-ended questions along with follow-up and clarification of participant responses in order to develop a detailed understanding of participants' experiences (p. 56). Within the present study, the purpose of the interviews was to gain an in-depth understanding of how caregivers of students from racial and ethnic minoritized backgrounds experience collaboration with school PSTs. To capture a broad spectrum of caregiver experiences with the PST and to tailor interviewing procedures to caregivers' unique experiences, two interview protocols were developed. One protocol was used with caregivers that fell into the PST engaged category and the other was used from PST unengaged caregivers. The PST engaged protocol (Appendix G) prompted caregivers to reflect on their specific experiences working with the school problem-solving team whereas the PST unengaged protocol (Appendix H) more broadly questioned

caregivers about their engagement with school staff and explored their reasons for not being more actively engaged in the problem-solving process.

Both interview protocols were created based on procedural guidelines outlined by Charmaz (2014). The development of interview questions involved multiple phases. First, the dissertator conducted a review of published work related to problem-solving teams and family-school collaboration with an emphasis on qualitative studies that examined the perspectives of minoritized caregivers. Additionally, work related to engaging minoritized families in education and recommendations for increasing the cultural responsiveness of school teams was reviewed. Second, the dissertator drafted interview questions that synthesized information from the existing literature and aligned with the present study's research questions. In particular, the dissertator drew upon the Equitable Collaboration Framework (Ishimaru et al., 2016) and the Road Map to Family Engagement Survey (Equitable Parent-School Collaboration Research Project, 2015) in drafting interview questions. Third, the questions were reviewed by the principal investigators of the larger PST study to determine if content and language were suitable for the population and current study. Two faculty from the University of Wisconsin–Madison with experience in qualitative research and working with caregivers of elementary students also reviewed the protocol. In keeping with the tradition of grounded theory, which calls for data collection to be refined or refocused as themes and issues emerge during data analysis, the interview protocol was subject to continuous review and revision by the dissertator throughout the study (Charmaz, 2014). These decisions about additional changes to the focus group protocol were documented and justified through procedural memos which is the suggested approach outlined in CGT work (Saldaña, 2016). Notable changes included adding additional clarification around the function and role of problem-solving teams, framing questions around racial and ethnic identity in relation

to both caregiver and child identities, adding a positionality statement from the dissertator and rephrasing questions to be more open-ended.

Positionality

In qualitative work, the researcher serves as the primary instrument for data collection, analysis, and interpretation (Wa-Mbaleka, 2020). A CGT approach carries the assumption that qualitative research cannot be purely objective, and that researchers have pre-existing knowledge, views and assumptions that are informed by their experiences and their context (Charmaz, 2014). The term "positionality" is commonly used to describe a researcher's world view, the assumptions they bring to a given research project, and their socio-cultural context (Holmes, 2020). While a researcher's positionality can inform unique insights and connections in qualitative work, bias and subjectivity inevitably arise in the research process (Wa-Mbaleka, 2020).

To minimize the impact of bias and to promote trustworthiness in a study, it is critical for researchers to transparently reflect on and address their own positionality throughout the research process (Tracy, 2010). Researchers must also practice reflexivity, which means examining how their own personal perspective and decisions about study design have shaped findings. This entails explicitly identifying beliefs and assumptions related to the study, reflecting on how previous experiences (both personal and professional) impact the researcher's perspective, sharing motivations for conducting the research topic, and considering theoretical frameworks that guide thinking (Holmes, 2020). This is a continuous practice that should be started at the outset of a study and integrated throughout the research process. Within the present study, the dissertator integrated this aspect of CGT methodology by reflecting on positionality at the outset of the study by crafting a positionality statement and then continuously discussing and reflecting

on positionality, throughout data collection and analysis, using analytic memos as well as discussions with the coder and advisory faculty.

Positionality Statement

I pursued this work with the intention of facilitating partnerships between schools and racially and ethnically minoritized families. I chose to conduct interviews because I wanted to capture the voices of minoritized families within the education system, whose experiences have been largely overlooked within the current literature. My interest in this population in particular is driven by my own background and experiences. As a biracial woman (with black and white heritage) who attended diverse public schools in Chicago, my family's experiences were a guiding force in conceptualizing the study, research questions, and methodology. During interviews with participants, I often felt the echo of my own mother's experiences as a woman of color advocating for her children's needs in schools. I was also inspired by my work as a school psychologist-in-training, during which I observed families often being left out of discussions and decision-making related to their children. From these experiences, I was driven to pursue research that could promote equitable partnerships between schools and families.

As a doctoral student in school psychology, there are a host of privileges and assumptions that I bring to this research. Throughout my life and academic career, I have lived and worked in fairly diverse cites with large school districts. This has shaped my thinking around school-based practices and equity. As a researcher and school psychologist, I value family engagement in education and embrace the assumption that collaboration between families and schools is both beneficial and critical for school success. Since I have devoted much of my academic work to researching and facilitating family-school partnerships, I have biases about what these relationships should look like and what meaningful collaboration entails. I value equity and hold

the assumption that individuals from minoritized racial and ethnic groups have distinct experiences from non-minoritized groups because they are more likely to encounter discrimination, prejudice, and oppression. As a biracial woman, my values and assumptions around equity are tied directly to my own experiences and those of my family.

Although having a close personal connection to these phenomena afforded me some unique insights in the research process, it also created the possibility of confirmation bias. Throughout the research process, there were opportunities to unconsciously shape methodology and findings in ways that affirmed my own values and experiences with the education system. There was potential for this in the design of the interview protocol, the collection of data, and the interpretation of participant's responses during coding. To minimize the effect of these biases, I took a variety of steps to improve my reflexivity. From the outset of the study, I engaged in active reflection on my biases through discussion with faculty advisors and the use of analytic memos throughout the study. I also consulted with various faulty in writing interview questions and creating a coding manual. To minimize the likelihood for bias during the data collection and analysis, I utilized a standardized protocol for conducting interviews and a second coder to assist in interpreting and identifying themes. In training the agreement coder, positionality was discussed by reflecting on my own and the coders' backgrounds and motivations for engaging in this research. Some specific factors that were explored in this process included racial, ethnic and cultural backgrounds, prior work in schools, experiences working with school PSTs, and previous work with students and families from minoritized backgrounds. These discussions aimed to recognize and address the positionality of the research team while also ensuring that participants' perspectives are accurately captured and centered within the research (Trainor & Graue, 2014).

The researcher who assisted the dissertator with agreement coding was a graduate student in school psychology with experience working with caregivers and students from diverse cultural and linguistic backgrounds as well as elementary school teams. This researcher was employed as a project assistant with the larger PST project but had little pre-existing knowledge of problem-solving teams in schools. Throughout the agreement coding process, the dissertator and the coder engaged in targeted discussions about the positionality and how this might have impacted data analysis. When asked to reflect on salient aspects of her identity, the researcher identified herself as a Hispanic female with Spanish-speaking parents. She described growing up outside of Wisconsin and being relatively new to the Wisconsin school system. Finally, the coder reflected that her own family experienced some notable challenges engaging with school teams while she was in school, which drove her interest in the topic. The dissertator and coder continued to discuss positionality and reflect on biases throughout the coding process.

Data Analysis

In approaching data analysis, the present study adapted CGT methodology outlined by Charmaz (2014). Elements of this methodology that were utilized included: (a) simultaneous data collection and analysis, (b) inductive coding, (c) constant comparison analysis between data sources, and (d) use of analytic memoing.

The dissertator conducted inductive coding to make sense of the meanings and actions of participants and to link data collection with an emergent theory. CGT methodology utilizes a two-step coding process to construct abstract analytic categories that contribute to theory development (Charmaz, 2014). During initial coding, researchers closely study small units of qualitative data, creating conceptual codes that identify the salient information provided in the unit and process codes that capture action within the data. During the focused coding, researchers

systematically sort through these conceptual codes to focus in on those with the greatest analytic significance to create categories. Throughout coding, researchers engage in constant comparison between the different data sources and emerging codes to ensure that the coding comprehensively addresses all variations of the data (Charmaz, 2014). Through this iterative process, researchers can synthesize large amounts of data to create an analytic report of the studied phenomenon. The CGT approach is particularly well-suited to the current study because it is flexible and can be adapted to address research questions in a diverse array of studies, regardless of whether the research culminates in theory development (Charmaz, 2014).

In the current study, the dissertator adapted this methodology by analyzing data in phases: (a) data preparation, (b) initial coding, (c) focused coding, (d) reliability coding, and final categorization. In keeping with the inductive approach that characterizes all grounded theory work, data analysis occurred simultaneously with data collection and continued after all interviews had been conducted (Charmaz, 2014). Although development of a novel grounded theory was outside the scope of the current exploratory study, the resulting analytic themes and categories were used to address the research questions and guide the formulation of practice-based recommendations for school PSTs. This aligns with guidance offered by Charmaz (2014), who emphasizes that CGT methods are guidelines (rather than an explicit set of rules) that can be adapted to conduct diverse qualitative studies, whether or not theory development is the goal of the study. Theory development was not pursued in the present study due to the small number of participants, and the broad exploratory nature of the questions.

Data Preparation

At the conclusion of each interview, the audio recording and automatically transcribed text files from Zoom were downloaded and stored in a secure location. The dissertator then

systematically reviewed text files along with audio recordings and field notes to check for accuracy. The dissertator made minor corrections to transcripts such as adding in missing text (e.g. words the auto-transcription did not pick up on) and clarifying words that were incorrectly transcribed. To de-identify transcripts and maintain consistency across files, the following formatting steps were taken. All references to names of individuals (e.g., caregiver, child, school staff), references to the specific school district and mention of the school's location were located. These identifiers were replaced with proxy words that maintained the original meaning (e.g. staff titles instead of their names). Text was grouped by speaking breaks and punctuation was added to clarify meaning. There were several instances where participants spoke with individuals off-screen (e.g., a small child) about irrelevant topics, so these lines were removed from the final transcript.

For analysis, the dissertator utilized line by line coding, a commonly used technique for coding in CGT work (Charmaz, 2014). This involved examining each line of data in isolation and creating a detailed code which summarized or captures the meaning of that unit of data (Khandkar, 2009). Line by line coding is useful for digging into data and extracting as much meaning as possible (Charmaz, 2014). This is especially important for topics that have been largely unexplored, as was the case for the present study. To prepare transcripts for line-by-line analysis, all finalized transcripts were formatted with the same font and size in Microsoft word. Next, the dissertator segmented the transcripts based on each naturally occurring line break in the document. For the purpose of the data reporting, one line of transcript was considered to be one unit. Transcript D1 consisted of 510 units, transcript D2 consisted of 320 units, transcript E1 consisted of 438 units, and transcript E2 consisted of 550 units. Across all four transcripts, there was a combined total of 1,818 units, or lines of transcript. Questions or comments made by the

interviewer were left in the transcripts to provide context during coding but were not included in the final count of lines of transcript. All transcripts were transferred into Microsoft Excel (one transcript line per row) to assign codes and themes.

During the initial review process, the dissertator concurrently created an analytic memo to document initial impressions from the data and important concepts that emerged (Saldaña, 2016). Memos are extended notes that track observations, impressions, emerging themes, and methodological decisions. Charmaz (2014) suggests that memos are critical for maintaining an analytic focus throughout the study and that such analytic writing should be at the heart of CGT work. After the initial review and formatting, field notes and transcripts were briefly reviewed again to note any potential conceptual codes or analytic categories. The dissertator continued to document and synthesize these ideas through memoing. The initial review and synthesis of the data was a critical step as it allowed the dissertator to digest and reflect on the data before beginning any coding, and to identify potential conceptual codes from the outset (Saldaña, 2016).

Initial Coding

The first stage of the coding process consisted of initial (sometimes referred to as "open") coding (Charmaz, 2014). During this process, the transcript was broken down into smaller units, and the meaning of each unit was closely examined (Saldaña, 2016). In this close examination of the data, researchers typically ask themselves what the data suggests about the studied phenomena, whose point of view is captured by that data, and what theoretical category does each unit of data suggest (Charmaz, 2014). This first cycle of coding allows researchers to quickly develop a conceptual understanding of the data using direct and descriptive coding methods (Saldaña, 2016). The open coding approach also allows for concepts to naturally emerge from the raw data and form into conceptual categories, ultimately resulting in a

descriptive preliminary framework to guide later analysis (Khandkar, 2009). Initial coding also allows the dissertator to "discover" different components of the data without imposing assumptions or theoretical frameworks (Saldaña, 2016).

Within the initial coding process, the dissertator utilized two different types of codes: conceptual codes and process codes. Conceptual codes are "short, simple, active, and analytic" descriptions of the content of each datum (Charmaz, 2014, p. 120). Process codes are gerunds that describe observable and abstract actions in the data (Saldaña, 2016). Process codes are useful during the initial coding stages because they help identify emerging processes within the data (Charmaz, 2014). Rather than solely summarizing the content of the participant's responses, process codes allow for analysis of explicit and implicit actions and meanings in the data (Charmaz, 2014). Process coding can lead to a more dynamic understanding of the data, with specific emphasis on considering the antecedents, causes, and consequences of participant actions (Charmaz, 2014). Saldaña (2016) suggests that process coding is particularly useful for examining recurrent social interactions that center around problem solving. For the present study, the dissertator used process codes to examine the interactional processes that emerged in descriptions of work between caregivers and problem-solving teams.

The initial coding process typically yields a large quantity of codes (Saldaña, 2016). After completing line by line coding for each transcript and compiling an initial list of codes, the dissertator engaged in comparison analysis to look for similarities and differences between codes within and across data sources (Charmaz, 2014). These comparisons guided the refining and condensing of the initial list of codes. This coding and comparative process usually involves several rounds, continuing until commonalities in the data begin to emerge and continued comparison becomes redundant (DeCarlo, 2018). In order to track emerging codes across

transcripts and to maintain consistency in how they are applied, the dissertator created a codebook during the initial coding stage. This document was essentially a running list of all codes that also includes descriptions of how each code was applied, inclusion and exclusion criteria for each code, and guiding examples (Saldaña, 2016). The codebook served to capture the evolution of codes and to ensure consistency in how codes were applied (Charmaz, 2014). The dissertator also continued to utilize the analytic memo throughout this process to reflect on thinking and to note emerging themes or questions. This served as an important personal debriefing and a method for generating categories in the second cycle of coding (Saldaña, 2016).

Focused Coding

Within a CGT approach, the second cycle of coding brings the researcher out of their deep immersion in the data, drawing attention back to the bigger picture and analysis (Saldaña, 2016). During this stage, researchers continue to engage in constant comparison analysis between data sources to reorganize, refine, and condense initial conceptual codes. The intended outcome of this cycle of coding is the creation of abstract analytic categories that fully capture the data and inform the identification of major themes or concepts for discussion (Saldaña, 2016). Charmaz (2014) describes this stage as the point in the analytic process where researchers make decisions about the direction they want to take their work.

In adapting CGT methods, the dissertator utilized focused coding to "synthesize, analyze, and conceptualize" large amounts of data (Charmaz, 2014, pp. 138). This involved condensing the list of codes to those that carried the greatest analytic significance and then elevating those initial codes to analytic categories (Charmaz, 2014). This process consisted of several stages of analysis. First, the dissertator compared analytic memos made during the initial coding process, field notes taken during data collection and transcripts, using emerging similarities and

differences in findings to narrow down the list of codes (DeCarlo, 2018). During this process, the dissertator also refined and reworded necessary codes to better encompass the ideas and language that emerged during initial coding (Saldaña, 2016). The dissertator also combined similar codes and deleted redundant or analytically insignificant codes (DeCarlo, 2018). Second, the dissertator conducted a preliminary analysis of the frequency of codes to determine which codes had the most analytic power, either because they occurred frequently throughout multiple transcripts or because they possessed analytic significance in relation to the research questions. Third, the dissertator used the list of focused codes to create themes that encompassed all remaining codes (Charmaz, 2014). The dissertator utilized Microsoft Excel as a visual space to sort codes into analytic categories and themes until all the codes were accounted for. Additionally, the dissertator continued to update and refine the codebook with clear wording, definitions and examples for each code and category (DeCarlo, 2018). At the end of this process, the dissertator arrived at a final hierarchical organization of the data that included themes and subcategories that fully accounted for the data.

Reliability and Validity

Qualitative analysis can be highly interpretative, so it is critical to utilize more than one coder to ensure the reliability and validity of final codes and categories, as well as their application during analysis (Creswell, 2013). The present study addressed this issue by recruiting one doctoral student with experience in qualitative methodology to assist in agreement coding. To prepare for coding, the dissertator led this graduate student in a brief training process. First, an overview of the study purpose, the research questions, and the data collection protocols was provided. Next, the dissertator oriented the coder to the different data sources including transcripts and field notes. The reviewer also provided an overview of the two-stage coding

process and the purpose of reliability coding. The additional coder was tasked with utilizing the codebooks developed during initial and focused coding to analyze a segment of the interview transcripts.

The goal of this process was to reach at least 80% intercoder agreement on the use of all codes for at least one transcript per round of coding. Agreement was calculated by dividing the number of agreements (lines of transcript coded the same by both coders) by the total number of possible codes in a transcript (Miles & Huberman, 1994). The dissertator and coder worked together to resolve initial disagreements to reach 100% consensus (Saldaña, 2016). Edits were made to the codebook to reflect these resolutions and to clarify wording around codes and categories.

Agreement coding took place in two phases, with the first occurring after the dissertator completed the initial coding process and the second after completing the focused coding process. In the first phase, the dissertator and second coder examined intercoder agreement on initial codes. To begin this process, the dissertator and agreement coder met to review the coding manual and to clarify understanding about initial codes. The dissertator and the agreement coder then utilized the initial codebook to work through a segment of the transcript line by line to practice applying codes. Then, the dissertator and the coder worked independently to code the rest of the transcript. At the end of this process, the coding team met again to compare coding and to discuss instances of disagreement, with a goal of reaching consensus. During this process the coders also clarified the meaning and wording of each code in the codebook to ensure consistency in application. After this initial practice transcript, the coders independently coded a full focus transcript, meeting afterward to calculate level of agreement and resolve instances of disagreement. The standard for agreement was not met on the initial transcript, so a second was

completed by the coding team. Coders reached 78% agreement on a second transcript. Although

this did not meet the 80% standard, the coding team decided to proceed given that there would be

another round of coding and modifying the codebook before the transcripts were finalized. After

disagreements were resolved, the initial codebook was finalized, and the dissertator went back

through to recode remaining transcripts according to the finalized initial codebook.

The second phase of the agreement coding centered around the application of focused

codes. First, the dissertator worked independently to identify focused codes and to draft a

focused codebook comprised of analytic categories and broad themes. Then the dissertator and

the coder met to discuss the categorized and themes to clarify understanding about how to apply

them. Independently, the dissertator and coder then reviewed and coded a randomly selected

transcript using the codebook. Once again, the coders engaged in an iterative process in which

they met to compare level of agreement and discussed areas of confusion or disagreement. This

discussion guided the refinement focused codes and their description within the codebook. The

coding team reached an agreement level of 82% on the first transcript. After the threshold for

agreement was reached, the focused codebook was finalized.

Final Categorization

The dissertator utilized the finalized focused codebook to re-code remaining transcripts

that were not analyzed during the reliability coding. These final transcripts were utilized to

calculate the frequency of each theme and subcategory within the data and to identify quotations

that served as exemplars of the critical themes that emerged during analysis. At the conclusion of

the coding process, the resulting themes and categories were sorted according to their relevance

to each research question. To sort the finalized themes and categories by research question, the

dissertator reviewed the final codebook along with the analytic memos that were created

throughout the study. Next, the dissertator created a Microsoft Excel spreadsheet with each

research question as a different column heading. The dissertator used this format to sort the final

categories and sub-categories from the codebook into the research question that they most

directly addressed.

CHAPTER IV: RESULTS

The purpose of the current study was to explore how caregivers of racially and ethnically minoritized students experience collaboration with school PSTs. The sample represented a diverse array of caregiver experiences with the PST, including both those who were actively engaged during the PST process and those who were left out of work with the PST. Participants were sorted into PST engaged and PST unengaged categories based on self-report of their involvement with the PST on the demographic questionnaire. Interviews with participants in the former category centered around their direct experiences working with the school PST. Interviews with participants in the latter category focused more broadly on families' experiences collaborating with school staff and explored factors that contributed to their lack of engagement with the school team. A qualitative analysis of participant responses was conducted to make meaning of caregivers' experiences and to address the study's research questions. In total, seventeen broad themes were identified by the dissertator with each theme being broken down into more specific categories that capture detail and nuance of caregivers' experiences.

Results are presented in this chapter and are organized by research question. For each theme and category, representative quotes are presented and discussed. Throughout the analysis, the dissertator drew upon participants' words to illustrate their experiences and capture their perspectives. In addition, the number of units (n = lines of transcript) is also detailed, along with a percentage of total coded units. The total number of coded units (1110 lines) was calculated by taking the combined total units from all four transcripts (1818 lines) and subtracting units that were not coded (708 units). Units did not receive a code if: participants were discussing something unrelated to the interview question, if the unit was part of a larger idea that was captured by a code on a previous line, or if no available codes applied to the given unit.

Furthermore, to track the presence of themes and categories across transcripts, the dissertator noted the number of participants who made comments aligned with each theme and category.

Considerations and Precautions in Interpreting Data

There are several limitations to the current study that should be considered in interpreting the data. First, although counts and frequencies of codes are presented for each theme and category, these should be considered with caution. These quantities give a rough understanding of how frequently and at what length themes were discussed by participants across all four transcripts. However, interpreting counts alone does not provide an accurate reflection of how ideas were emphasized by participants or the meaning that they held within the context of caregivers' experiences. Direct quotations and examples from transcripts provide a more contextualized and accurate reflection of participants' reported experiences.

A second consideration in interpreting the following results is how differences in engagement with the PST impacted caregivers' discussion of their experiences. In general, caregivers with less direct involvement with the PST seemed less able to speak at length on issues that were addressed within the study. PST unengaged caregivers had little (if any) specific experiences to draw upon in discussing their work with the PST. Instead, PST unengaged caregivers spoke more generally about their experiences collaborating with school staff (who were likely members of the PST) or discussed previous experiences working with other school teams (e.g., IEP teams). Furthermore, the two PST unengaged participants described learning about the PST for the first time during their participation in the study, so they were more likely to discuss hypothetical experiences with the PST (e.g., what they wish their experienced had been like) vs. actual experiences that they had with the team. Given this challenge, comparing

themes and categories across engagement level (PST engaged vs. PST unengaged) should be done with caution.

Question 1: In their work with school PSTs, how do caregivers of students from minoritized racial and ethnic backgrounds conceptualize their role as collaborators within the problem-solving process?

Using CGT, the dissertator identified four broad themes that addressed this research question. Each of these themes was observed across all four interviews. These themes were as follows (a) possessing information and insight ($n = 101$; 9.12%; 4 caregivers), (b) discussing concerns related to minoritized identity ($n = 91$; 8.2%; 4 caregivers), (c) connecting children with supports to address their needs ($n = 67$; 6.03%; 4 caregivers) and (d) providing direct support or intervention ($n = 64$, 5.76%; 4 caregivers). Findings related to this research question are summarized in Table 6.

Source of Information and Insight

Participants discussed information and insights that they drew upon both in their parenting approach and during the problem-solving process. This theme consisted of three categories: (a) making inferences about child's needs and challenges ($n = 46$; 4.14%; 3 caregivers), (b) describing child and family identity ($n = 38$; 3.42%; 4 caregivers), and (c) notifying the team about changes at home ($n = 15$; 1.35%; 3 caregivers). Overall, the dissertator identified this theme in more units within PST engaged transcripts ($n = 62$) than in PST unengaged transcripts ($n = 37$).

The first category centered around inferences that caregivers made about their child's needs and challenges. Throughout interviews, participants made observations and utilized their background knowledge to draw conclusions about their child's functioning and needs. In some

instances, caregivers detailed ways in which they applied this information in engaging in the problem-solving process, supporting their children, or sharing their insights with the school team. For instance, some caregivers utilized knowledge of their child's neurodevelopmental or psychological diagnoses to explain their challenges. Caregiver D1described how her child's diagnoses make academic intervention difficult: "She has a special way of thinking with her ADHD and her lack of impulse, and her ODD and she's super stubborn and headstrong ... her way is the way to do it." Caregiver D1 also emphasized that this is why it was important for the school team to be proactive in addressing and communicating about her academic challenges: "Now I have to fight with her [child] on it, and I have to try to correct it."

Caregivers also made inferences about factors that may impact their child's functioning in specific environments. For instance, caregiver E2 observed that because her child is blind in one eye, he can become quite frustrated in gym class. She drew connections between his medical condition and difficulties specific to this context, noting that gym was: "extremely challenging, you have a child with behavior issues and they get frustrated, things can go off the deep end real fast." This participant also noted that despite her efforts to notify the team of this information, the child's gym teacher was unaware of his condition and how it might impact his functioning until the caregiver shared this information and inference with him directly. This suggests the value of caregivers sharing such information with the school staff or PST teams, as it enables school teams to learn information that they can use to tailor supports and interventions guided Overall, participating caregivers tried to understand their child's needs and challenges and drew upon these insights during collaboration with the PST or through other collaborative interactions with school staff. As caregiver D1 noted: "who knows their children better than parents."

One interesting trend among participants was making inferences about the impact of trauma on children's' social-emotional and behavioral challenges. For context, three of the participants (D1, E1, E2) identified as foster parents or adoptive parents of children who had experienced early childhood trauma before coming to live with their caregiver and before attending the school. These three caregivers were open in discussing their children's histories of trauma and framing their challenges at school in relation to these past traumatic experiences. For example, caregiver E2 discussed how her adoptive son's early traumatic experiences with female caregivers impacted his ability to connect with female school staff. She noted: "It's so ingrained in him that he can rely on men, but he can't rely on women…he's a very relationship-based child you know, if he doesn't trust you, he's not gonna listen to you." In making this inference, caregiver E2 attempted to contextualize her child's challenges within his trauma history. Caregiver E2 went on to apply this knowledge in drawing conclusions about her child's needs in school: "At the elementary level, there's not a lot of men around…so I don't know how they [school staff] could support my son's academics more cause I think, if he had a male teacher he'd be more invested in his academics."

An interesting thing to note about this example is that caregiver E2 commented: "that's no fault of theirs [the school] and that has nothing to do with his race, it's his gender." In doing so, this caregiver emphasized the role of trauma as an explanation for her child's challenges and de-emphasized the role of school staff or his racial identity (student identified as Native American). This is notable as children from racially minoritized groups are disproportionately more likely to experience disciplinary referrals and expulsions, often for highly subjective infractions such as disobedience, defiance, classroom disruption, and perceived disrespect (Martin et al., 2016; Skiba et al., 2014). In the present study, caregivers did not make many

inferences about how school staff's perception of their child's minoritized identity or these broader socio-cultural dynamics contributed to their child's school experiences or challenges. White caregivers of racially and ethnically minoritized students, especially in less diverse contexts may be less attuned to these dynamics and less likely to consider them in trying to understand their child's challenges. It is not clear how much caregiver E2 directly shared information about her child's trauma history and her insights about how it impacted his functioning with the school team. Overall, the dissertator identified the "making inferences" category across three different participants, which included one PST unengaged participant (D1) and two PST engaged participants (E1 & E2). The dissertator identified this category in more units within PST engaged transcripts ($n = 34$) than in the PST unengaged transcripts ($n = 12$).

The second category of information exhibited by participants was related to child and family identity. Caregivers discussed a variety of identity dimensions, including race, ethnicity, family structure and caregiver relationships. Participants described how sharing with information with the PST or drawing upon it during informal problem solving with school staff impacted their collaboration. Caregiver D1 observed that after keeping the team updated about changes in her family structure: "They see that I am a newly single mom to two special needs children, so they try to help as much as they can." Participants also described how their child's identity shaped their parenting approach or their advocacy with the PST. Caregiver E1 shared: "we're also talking about a black child…we are wanting to put protective measures in place so he doesn't get labeled as…the bad kid." Finally, caregivers discussed identity to contextualize their child's experiences and to make inferences about their challenges at school. For instance, caregiver E1 discussed his older child's identity in relation to her experiences in high school: "she's strong as hell, she also is gay and appears to many as a man and therefore…people see her

as a physical threat." Overall, participants in the study described unique experiences and perspectives related to identity that lend insight to their child's challenges and experiences in the school system. However, it is not always clear how caregivers shared these insights or discussed their child's identities directly with the school team. Overall, the "describing family identity" category was identified across all four interviews. There was some variability in how often this category was discussed across engagement levels, with more units ($n = 23$) identified by the dissertator in the PST unengaged transcript than the PST engaged transcript ($n = 15$).

A third category of information that caregivers in the present study demonstrated was notifying the problem-solving team (and/or members of problem-solving team staff) about changes at home. More broadly, caregivers discussed sharing information with school staff about what occurs outside the school environment. Caregiver D1 emphasized that this was an essential role of caregivers: "I just wanted to keep them updated on what was going on, just to let them know…like a responsible parent." The type of information that caregivers identified as essential for sharing with schools varied. For instance, some participants relayed concerns that impacted school functioning. Caregiver D1 described contacting the vice principal to share concerns about her child's tardiness due to inconsistent transportation: "I was worried about [CHILD] being tardy for school…because my sister-in-law is always late…she [vice principal] got back to me right away about transportation and stuff." The same caregiver discussed sharing medical information with school staff. Caregiver D1 reported: "I'm very up front that she takes medication because I think having that open communication is key." This caregiver emphasized that sharing such information was critical for school staff understanding her child's challenges and functioning as well as to coordinate across settings. Caregiver D2 described providing updates to the school about major changes in the family: "I've talked to the guidance counselor

maybe once last year…because at the time uh he [child] wasn't in school a lot and I was still in

process of trying to figure out if I was gonna stay here in [CITY] or if I was gonna move."

Participants also discussed a desire to prepare schools for challenges by "keeping them in the

loop." For instance, Caregiver D1 described a challenging experience navigating a custody

agreement with her ex-husband. She shared information about this situation with school staff to

warn them: "I was just letting you [school staff] know what was going on so that way, this is

what you can look for … to be prepared in case of her dad tries to pull anything." Overall, the

"notifying school" category was identified by the dissertator in three different interviews; two

PST unengaged caregivers (D1 and D2) and one PST engaged caregiver (E2). Consequently, the

dissertator identified more PST unengaged units of transcript ($n = 10$) than in PST unengaged

units of transcript *($n = 5$)*.

Raising Concerns Related to Minoritized Identity.

Another theme that the dissertator identified was caregivers discussing concerns related

to theirs or their child's racial or ethnic identity. This theme consisted of four categories: (a)

level of diversity/ representation of racial or ethnically minoritized identities ($n = 31$; 2.79%; all

4 caregivers), (b) encountering bias ($n = 17$; 1.53%; all 4 caregivers), (c) systemic inequity/

social inequality ($n = 16$; 1.44%; all 4 caregivers), (d) nurturing connection to racial or ethnic

identity ($n = 15$; 1.35%; 3 caregivers [except E1], and preparing children for the "real world" (n

$= 11$; .99%; caregivers D1 and E1). Overall, the dissertator identified the in a similar number of

units within PST unengaged interviews ($n = 41$) as PST engaged interviews ($n = 38$).

All caregivers commented on the level of diversity within different contexts, including

the school and the larger community. In considering diversity, caregivers specifically spoke to

the representation or racially and ethnically minorized groups and spoke of how this impacted or

influenced caregivers' experiences with the school or their child's experiences with the school system. Caregiver E1 described their city as: "fortunately a relatively diverse community, so that [CHILD] is by no means the only child of color in this classroom" but also emphasized the continued realities of systemic racism and needing to advocate on their child's behalf within the school system. Caregivers also discussed the ways in which children learn about or encounter diversity in the school setting. For the two families living in a fairly segregated or non-diverse community (District I), they described the school as a setting where students experience diversity and learn about individuals from different backgrounds for the first time. Caregiver D1 reflected on her own and her child's experiences encountering diversity within the school setting: "when you go to middle school, you get a culture shock … you're all thrown together, like a melting pot basically." This caregiver acknowledged that while she viewed this is a beneficial experience for those who are "open", she noted that: "not everybody is like that [open] so you'll run into a lot of issues." Overall, caregivers described schools as critical settings for children experiencing diversity but noted that students are still susceptible to the challenges associated with inequity and prejudice.

From the four total participants, three participants (E1, E2, and D1) identified as white caregivers of children from racially or ethnically minoritized groups, and one participant (D2) identified as having a minoritized identity herself. Caregiver D2, who identified as multiracial, emphasized the value of a diverse school team that is representative of racially and ethnically minoritized groups. In particular, she described how pleasantly surprised she was that so many of the school staff at her child's school were African American. She framed this as a notable change for the school, as she attended the same school herself as a child and had predominantly white teachers. She shared: "it surprised me … CHILD's first teacher was a black person, now his

second … this is a lot different, I like it though … all my teachers were white people…all we think is teachers are all white, but now this school is…like even the receptionist … she's African American … the principal, teachers, everybody." When asked how this increase in the number of African American staff impacted her general interaction with school staff (outside of the PST), the caregiver described an increased sense of openness to the school overall. She stated: "it just opened my eyes more to the school … so you guys do hire black people? I'm sorry to say it like that but … I like seeing it like, I like to see this." For this caregiver, "level of diversity" was less about having a mixture of groups represented within the school setting and related more to feeling that minoritized racial or ethnic groups were represented within the school setting. In particular, this caregiver emphasized the school having more school staff with similar backgrounds to herself and her child. Overall, the dissertator identified the "level of diversity" category across all four caregiver interviews, with more units within the PST unengaged interviews ($n = 22$) than in PST engaged interviews ($n = 9$).

Caregivers acknowledged the potential for their children or the family to experience bias through prejudice, discrimination, and stereotyping. Caregiver D1 shared: "there is closeted racism here [community] … I know I get judged walking in, being a white mother of mixed children." This caregiver clarified that she felt such judgement from other parents at the school as well as individuals in the community, never from school staff. On the other hand, Caregiver E1 highlighted concerns about the possibility of stereotyping by school staff. He noted that his son: "has already sort of encoded as…the black child who has problems and is disruptive" and described wanting to put protective measures in place to fight against these stereotypes. The dissertator identified this "encountering bias" category in all four caregiver interviews, with more units in PST engaged interviews ($n = 10$) than in PST unengaged interviews ($n = 7$).

In a related category, caregivers acknowledged inequity and social inequality as complex systemic issues that impacted their children's experiences. Some of these discussions were fairly explicit, with Caregiver E2 stating: "I felt like the darker you are, the harder it is for you … and I don't know if most people think that about society." Other discussions about inequity were more implied, with caregiver E1 noting: "we're well aware of the ways in which this plays out in the district, and you know the nation as a whole." The dissertator identified this "systemic inequity and/or social inequality" category , with more instances identified in PST engaged interviews (n =11) than PST unengaged interviews ($n = 5$). Through these two aforementioned categories, participants emphasized that prejudice and discrimination are salient concerns for families of racially and ethnically minoritized students, especially in relation to their school experience. In their work with school teams, caregivers in the present study played a role in raising these concerns and advocating for teams to consider these experiences.

Another parenting role that caregivers in the present study described was nurturing their child's connection to their racial and/or ethnic identity. Specifically, caregivers described pride in their child's identity and efforts to promote their child's connection to their heritage. Caregiver D1 shared: "she [child] is black, white, Native American, and I make sure she knows it, I'm very proud of her background." Similarly, Caregiver E2 described her efforts to connect her son to his Native American culture: "his uncle likes to do the drums … when he visits they'll listen to Powwow music … I want him to be in touch with that." This "responsibility" was especially emphasized by the two participants who identified as white caregivers of racially and ethnically minoritized children (D1 and E2). These participants both described themselves as either adoptive or stepparents and discussed the value of minoritized children remaining connected with their biological family and their racial and ethnic identity.

Another way that caregivers reported supporting their children in connecting with their racial and ethnic minoritized identity was by having discussions with their child about their race and identity. It is notable that the children of participants in the current study all identified as multiracial and several of the caregivers identified as white. Subsequently, participants often described conversation with their children that explored racial presentation and differences in skin tone within families. For instance, caregiver D2 shared an anecdote about her biracial son and his siblings: "they're [siblings] mixed just like him, but he's a lot darker. He looks to my girls and he's like 'mom my sisters are white, they're not black'…I'm like bro they are too." In the current sample, discussions around race and ethnicity were reported to serve an important purpose of helping children navigate and understand their identity within multiracial families.

Overall, the dissertator identified "nurturing child's connection to racially and ethnically minoritized identity" category in three of the four participant interviews, including the two PST unengaged participants (D1 and D2) and one PST engaged participant (E2). The dissertator identified this category in about the same number of lines in the PST unengaged interviews ($n = 7$) as the PST engaged interviews ($n = 8$).

A final responsibility that caregivers discussed related to this theme was preparing their children for the "real world" or life outside of the elementary school environment. One way that caregivers described this responsibility was preparing children to face prejudice and navigating situations with discrimination. Caregiver D1 noted: "they [children] will have to face it [racism] a lot in the real world…I'm hoping I can prepare them as much as I can." An interesting dynamic to note in the present sample is that three of the participants identified as white caregivers of racially and ethnically minoritized children, meaning that participants generally did not share similar experiences with their children around racial and ethnic identity. Some caregivers

acknowledged this and noted that it was at times challenging to conceptualize or understand their child's experiences related to their racial or ethnic identity. Caregiver D1 noted: "it's hard because I'm a white woman myself, so I don't know the struggles." They similarly struggled to conceptualize how having a racially or ethnically minoritized identity might impact caregivers' experiences collaborating with schools. When reflecting on how his own racial identity may have impacted his interactions with school staff, caregiver E1 noted:

> "I've always been white, so it's hard just to look at it from the other perspective. And because I'm not part of these conversations more regularly, it's hard to see how they might treat other parents. So I'd be naive to say that the fact that I'm white didn't have an impact but I can't put my finger on what it was."

Even when they couldn't directly relate to experiences of prejudice or discrimination, caregivers emphasized that preparing children to navigate related situations was an important role as a caregiver for a child with a racially or ethnically minoritized identity.

Caregivers in the present study also focused on students' ability status as a salient aspect of their identity which might lead to notable challenges in the school setting and beyond. Participants discussed their aim for students with "special needs" to develop skills to be independent and successful as they progress through life. Caregiver D1 shared: "I want her [child] to try to do it herself…I don't want to be a crutch for her." She also stated: "we're not going to be there when they're adults, so they got to figure it out…but we got to help them right now." Caregivers also described collaborating with school teams to set up long-term protections for students with special needs in schools. On discussing the process of exploring a 504 plan (which was not pursued due to success in the PST process), Caregiver E1 noted: "we wanted to make sure that he [child] had protective measures … down the road."

The dissertator identified the category of "preparing children for the real world" in two interviews, one PST unengaged caregiver (D1), and one PST engaged caregiver (E1). The dissertator identified this category in more units within the PST unengaged interview ($n = 8$) than in the PST engaged interview ($n = 3$).

Connecting Children with Supports and Services

Another theme that the dissertator identified related to caregiver roles was working to connect children with supports to address their needs (both in and out of school). This theme contained three categories: (a) advocating for child ($n = 39$; 3.5%, all 4 caregivers) (b) initiating contact or problem solving ($n = 20$; 1.8%; all 4 caregivers), and (c) accessing outside providers ($n = 10$; .9%; 3 caregivers [all except D2]). This theme was identified in more units within PST unengaged interviews ($n = 40$) than in PST engaged interviews ($n = 29$).

In discussing their role within the problem-solving process, participants frequently referred to themselves as advocates or otherwise described efforts to advocate for their child's needs. Caregiver D1 noted: "as parents, we should be able to advocate for our children, as much as possible." In reflecting on her collaborative interactions with school staff (outside of the formal PST process), this same caregivers also described fighting for supports to be put in place for children. She stated: "I want to make sure that they [both of her children]…are able to succeed in school, and that they get the help that they need, and that its' lined up." Other Caregivers also discussed advocating for their children to be connected with school programs and resources, with caregiver D2 stating: "everything they ever have going on, I'm always trying to make sure [CHILD] can be a part of it." In reflecting specifically on his experience with the PST, Caregiver E1 described advocating for PST members to adapt their approaches to the child's unique needs: "we were able to speak on his behalf…in a way that encouraged the

teachers to think about that [child's history of trauma], the impact of that and their response to him." Caregiver E1 also noted that while advocacy is an important parenting role, not all caregivers are able to engage in this role for various reasons, with caregiver E1 stating: "we've had all those things [resources] that allowed us to advocate on his behalf, that I know not everybody is able to do." The dissertator identified this category across all four interviews and in about the same number of lines in the PST unengaged interviews ($n = 20$) as in the PST engaged interviews ($n = 19$).

Another role that caregivers described was initiating contact with school staff to discuss student challenges or initiate problem solving. PST unengaged caregivers described this as gathering information about their child's challenges from school staff during collaboration opportunities outside of the PST such as parent-teacher conferences. Caregiver D1 detailed her approach to discussing concerns with her child's teacher during conferences: "I get down to the nitty gritty of it, like what exactly is she [child] doing when she's doing her math homework … where is she sitting … what's going on." Other participants discussed a need to reach out to school staff outside of formal meetings (e.g. sending a text or email) with concerns in order to take steps forward in addressing their child's needs. For instance, caregiver D2 stated: "I'm always having to say something to his [child's] teacher ... like does he have homework, what's going on?" Although caregiver E2 participated in the PST process and attended at least one PST meeting, she described having to initiate interactions with the team to address her child's challenges: "I haven't felt very involved at all, as far as soliciting my involvement. Once I learned of his issues … I've taken the initiative to try to be involved, welcome, or unwelcome." This caregiver (who had a part-time job within the school) went on to describe efforts to initiate contact with school staff outside of formal PST meeting such as in the hallways while she was

working or during pick-up or drop off. She noted: "now that I know that stuff is going on, I make a point of interacting with the school." Overall, the dissertator identified the "initiating problem solving" category across all four interviews, and in about the same number of lines within PST unengaged interviews ($n = 11$) as in PST engaged interviews ($n = 9$).

Another way that caregivers worked to connect their children with supports was by accessing outside providers such as primary care doctors, neuropsychologists, and therapists. This is a role that is unique to caregivers, as school teams are fairly limited in connecting students with outside specialists without caregiver consent. Participants described their efforts to ensure that their child was seen by an outside provider, with caregiver E1 stating: "we took the initiative to get him [child] into the neuropsych exam, based on the counseling advice that people had given." Similarly, Caregiver E2 described her efforts to maintain consistency with her child's established provider despite moving farther away: "we drive back to [CITY] every two weeks so he [child] can continue seeing his counselor because I don't want to create too much change." In addition to connecting students to outside providers, caregivers also described utilizing information learned from the outside provider to support the student in the school setting. For example, caregiver E2 described learning about natural consequences from her child's counselor and the potential to utilize this approach in the school environment.

The dissertator identified the "accessing outside providers" category across three caregiver interviews, including one PST disengaged interview (D1) and two PST engaged interviews (E1 and E2). This category was almost exclusively identified within PST engaged interviews ($n = 9$) with only one occurrence identified in an unengaged caregiver interview (Caregiver D1; $n = 1$). In general, PST engaged caregivers in the present study seemed to be more connected with outside providers than PST unengaged caregivers. Both PST engaged

caregivers described being able to travel to connect their children without outside providers and having an established relationship with outside providers. On the other hand, in the one identified instance of a PST unengaged caregiver D1 discussing this category, it was framed as a desire to connect with an outside provider (for an Autism evaluation) rather than an existing connection. Caregivers who were connected with outside providers described being motivated to draw upon their work and recommendations in collaborating with the school.

Providing Direct Support and Intervention

Another aspect of the caregiver role that the dissertator identified was providing direct support to children in the form of identifying and implementing intervention strategies. Within this theme, caregivers conceptualized having a relatively active role in supporting their child's needs and challenges both in and outside the school environment. This theme consisted of two categories: (a) supporting child's functioning ($n = 36$; 3.24%; all 4 caregivers) and (b) identifying support strategies ($n = 32$; 2.88%; two caregivers [D1 and E2]). The dissertator identified this theme across all four participant interviews.

Participants discussed several ways in which they directly supported their child's academic, social, emotional, and behavioral functioning. At home, one of the most commonly cited forms of caregiver support was academic. Caregiver D1 stated: "she [child] brings me her homework from school, and I go over it as soon as she gets situated." Caregivers also described direct efforts to address emotional or behavioral challenges that are seen at school at home, with caregiver D1 also stating: "I have to do weeks of trying to undo it [behavior patterns learned at school]…to correct that behavior in that pattern to rewire her brain." Caregivers also described exploring different strategies to address their child's challenges, with caregiver D1 stating: "we have to find a way, a different way for you [child] to think of things…a way that works for you

so I have to teach you a different trick…to find the way that works for you." In addition to supporting students at home, several participants described ways in which they provided direct support to students in the school environment. For example, caregiver E2 described a situation in which she was called in to support her child after a meltdown in the classroom: "I came in, I sat on a chair and I was like 'what's going on bud?' and he comes over, sits on my lap … we talked about it … how he was feeling and whatnot." Overall, Participants described playing an active role in supporting their child across settings and in implementing intervention strategies.

The dissertator identified this category across was all four caregiver interviews. It was identified in more units within PST unengaged interviews ($n = 25$) than in PST unengaged interviews ($n = 11$). A notable difference the dissertator observed between engagement groups was that PST unengaged caregivers mainly discussed ways they supported their child at home (e.g., homework help, practicing skills at home) while the PST engaged caregivers also spoke about ways that they provided direct support in the school environment (e.g., coming in to talk with child during behavioral incidents).

Caregivers also discussed their role in identifying strategies or techniques for supporting their child (at home or at school). Caregivers discussed instances in which they worked with school staff to identify appropriate interventions for their child. For the PST engaged caregiver E2, these instances took place within formal PST meetings: "we [caregiver and PST] came up with like brainstorming ideas of things to do." Caregivers were also reflective about the methods that they used to support students at home, with caregiver D1 stating: "when I read to her [child] … what I do is have her answer her own questions, so she thinks about it" and how these could be applied within the school environment. Caregivers also described intervention ideas that could be implemented in the school setting. For example, caregiver E2 described the benefits of using

screentime as a reinforcer: "this [phone] is a valuable thing for compliance with behavior…if he's not behaving…I can tell him 'Bud you're gonna lose brick time.'' Caregivers also acknowledged some limitations to feasibly implementing such suggestions in the school environment: "his teachers could never do that but I can do it and I can enforce it." The dissertator identified the theme of "identifying support strategies/ techniques" in two caregiver interviews; one PST engaged participant (E2; $n = 21$) and one PST unengaged (D1; $n = 11$). In these interviews, caregivers described a wealth of knowledge and experience related to supporting their children's needs across home and school environment. One caregivers observed that PSTs could benefit from utilizing caregiver knowledge. In describing her role within the PST process, caregiver E2 observed: "I think I'm a valuable resource."

Table 6

Summary Findings for Research Question 1

Themes	Categories	Quotations	Associated Interviews
Source of information and insight (101)	Making inferences about needs & challenges (46)	"Your mind goes faster than your body can keep up. "	D1 E1, E2
	Describing identity (38)	"Our son is unambiguously not white."	All
	Notifying team about changes at home (15)	"I wanted to keep them updated on what was going on."	D1, D2 E2
Raising concerns related to minoritized identity (91)	Level of diversity (31)	"There's a lot more African American people now at this school."	All
	Encountering bias (17)	"Stereotypes of the black thug … she taps into people's image of that unfortunately."	All
	Systemic inequity (16)	"This is a broader systemic thing or sort of structural issue."	All

Themes	Categories	Quotations	Associated Interviews
Raising concerns related to minoritized identity (91)	Nurturing connection to minoritized identity (15)	"I make sure my kids know all about their heritage."	D1, D2 E2
	Preparing for real world (11)	"She sees what happens when kids get to high school and wanted to make sure [CHILD] was protected."	D1 E1
Connecting children with supports to address their needs (67)	Advocating for child (39)	"I want to do everything I can to make sure that [CHILD] succeeds."	All
	Initiating problem solving (20)	"We basically initiated conversations with the team."	All
	Accessing outside providers (10)	"He's seen a counselor for about a year at least."	D1 E1, E2
Providing direct support/ intervention (64)	Supporting child's functioning (36)	"I hung out with him for about 10 or 15 minutes … we talked it over and he kind of worked his way back into class."	All
	Identifying support strategies (32)	"When I talk to him, I'm so even keel, calm, I always have to check myself."	D1, E2

Note. Number of total units for each theme and category are noted in parenthesis.

Question 2: What do caregivers of students from minoritized racial and ethnic backgrounds perceive as barriers and facilitators to collaborative problem solving between families and school staff on PSTs?

The dissertator identified six broad themes that addressed barriers and facilitators to collaborative problem solving. The dissertator identified the following six themes across all caregivers for each theme: (a) communication practices ($n = 118$; 10.63%), (b) family capital ($n = 72$; 6.49%), (c) attitudes and values ($n = 72$; 6.48%), (d) family-school relationships ($n = 69$;

6.22%), (e) access to information about school processes (*n* = 51; 4.68%), and (f) logistics (*n* =

42; 3.78). Findings related to this research question are summarized in Table 7.

Communication Practices

One factor that the dissertator identified as both a facilitator and a barrier to collaboration

between families and PSTs was the school's communication practices. Caregivers shared that the

effectiveness of school's communication approaches had the power to make or break

collaborative problem solving. This theme consisted of six categories: (a) quality of

communication (*n* = 36; 3.24%; all 4 caregivers), (b) Pushing into/ interacting in the school (*n* =

25; 2.25%; all 4 caregivers), (c) interpersonal skills (*n* = 17; 1.53%; all 4 caregivers), (d) delayed

communication about challenges (*n* = 15; 1.35%; 3 caregivers [except E1]), (e) transparency and

honesty (*n* = 14, 1.26%; 3 caregivers [except E1]) and (f) wanting more frequent/ habitual

communication (*n* = 12; 1.08%; 3 caregivers [except E1]). The dissertator identified this theme

of "communication practices" across all four participant interviews, with more units identified in

PST unengaged interviews (*n* = 69) than in interviews with PST engaged caregivers (*n* = 50*)*.

The most common aspect of communication that caregivers commented on was the

quality of communication, with respect to the clarity and frequency. Participants observed that

infrequent or unclear communication from school staff (especially classroom teachers) was a

barrier to collaboration with the school team. In reflecting on work with her child's teacher,

caregiver D2 shared: "she just never reached out, like never… now I'm glad he's not in her class

because you're just not the best communicator." Caregivers also described ways in which poor

communication amongst staff members was a barrier to supporting students, with caregiver E2

stating: "the school needed to make a point of telling the teacher 'hey this is a child that has this

issue…you need to be aware of this for your class'." On the contrary, participants who

experienced higher quality communication with school teams felt that it facilitated the collaboration process with caregiver E1 stating: "we've had the very good fortune of having a very communicative collection of teachers." The dissertator identified the "quality of communication" category across all four participant interviews . The dissertator identified it in almost twice as many units in PST unengaged interviews ($n = 26)$ as in PST engaged interviews ($n = 10)$. In particular, the dissertator observed that PST unengaged caregivers emphasized a lack of communication from school teams or infrequent communication while the PST engaged caregivers discussed more consistent communication with the school team.

Several participants expressed a desire for more communication from school staff. For some participants, the desire for more communication was fairly broad with caregiver D2 sharing: "just a little more communication about what they got going on within the school and just things like that." Other caregivers wanted more habitual communication about their child's functioning such as caregiver E2 who stated: "I almost wish that like a progress report went home every day." Caregiver E2 also described wanting more consistent information from PST members about the support provided: "other people that are involved in his day should be following up with me and including me in some of the dialogue." The dissertator identified this category across all four participant interviews, with relative consistency across PST unengaged ($n = 5)$ and PST engaged ($n = 7)$ participants.

Another aspect of communication practices that caregivers discussed were interpersonal skills. In reflecting on negative interactions with school staff, participants emphasized body language, tone, and attention. Participants described feeling "weird" or "uncomfortable" around staff with poor interpersonal skills. For example, caregiver D1 described an interaction with the classroom teacher in which: "she kind of like, had her arms crossed… and she kind of cut me

off…completely ignored what I was saying." This caregiver observed that her inability to open

up to the teacher after this negative interaction made it "difficult to kind of come together on a

plan" for the rest of the year. Participants with negative interpersonal interactions with staff

described withdrawing rather than engaging with members of school staff. After repeated

uncomfortable interactions with her child's teacher, caregiver D2 reported that she tried not to

"freak out too much…go with the flow…we made it through kindergarten and got away from it."

On the other hand, caregivers who describe positive interactions with school staff emphasized

interpersonal skills as a facilitator to collaboration. Caregiver E1 described members of the PST:

"they're just warm, they're welcoming, they're patient…we lucked out with this school." The

dissertator identified this category across all four caregiver interviews, in about the same number

of units across PST unengaged (*n = 5)* and PST engaged (*n = 7)* participants.

Participants emphasized a lack of honesty and transparency in family-school

communications as a barrier to collaboration. In particular, caregivers emphasized that

(perceived) dishonesty and murkiness about school practices made it difficult to trust or

collaborate with the school. In reflecting on a circumstance that involved engaging with her

adoptive-child's biological mother, caregiver D1 described: "they [school team] told me

something different, so I felt kind of lied to." Caregiver D2 on the other hand, highlighted a lack

of transparency about the PST referral process: "at least reach out…and let them know…like I'm

referring your kid…just let them know beforehand." Although school teams are required by

federal law to notify parents when students are referred to the problem-solving process, in

interviews both PST unengaged participants reported that they couldn't recall being contacted

about the PST process or being notified about the referral. Furthermore, some caregivers

described their own reluctance to being transparent and providing feedback to the school about

negative experiences with school staff. Caregiver D2 noted: " I never said nothing to her [teacher] because this is my kid…I'm not gonna play about his education." The dissertator identified this "honesty and transparency" category in three of the four interviews; including both PST unengaged caregivers (D1 and D2) and one PST engaged caregivers (E2). Consequently, the dissertator identified this category in more units within PST unengaged interviews ($n = 12$) than in PST engaged interviews ($n = 2$).

The setting of family-school interactions was another aspect of communication that was addressed. Both PST engaged and PST unengaged Caregivers described being able to interact with caregivers informally within the school setting as a facilitator for collaboration. In particular, caregivers described conversations with school staff during pick-up or drop-off, visits to the building and during the school day (due to one caregivers' part-time employment at the school). Participant E2 stated: "I can go to the school after school every day, and I go inside. I see his teacher often and will say…what kind of day did he have?" Caregivers identified these opportunities for informal "check-ins" as a way to collaborate with school teams and move forward in the problem-solving process. This category was identified across all four participant interviews and was identified in more units within PST engaged interviews ($n = 20$) than in PST unengaged interviews ($n = 5$). Both PST engaged caregivers described having opportunities to push into the school setting to interact with staff, through one caregiver's job (part-time employment at the school) and the other being invited into the school environment to provide support for their child. The two unengaged caregivers on the other hand described informal interactions with school staff during pick up and drop off.

Finally, the timing of communication was discussed by participants as a barrier to collaboration. Caregivers expressed frustration about delayed communication between caregivers

and school staff, especially about children's challenges. Caregiver D1 stated: "there's this problem, okay we're you know…8 weeks in and you're just letting me know now? That's super frustrating." Caregivers also described instances when school staff never communicated about challenges before the PST referral. Caregiver D2 questioned: "if y'all [PST] seen that, why didn't somebody say something to me…what's going on in that school that he's showing that nobody's telling me about?" Caregivers shared that this feeling of being "blindsided" with their child's challenges made it challenging to effectively move forward in problem solving with the team. The dissertator identified delayed communication in three participant interviews including both PST unengaged caregivers (D1 & D2) and one PST engaged caregiver (E2). The dissertator identified this category in a similar number of units across PST unengaged ($n = 9$) and PST engaged ($n = 6$) caregivers.

Family Capital

Participants emphasized the value of tangible and intangible resources (e.g., relationships, education/ experience) as facilitators to collaboration with school teams. This theme consisted of four categories identified by the dissertator: (a) caregiver connection to education field ($n = 26$; 2.34%; all caregivers but D2), (b) specialized knowledge or experience ($n = 14$; 1.26%; all caregivers but D2), (c) pre-existing connections to the school ($n = 12$; 1.08%; all caregivers except E2), (d) social support system ($n = 9$; .81%; all 4 caregivers); and family economic resources ($n = 7$, .63%; caregiver E1). The dissertator identified this theme with relative consistency across PST unengaged ($n = 33$) and PST engaged ($n = 35$) participants. Although family capital was mentioned in all caregiver interviews, the types of capital that participants discussed varied based on their connections with the school community and occupations.

In the extant literature, "social capital" refers to social relationships and the networks that they create which allow individuals to navigate systems effectively (Croll, 2004). One aspect of social capital that participants emphasized in the present study was having a network of individuals who help caregivers support their children. For participants, this included a variety of individuals including extended family, friends, and fellow caregivers. Caregivers in the present study described ways in which these relationships increased their ability to collaborate with the school and support their children's needs. One way that social support systems facilitated caregiver collaboration with the PST was by offering guidance on the process. One PST engaged participant (E1) shared: "being part of the foster system…you have other parents with whom we've gotten to know who talk about …how to advocate on behalf of your children." Another way social support systems facilitated collaboration was by helping caregivers overcome logistical barriers to family engagement in the school setting. Another PST engaged caregiver (E2) described tapping into her social support system in order to respond to the school's invitations to collaborate and to provide support for her child on a field trip. She stated: "they [school staff] asked me specifically if I would come because of my son's issues, and at the time I was working so I couldn't but …my dad…he was willing to come with and go." The dissertator identified the "social networks" category in all four caregivers interviews, more often in PST unengaged ($n = 7$) interviews than in PST engaged ($n= 2$) interviews.

Another form of social capital that caregivers emphasized was having pre-existing connections to their child's school. These were generally through relationships or experiences that preceded their child's time at the school. For instance, caregiver D1 described her familiarity with school staff from interactions in the community, and how this increased her comfort in interacting with the school. She commented: "I know all of these people, I grew up with them, so

it's like, I can go in and go on a first name basis." This category was discussed by both PST

unengaged caregivers and one of the PST engaged caregivers (E1). Interestingly, both PST

unengaged caregivers described attending the school or district themselves as children and noted

that their families had been in the community for more than one generation, which helped them

establish connections with the school.

Human capital refers to an individual's skills, knowledge and experience that allow them

to achieve desirable outcomes in their lives (Von Otter & Stenberg, 2015). Participants in the

present study described the benefits of human capital to the family-school collaboration,

particularly caregivers' professions and specialized knowledge. Several participants (D1, E1, and

E2) described having professional connections to the education field (or a spouse's connection):

as teachers, a sports coach, a college professor, and a part-time school support staff. Both PST

engaged caregivers had direct and continuing ties to the education system through their careers,

while caregiver D1 discussed previous work experience. Caregivers commented on how this

familiarity with the education system allowed them to collaborate more effectively with the

school team. For instance, caregiver E1 observed that "my wife is in the school, it gives us not

just a status so much but a confidence that we can fit comfortably in this educational process."

The dissertator identified this category in the interview with D1 ($n = 4$) and both of the PST

engaged caregiver interviews ($n = 22$).

Several of the participants also possessed specialized knowledge and experienced related

to supporting a child with significant social-emotional and behavioral needs. Some examples of

this included participation in trainings about trauma, previous work as an Autism therapist, and

knowledge of child development. Participants emphasized the value of this knowledge and

experience in allowing them to make valuable contributions to the problem-solving process.

Caregiver D1 noted: "just having that collaboration I think is good, and trying to bring some of that training …to the teachers and to the staff as well."

Finally, one participant (E1) highlighted access to economic resources (financial capital) as a potential barrier to caregivers' abilities to collaborate with the school and meet their child's needs. Some resources that this caregiver highlighted included access to insurance, healthcare, and affordable childcare. While there was no socioeconomic data collected as a part of the present study, caregiver E1 acknowledged that his family had relatively stable economic resources and that he viewed this as a privilege. He observed that in his experience within the foster care system and observation of other families in the community, economic factors can be a barrier for families engaging with schools. For example, he discussed how: "there's no daycare available and if even there is, the cost is prohibitive". In discussing this example, he drew connections to caregivers' difficulty attending school meetings or being physically present at their child's school.

Attitudes and Values

Another theme that the dissertator identified related to barriers and facilitators was the attitudes and values held by both staff and caregivers. This theme consisted of four categories: (a) empathy/ understanding ($n = 23$; 2.07%; all caregivers but D2), (b) acceptance/ open-mindedness ($n = 17$; 1.53%; all caregivers but E1), (c) valuing collaboration and teamwork ($n = 16$; 1.44%; all caregivers but E2), and (d) valuing resources and opportunities offered at school ($n = 13$; 1.17%; all caregivers but E1). This theme was identified more often in PST unengaged interviews ($n = 47$) than in Engaged interviews ($n = 22$).

The dissertator observed participants discussing attitudes that were important in establishing collaborative relationships with school teams. One attitude that the dissertator

observed was empathy and understanding. In particular, participants acknowledged the amount of work that teachers do, the challenges that school staff face in supporting children with special needs, and the limitations of school resources. For example, caregiver E2 noted: "I know she's doing her best, and she's got so many other kids." Caregivers also expressed understanding around the PST's decisions, even when caregiver didn't agree with the school's approach. The dissertator observed this theme was present in one PST unengaged interview (caregiver D1; $n = 15$) and across both PST engaged interviews ($n = 8$).

Another attitude that was described by caregivers was being accepting and "open." In particular, participants discussed the important of being open-minded, especially in relation to racial and ethnic identities. For example, caregiver D1 noted: "fortunately I was raised to be very open." Furthermore, caregiver D2 described feeling confident engaging with the school team because "they're not gonna make you feel bad about anything that you feel like you need to speak to them about." Finally, Caregivers described ways in which collaboration with the school team was negatively impacted by feeling judged or staff not being open-minded. For example, caregiver D1 shared: "they [school staff] try to help as much as they can, although like I said, sometimes it's uncomfortable because they see that as like I think a weakness." The dissertator identified this theme in both PST unengaged interviews ($n = 14$) and in one PST engaged interview (caregiver E2; $n = 3$).

The dissertator identified several values that caregivers framed as facilitators to collaboration. Participants discussed valuing collaboration, especially working together as a team to support the child. For instance, caregiver E1 commented on the collaboration of the PST: "it reinforces the, you know 'it's a village' kind of mentality…it's nice to know that they're working together." When discussing collaboration, caregiver E1 also expressed the sentiment

that staff and families could accomplish more in working as a team than they could working separately: "to have multiple voices who could speak about him I think is a really useful thing, that's the advantage of…a team where they're invested in knowing who the child is." The dissertator identified this category in both PST unengaged interviews ($n = 13$) and in one PST engaged interview (caregiver D1; $n = 3$). Furthermore, the dissertator observed that PST unengaged caregivers seemed to discuss this value as something they would like to experience with the PST rather than drawing on specific collaborative experiences they've had with the team. For instance, caregiver D1 (PST unengaged) reported little knowledge of the PST before the study but expressed enthusiasm about the prospect of collaborating with the school team: "So if they [parents] can work with the problem-solving team, because I mean we know our children at home but we don't know our children at school necessarily, so if they…know how the child is going to be at school, we can collaborate and come up with something that will work for the child." Despite reporting minimal collaboration with the PST, the two PST unengaged caregivers seemed to value family-school collaboration and hope for future collaboration with the team now that they knew more about it.

Participants also expressed that they valued the opportunities and resource provided by the school. Caregiver D2 stated: "I'm trying to take advantage of everything that they do got going on in the school." This included opportunities for engagement and family resources at the school. Caregiver D2 went on to describe valuing such opportunities as a motivator for collaborating with the school team: "I try to be a part of whatever it is I can because like…my mom…used to sort of kind of be there a lot in school for me." The dissertator identified this category was in both PST unengaged interviews ($n= 12$) and one PST engaged interview (caregiver E2; $n = 1$).

Family-School Relationships

 Another theme that the dissertator identified related to barriers and facilitators was the quality of family-school relationships. This theme consisted of three categories: (a) positive connections with school staff ($n = 37$; 3.33%; all 4 caregivers), (b) challenging relationships with teachers ($n = 19$; 1.7%; all 4 caregivers), and (c) principal as a point of contact ($n = 17$; 1.53%; all 4 caregivers). The dissertator identified this theme across all four interviews with a similar number of units in PST unengaged interviews ($n = 39$) as in PST engaged interviews ($n = 31$).

 Participants generally described feeling more comfortable reaching out to and collaborating with the school team when they had positive relationships with members of the PST. One aspect of these relationships that participants emphasized was positive interaction. For instance, caregiver D1 described having "good rapport" with her child's teacher while caregiver E1 described having "a really positive experience" meeting with the PST. Furthermore, caregiver D2 emphasized feeling more connected with staff from a similar racial background to her own: "I get different vibes I guess from like the African American teachers…because they're actually telling me stuff about my son." Finally, caregiver D2 emphasized the value of more personal relationships with school staff, including being on a "first name basis" and knowing someone for a long period of time: "he's [staff member] been there for years, and he knows me personally, knows my mom's kids." While it should be noted that participants did not explicitly draw connections between positive relationships and engagement in collaboration with the PST specifically, they described feeling more willing and open to engaging with school staff when they had a positive relationship. The dissertator identified this category across all four participant interviews and it was identified in an equal number of time within PST unengaged and PST engaged interviews ($n = 18$).

All participants described having a positive relationship with the school principal and pointed to them as an important point of contact within the PST. Several participating caregivers also noted that the principal was the staff member that facilitated their participation in the problem-solving process. Caregiver E2 shared: "my interactions have been predominantly with the principal and the school psychologists." Caregiver D1 noted that: "PRINCIPAL has an open-door policy…I can go down there and ask if she's available and they'll go find her." Furthermore, caregiver D2 noted that the principal is a valuable connection to the school even if the caregiver is not connecting with the classroom teacher: "if I'm not feeling the teacher or something, you can pull the principal to the side and you could sit down with the principal." As described in interviews, the principal seemed to serve as an important relationship that engaged caregivers and facilitated collaboration. The dissertator identified this category in all four participant interviews with a similar number of units identified in PST engaged interviews ($n = 10$) as PST unengaged interviews ($n = 6$).

Finally, participants described challenging relationships with school staff as a barrier to collaboration with the PST. In particular, caregivers noted that a negative relationship with their child's classroom teacher hindered collaboration and problem solving. When discussing her child's teacher, caregiver D1 observed: "CHILD loves her, I just don't. I don't talk to her as much about things…and so it's been kind of difficult to come together on a plan." The other PST disengaged caregiver (D2) similarly described a negative relationship with her child's teacher: "his teacher made me feel a lot left out about shit, like she wouldn't call my phone…that used to kind of tick me off." Participants also noted that challenging relationships between teachers and students were difficult to overcome. Caregiver E1 observed that: "[CHILD's] relationship with his teacher was just not productive…so he would revert back to some his coping mechanisms

which occasionally meant shutting down or hiding." The dissertator identified this category in all four participant interviews but observed it within more units in PST unengaged interviews ($n = 15$) than in PST engaged interviews ($n = 3$). In particular, both unengaged caregivers described having difficult relationships with their child's teachers which discouraged the caregivers from collaborating further with the school despite their desire to collaborate.

Access to Information About School Processes

The dissertator identified access to information about the problem-solving team and other related school practices as a barrier to caregivers collaborating with the school PST. This theme consisted of three categories: (a) wanting more information about the PST ($n = 28$; 2.43%; all caregivers except E1), (b) confusion about staff ($n = 13$, 1.17%; all caregivers except D1), and (c) limited knowledge of PST ($n = 10$; .9%; caregivers D1 & D2). The dissertator identified this theme across all four interviews but observed it more within PST unengaged interviews ($n = 39$) than in PST engaged interviews ($n = 12$).

Overall, caregivers shared that having little to no knowledge of the PST was a major barrier to collaboration. Several participants reported that they did not have any knowledge of the PST existing before the study despite caregivers being referred for participation in the study directly by the PST. The researcher also provided an overview (written and verbal) of PSTs and their function. Despite this, several participants continued to express uncertainty about what a PST was or what the PST did. When asked to reflect on her experience, caregiver D1 noted "I honestly didn't even know that there was a problem-solving team." The dissertator identified this barrier exclusively within the two PST unengaged caregiver interviews ($n = 10$) and not at all in engaged caregiver interviews. PST unengaged participants described a need to learn more about the PST to be more engaged with it. Caregiver D1 wanted more information about: "what exactly

they do, what they're about, what their procedures are, how they qualify a child for the program." Caregiver D1 also described wanting to learn more about caregivers' roles within the PST process and how caregivers could work with PSTs to support their child. Caregiver D1 questioned: "what can I do to help [CHILD]? Like what's my role in this? Like how can I assist from a parent standpoint." The dissertator observed that instances of caregivers wanting more information about the PST occurred almost exclusively in the two PST unengaged interviews ($n = 27$) and in one PST engaged interview (caregiver E2; $n = 1$).

Another barrier that the dissertator identified related was confusion about staff. Participants described not being able to collaborate with school staff due to being unsure which staff supported their children, not knowing staff names, or being unsure of staff members' roles within the team. For instance, caregiver E2 noted: "my son would talk about this Mr. NAME, and like who the freak is Mr. NAME…..I didn't know it was the school psychologist." Caregivers also described the consequences of having minimal knowledge of school staff on the PST. When asked what factors made her feel like less than an equal partner, caregiver E2 shared: "by not meeting all the teachers, by not having that open house, I feel like I'm not as engaged in his, knowing who people are." The dissertator identified this category in one PST disengaged interview (caregiver E2; $n = 11$) and both PST engaged interviews ($n = 2$). The engaged caregivers both described having interactions with multiple staff members during meetings and in-person interactions with school staff and sometimes being confused about staff roles within the intervention process. Overall, PST unengaged caregivers described fewer contacts within the school team (usually limited to teacher and principal) and less in-person interactions.

Logistics

A final barrier that the dissertator identified was the logistics of meeting and collaborating with school staff. This consisted of three categories: (a) availability ($n = 19$; 1.71%; all 4 caregivers), (b) transportation/ proximity to school ($n = 12$; 1.08%; all 4 caregivers), and (c) coordinating with multiple family contacts ($n = 10$; .9%; caregivers D1 & D2). The dissertators identified this theme across all four interviews; more than twice as many times in PST unengaged interviews ($n = 29$) as in PST engaged interviews ($n = 12$).

One logistical factor that participants described as impacting family-school collaboration was family and staff availability. Participants described the immediate availability and willingness of school staff to meet or talk with caregivers as a facilitator to family-school collaboration. Caregiver D1 described the ease of meeting with the school principal as an effective way to initiate collaboration: "they'll literally call for her to come out and I can literally sit in her office and for 30 minutes have her undivided attention." On the converse, participants emphasized that staff being unable or unwilling to meet with caregivers discouraged further collaboration. Caregiver D2 described her inability to meet with her son's teacher: "I don't even think he really had a conference day…when are we gonna sit down and sit and talk about him? Okay I guess we're not." Caregiver's own availability to meet and communicate with school staff during the day was also noted as a possible barrier to collaboration. For instance, caregiver E2 described being unable to access calls from school during work: "I know that there's times that they've called me when I was working, but my boss wouldn't let me answer my phone, so…I wasn't available to handle it." On the converse, caregivers with more availability described more frequent communication with the school team and the ability to meet in person. Caregiver E1 noted: "my schedule as a professor is much more flexible … to find an afternoon where I can

come in." The dissertator identified this category across all four interviews in about as many units in PST unengaged interviews ($n = 11$) as in PST engaged interviews ($n = 8$).

Several participants discussed access to transportation as significant barrier to being able to meet with or collaborate with the school PST. Caregiver D1 noted: "I don't have a vehicle…if they need me up there for immediate you know crisis, for a meeting, I'm not able." Other participants described proximity to the school (e.g. being within walking distance) as a way to overcome this particular barrier to collaborating with the school. For instance, caregiver D1 caregiver shared: "I purposefully found an apartment…it's literally like 3 blocks from her school" to address this barrier. The dissertator observed this category across all four participants and identified it in about as many units in PST unengaged interviews ($n = 8$) as PST engaged interviews ($n = 4$).

A last logistical challenge that the dissertator identified as a barrier to collaboration was coordinating with multiple family contacts. Almost all the participants described complex family structures that involved multiple caregivers and at times questions about guardianship (e.g., an adoptive parent vs. a biological parent). Several participants described situations in which confusion about which caregiver to contact or having multiple caregivers to coordinate with delayed communication between families and the school. For example, caregiver D2 described a situation in which the school continued to contact her mother (the child's grandmother) and excluded her from the problem-solving process. She shared that the teacher: "wouldn't call my phone, she was always calling my mom's phone, how am I supposed to know what's going on." Another caregiver (D1) described challenges that arose due to an ongoing custody considerations. In this case, the participant identified as a step-parent who was in the process of legally adopting her step-children after a separation from their child's biological father. This

caregiver described feeling hurt by the school after an incident in which her child's biological

mother became involved in decision-making with the school. Caregiver D1 shared that: "she

[biological mother] came up to the school and talked to the principal ... and she got put on

everything, and she [the principal] told me that they basically would release [CHILD] to

her[biological mother] and give her all this stuff." While this caregiver acknowledged the

complexity of the situation: "I know legally their hands are tied" due to the biological parents'

rights, caregiver D1 still described feeling a breach of trust that damaged her relationship with

the school. The dissertator observed that such issues arising from coordinating among multiple

family contacts were exclusively discussed within the two PST unengaged interviews ($n = 10$).

Table 7

Summary Findings for Research Question 2

Themes	Categories	Quotations	Associated Interviews
Communication practices (118)	Quality of communication (36)	"I won't know what to do if there's no communication and that's what's frustrating."	All
	Interpersonal skills (17)	"They're warm, they're welcoming, they're patient."	All
	Pushing into school setting (25)	"I can go to the school … every day…I see his teacher often."	All
	Transparency/ honesty (14)	"They told me something different so I felt kind of lied to."	D1, D2 E2
	Delayed communication (15)	"Well if you would have talked to me sooner, we could have figured this out weeks ago."	D1, D2 E2
	Wanting more communication (12)	"They need more people to speak up… families would like to hear more about the problem solving."	D1, D2 E2

Themes	Categories	Quotations	Associated Interviews
Family Capital (72)	Caregiver connection to education field (26)	"She's [wife] coming from the inside… other teachers in the meetings relate to her, can talk to her in a way they don't do so to me."	D1 E1, E2
	Specialized knowledge/ experience (14)	"I've learned so much about the neglected mind…how much this stuff changes them."	D1 E1, E2
	Pre-existing connections to school (12)	"I know all these people; I grew up with them…I can go in on a first-name basis."	D1, D2 E1
	Social support system (9)	"Other parents with whom we've gotten to know who talk about…how to advocate"	All
	Family economic resources" (7)	"[CHILD] is still on badger care…so we don't have to pay those costs which is helpful."	E1
Attitudes and Values (72)	Empathy/ understanding (23)	"Teachers are overworked…if you have a kid who's really pushing you, it's easy to be…negative."	D1 E1, E2
	Acceptance/ open-mindedness (17)	"I guess I made you [teacher] uncomfortable and I can't talk to you about that stuff."	D1, D2 E2
	Valuing collaboration/ teamwork (16)	"If we can come together on it, and figure out the method that works …then she'll succeed."	D1, D2 E1
	Valuing resources/ opportunities offered by school (13)	"I'm trying to take advantage of everything that they do got going on in the school"	D1, D2 E2
Family-school relationships (69)	Positive connection with school staff (36)	"He's just been there for years and he knows me personally."	All
	Challenging relationship with teacher (18)	"I'm not as open with her about things as I have been with past teachers."	All
	Principal as point of contact (16)	"I know I can reach out to the principal about anything"	All

Themes	Categories	Quotations	Associated Interviews
Access to information about team/ school processes (51)	Wanting more information about the PST (28)	"I wish I'd known more about it [PST] sooner so I could become part of it."	D1, D2 E2
	Confusion about staff (13)	"Why are so many people involved with one kid?"	D2 E1, E2
	Limited Knowledge of PST (10)	"I honestly didn't even know there was a problem-solving team."	D1, D2
Logistics (42)	Availability (19)	"My schedule…is much more flexible…to find an afternoon where I can come in."	All
	Transportation/ proximity to school (12)	"One big challenge is I don't have a vehicle right now."	All
	Coordinating with multiple family contacts (10)	"She [teacher] was always calling my mom's phone; we don't even live together."	D1, D2

Note. Number of total units for each theme and category are noted in parenthesis.

Question 3: What do caregivers of students from minoritized racial and ethnic backgrounds perceive as successful and unsuccessful practices for engaging families in collaborative problem solving?

The dissertator identified four broad themes that addressed caregivers' perceptions of successful and unsuccessful practices for engaging families in collaborative problem solving: (a) use of collaborative problem-solving practices ($n = 78$; 7.02%; all 4 caregivers), (b) adapting practices to student and family needs ($n = 68$; 6.12%; all 4 caregivers), (c) having a sense of urgency/acting sooner rather than later ($n = 64$; 5.77%; all 4 caregivers), and (d) openness to caregivers ideas ($n = 31$; 2.79%; all caregivers except D2). Findings related to this research question are summarized in Table 8.

Collaborative Problem-Solving Practices

One theme that the dissertator identified was the effectiveness and the value of utilizing practices that align with a collaborative problem-solving approach. This theme consisted of four categories: (a) sharing strategies/observations across settings ($n = 35$; 3.14%; all 4 caregivers), (b) having a meeting ($n = 21$; 1.89%; all 4 caregivers), (c) gathering information from multiple sources ($n = 13$; 1.17%; all caregivers except D2), and (d) setting goals/monitoring progress ($n = 11$; .99%; all caregivers except D2). The dissertator identified this theme in all four interviews but it was identified more often in PST engaged interviews ($n = 48$) than in PST unengaged interviews ($n = 32$).

The collaborative problem-solving practice that participants discussed the most was sharing strategies and information across settings. Participants discussed how sharing information across settings allowed caregivers to directly collaborate with school staff to support their children, even if outside the framework of a formal PST meeting. At times, these were framed as unidirectional interactions in which caregivers or staff provided updates or shared observations to keep everyone "on the same page." For instance, caregiver D1 described her interactions with a classroom teacher from a previous school year: "she would message me right away, like 'I noticed [CHILD] struggling in this a little bit'…or if her behavior was a little off."

Participants also described bi-directional discussions with school staff that took place either in formal meetings or during informal interactions. During a meeting with the PST, caregiver E1 described how school staff: "observed him [student] in the classroom as well, we talked about stuff that would happen at home, and sort of parallels that we saw between the two." Overall, caregivers discussed the value of such communications, describing how the information empowered them to be more engaged in the intervention process. For instance, Caregiver E2

shared: "I want to be able to talk to him [child] about it….and if I'm not equipped with one side of it, I don't know how to address him with it…I don't have a means."

Participants also discussed the value of families and school staff sharing strategies for supporting students. For instance, caregiver D1 described: "her teacher and I will sit and talk about 'okay, well, this is what I do at home, what do you do at school?" In general, caregivers expressed that being able to share strategies across settings resulted in more effective support for students and more active collaboration between home and school. In reflecting on this process, caregiver D1 stated: "we can collaborate and come up with something that will work for the child." In addition, participants discussed the value of sharing information across other settings, such as previous schools or outside providers. Caregiver E2 described: "I gave them [school team] permission to talk with his previous teachers …to help them learn what worked for them last year." Overall, the dissertator identified the category of sharing information across settings in all four participant interviews. The dissertator identified the category more often in interviews with PST unengaged caregivers ($n = 21$) than in interviews with PST engaged caregivers ($n = 14$).

Another category that the dissertator identified as an effective source of collaboration was having meetings, either with the PST as a whole or with individual members of the PST. PST engaged participants each described having one meeting with the PST (that included multiple members of the team) and then described one-on-one meetings with individual team members beyond that (e.g. following up with the teacher or principal). Both PST unengaged participants did not report any formal meetings with the entire PST but did discuss some individual meetings with members of the PST that (e.g., problem solving with teachers during conferences).

Participants also briefly discussed positive experiences with IEP meetings for their other children, although this was not a part of the pre-referral process that was a focus of the study.

Overall, participants described formal PST meetings (scheduled interactions with one or more member of the PST) as important settings for collaboration to take place. For instance, caregiver E2 described working through the collaborative problem-solving process in one meeting with the PST: "we had one meeting, and that was… it was the principal, the teacher, the school psychologist and me, and they kind of were letting me know what was going on…we came up with like brainstorming ideas of things to do." Participants also described meetings as an important setting for moving the problem-solving process forward. Caregiver E1 emphasized the necessary tasks that were accomplished during his meeting with the PST that allowed things to move forward efficiently: "we began that conversation…the teacher kept us abreast of how things were going…paperwork filled out by teachers and so forth."

Caregivers also described one on one meetings with school staff as important settings for collaboration. After struggling to connect with her child's teacher, caregiver D1 noted that: "during her [child's] parent teacher conference, we discussed things and we came to agreements on things." Overall, participants described holding formal meetings (either virtual or in-person) was as an important step for building collaborative partnerships with school staff. When asked what practices make caregivers feel like less than an equal partner in the PST, Caregiver E2 noted "by not meeting … all the teachers, by not having that open house…I feel like I'm not as engaged." The dissertator identified this category in both PST unengaged interviews ($n = 9$) and both PST engaged interviews ($n = 12$).

Another successful collaborative practice that the dissertator identified was gathering information about students across multiple settings and informants. Participants described the

PST gathering data and observations from various sources including teachers, interventionists, outside providers, and family members. Participants described feeling that this resulted in caregivers and school staff having a more accurate understanding of their child's needs. Caregiver E1 described the team as: "three, four voices who saw him [student] in different walks of life and could observe you know, so you could piece together different aspects." Caregivers also described being more engaged in the collaborative process when this approach was utilized. Caregiver E1 noted: "They didn't just move ahead uniformly ... they asked me questions, they asked the teachers questions." The dissertator identified this category almost exclusively in interviews with the two PST engaged caregivers ($n = 12$) and on only one occasion within one PST unengaged interview (caregiver D1, $n = 1$).

A final practiced that aligned with collaborative problem solving was setting goals and monitoring student's progress towards these goals. Participants described both formal goal-setting practices (i.e., in a meeting or discussion with teacher) as well as informal goal setting (e.g., noticing changes in child's functioning). Caregiver D1 described the value of setting goals with school staff: "setting a plan and a goal, you know, on how to get to that goal will further a child's education itself." Participants also expressed a desire to understand their child's progress and to reflect on the effectiveness of intervention plans. Caregiver E2 described her concerns about her son's progress throughout the PST process: "How was he becoming proficient in kindergarten and learning the things he needs to learn in kindergarten in order to advance the next class? The next grade level?" Caregiver E2 further observed that without progress monitoring, it was unclear how school teams tailored interventions to address her child's needs: "they're focused mostly right now on his social, emotional health which is great…well all he's doing is roaming the hall…so how are you supporting his social emotional health?" The

dissertator observed this category almost exclusively in the two PST engaged interviews ($n = 10$) and briefly in one PST unengaged interview (caregiver D1; $n = 1$).

Adapting Practices to Student and Family Needs

Another theme related to successful practices that the dissertator identified was being flexible or adapting school practice to students' and family's needs. This theme consisted of four categories: (a) being responsive ($n = 22$; 1.98%; all caregivers except D2), (b) flexible modes of communication ($n = 19$; 1.71%; all caregivers except D1), (c) supporting families at home ($n = 16$; 1.44%; caregiver E1 & E2), and (d) using inflexible/ prescribed approaches ($n = 14$; 1.26%; caregiver E1 & D1). The dissertator identified this theme in all four participant interviews and was identified in a similar number of units within PST unengaged ($n = 33$) interviews and PST engaged interviews ($n = 37$).

When reflecting on effective practices, caregivers described being responsive as important to collaboration. In particular, participants emphasized the value of tailoring interventions and supports to students of families' unique needs and challenges. In reflecting on his son's experiences with the PST, caregiver E1 noted: "their response was very child-centered and sympathetic." For instance, school staff were flexible in the way they reinforced expectations: "there is technically a school policy about wearing hoodies… and the school has been pretty good about not really pushing that… they've been responsive." A particular type of responsive practice that caregivers highlighted as important was utilizing trauma-informed approaches to understand and support students. Caregiver E1 observed: "especially in [CITY], they're very few kids quite frankly who've gone through the system who are not traumatized…trauma in some ways, that explains their behaviors." He went on to emphasize this as valuable within the school setting: "I feel like teachers are intuitively, if not intentionally,

better able to use trauma-informed approaches to younger children…so again, I think they [school team] were really thoughtful and sensitive to who CHILD was." Overall, the dissertator identified this category in both PST engaged interviews ($n = 20$) and in one PST unengaged interview (caregiver D1; $n = 2$). Most of the discussion about this theme came from one PST engaged caregiver (E1) who described a fairly active collaboration with the PST during PST meetings and who reported overall satisfaction with how the school team responded to his child's needs.

The dissertator identified being inflexible and utilizing prescribed intervention approaches as an unsuccessful practice category. For instance, caregiver E2 described observing a staff member try to reinforce behavior expectations that she viewed as unrealistic: "I mean they expect him [child] to sit quietly, hands in their lap, cris-cross applesauce….for extended periods of time, so they can give announcements….I just feel like they're setting these kids up for failure, you can't expect perfection from these kids." Participants observed that these inflexible approaches tended to be ineffective for children with significant needs. One practice that participants specifically described as ineffective was being overly punitive. Caregiver E1 observed: "much more punitive, far less trauma-informed, and certainly not invested in thinking about mental health for children." Overall, the dissertator only identified this category in PST engaged interviews ($n = 14$).

The dissertator identified access to flexible modes of communication as a category and practice that positively impacted caregivers' engagement with the PST. Caregivers described being able to communicate with the school team in a variety of ways including teleconferencing, text messaging, email, and phone calls. Caregiver D1 reflected that this flexibility of communication methods allowed her to engage with the school team and move the problem-

solving process forward: "if I can't make it, they will do a Google meet or zoom, they'll email, they'll call." In addition to describing the availability of these alternative communication approaches, caregiver D1 also highlighted staff's willingness to utilize these methods to communicate: "they [school staff] do make exceptions and they do try to make it so that way you can talk to them and…do what you need to do so that way you can communicate." Participants went as far as to suggest that the school should use other alternative forms of communication such as phone apps to increase collaboration with caregivers. Caregiver D1 stated: "they do have a really cool app… that you can actually message the teacher and they'll message you back." The dissertator identified this category in the two PST unengaged interviews ($n = 16$) and in one PST engaged interview (caregiver E2; $n = 2$).

Another flexible practice that caregivers described as successful was providing support to families at home This included offering caregivers resources (e.g. transportation, financial advice, homework) to meet family's needs outside the school environment. For instance, caregiver D2 described when a staff member: "pulled up to my house one time with work and stuff for my son." Participants emphasized the value of providing resources to support the child's functioning (e.g., bringing math homework) as well as families' basic needs. Caregiver D2 viewed schools reaching out when "a family is going through a tough time or something" as a valuable way to build collaboration between families and schools. She emphasized that schools could build better relationships with families by: "being able to just help more, like if you know they don't have it…try to help them and take them whatever they need…just extend more help." The dissertator identified this category in both PST unengaged interview ($n = 15$) and in one PST engaged interview ($n = 1$).

Having a Sense of Urgency/ Acting Sooner Rather Than Later

Another theme that the dissertator identified from interviews was "having a sense of urgency" or being proactive throughout the collaboration process. This theme consisted of three categories: (a) proactive communication and intervention ($n = 37$; 3.33%; all 4 caregivers), (b) Immediacy and follow-through ($n = 16$; 1.44%; all caregivers except D2), and (c) recognizing critical timeframes for intervention ($n = 12$; 1.08%; caregivers D1 & E1). The dissertator identified this theme across all four interviews; with more units represented in PST unengaged interviews ($n = 44$) than in PST engaged interviews ($n = 21$).

All the caregivers discussed proactive communication as a successful practice for promoting collaboration. For most participants, this referred to school staff actively reaching out to caregivers with concerns, or as caregiver D1 described: "let them know as soon as the problem starts and not when the problem becomes too far in." Participants reflected that when school staff let them know about issues early on, collaboration efforts went more smoothly. Caregiver D1 shared positive examples of this with her child's teacher: "as soon as something happened, we'd email and we'd be fine…how can we get child to where she needs to be." Participants reflected that communicating proactively about challenges was also an important bridge to caregivers collaborating with school staff. Caregiver D1 shared: "I kind of wish they would let me know when they start seeing…that it's more serious because then…I can tackle it at home more." When school staff failed to be proactive, participants noted negative outcomes for students. In particular, caregivers described students falling behind or not making sufficient progress. Caregiver D1 noted that: "if I would have known that more in the beginning, I would have been able to work on that and she wouldn't be basically here, behind in school."

In relation to the PST specifically, PST unengaged caregivers expressed that they wished school staff had notified them about their child's referral sooner and that they had proactively provided information about opportunities to collaborate with the PST. Caregiver D2 remarked: "just let them know like beforehand…we're gonna refer your kid…or here's some information if you get a phone call or something." Similarly, Caregiver D2 shared: "I wish I would have been reached out sooner so that way we could've collaborated earlier." Overall, caregivers expressed an expectation for school staff (especially the PST) to reach out to families to initiate collaboration, and to communicate to caregivers when their child is beginning to struggle.

Overall, the dissertator identified the "proactive communication about challenges" category in all four interviews, with more units in PST unengaged interviews ($n = 30$) than in PST engaged interviews ($n = 7$). PST unengaged caregivers typically spoke of this practice as something they would like to see school teams do more rather than something they consistently experienced in working with the PST.

Another category that the dissertator identified related to "urgency" was the importance of recognizing critical timeframes for intervention. For instance, caregiver D1 reflected that the longer students struggle, the more difficult it is to effectively intervene: "she's been doing it this long and now it's become basically a behavior and a pattern…and now I have to do weeks of trying to undo it." Several participants also emphasized the importance of addressing social-emotional and behavioral challenges during elementary school rather than waiting for middle or high school. Caregiver D1 remarked: "she could overcome those hurdles… at such a young age too … so that way when she gets to middle school and High school, she would have it figured out a little better." The dissertator identified this category in one PST unengaged caregiver interview (caregiver D1; $n = 7$) and one PST engaged interview (caregiver E1; $n = 5$).

Finally, the dissertator identified staff immediacy and follow-through on tasks as a successful practice for building engagement and moving the problem-solving process forward. In reflecting on his experience with the PST, caregiver E1 highlighted how quickly staff completed paperwork and rating scales. He reflected: "we've had no bureaucratic hiccups ... those are things that have to happen if you're gonna be able to move ahead productively." On the converse, other participants observed that poor follow-through on the part of staff slowed progress. Caregiver E2 described repeated attempts to get paperwork from school staff: "I was supposed to get a consent form to sign and a week went by, didn't get it…just some of that follow-through has been an issue." Overall, the dissertator identified this theme in one PST unengaged interview (caregiver D1; $n = 7$) and two PST engaged ($n = 9$) interviews.

Openness to Caregiver Ideas

A final theme that the dissertator identified in this area was openness to caregivers' perspective and ideas. This theme consisted of three categories: (a) soliciting caregiver input or agreement ($n = 16$; 1.44%; all caregivers except D2), (b) accepting caregiver suggestions or support ($n = 9$; .81%; caregivers E1 & E2), and (c) rejecting caregiver input/support ($n = 6$; .54; caregivers E1 & E2). The dissertated identified this theme in three interviews, including both PST engaged interviews ($n = 30$), and one PST unengaged interview ($n = 1$).

Overall, PST engaged participants reflected that they felt more PST engaged with the PST when staff were accepting of their suggestions and offers of support. When asked how schools could more effectively engage families in collaboration, caregiver E2 noted this practice as essential: "being willing to try what parents offer." For caregiver E1 this included physically going into the school and offering their efforts to support their child as a resource: "they called me in ... they let me have some time and space with him rather than just saying he's got to go

home." Caregiver E1 also highlighted the benefits of school staff asking for caregivers' opinions during decision-making and exploring caregivers' ideas during planning: "they asked us what kind of things we were looking for." Similarly, caregivers described an increased sense of collaboration when school staff checked in with caregivers for agreement or alignment with their plans. Caregiver E1 noted that "it's really important for them [PST] to make sure that they're checking in with parents that the things they're seeing resonate with what the parents say."

In contrast, rejecting caregiver input or support was discussed by participants as an unsuccessful practice. In particular, caregivers expressed frustration when they perceived that school staff rejected or didn't fully consider their ideas or opinions. Caregiver E2 reflected: "I could be more of an asset…to them than they're allowing me to be right now." This same caregiver expressed displeasure with the school for not accepting her offered support: "some of this stuff could be avoided if they would just let me be part of the day." Participants reported that feeling rejected or that their contributions were not valued by the team made it challenging to engage with the PST more actively.

Table 8

Summary of Results for Research Question 3

Themes	Categories	Quotations	Associated Interviews
Collaborative problem-solving practices (78)	Sharing strategies across settings (35)	"I told her some of the things that I do."	All
	Having a meeting (21)	"The teacher, kept us abreast of how things were going, and we had 2 meetings."	All
	Gathering information from multiple sources (13)	"They asked me questions; they asked the teachers questions"	D1 E1, E2

Themes	Categories	Quotations	Associated Interviews
Collaborative problem-solving practices (78)	Setting goals/ monitoring progress(11)	"He was making the progress he needed to make"	D1 E1, E2
Adapting practices to student and family needs (68)	Being responsive (22)	"Their response was very child-centered and sympathetic to where he was coming from"	D1 E1, E2
	Flexible modes of communication (19)	"Luckily they are flexible. I can use zoom, Google Meet, you know stuff like that."	D1, D2 E2
	Supporting families at home (16)	"Try to help them [families] and take them whatever they need"	D1, D2 E1
	Using inflexible/ prescribed approaches (14)	"The discipline approach is…not honestly what works with trauma"	D1 E1
Having a sense of urgency/ acting sooner rather than later (64)	Proactive communication and intervention (37)	"Let them know soon as the problems starts and not when the problem becomes too far"	All
	Immediacy and follow-through (16)	"We needed it by such and such date, and they had it by then"	D1 E1, E2
	Recognizing critical timeframes for intervention (12).	"That's why I push so hard…they're young, they can be molded, they can figure it out."	D1 E1
Openness to caregivers ideas (31)	Soliciting caregiver input/ agreement (16)	"They asked us what kinds of things we were looking for"	D1 E1, E2
	Accepting caregiver suggestions/ support (9),	"They called me in…let me have some time and some space with him"	E1, E2
	Rejecting caregiver input/ support (6)	"I've offered to come during those times to be there to help, but his teacher doesn't want me to do that"	E1, E2

Note. Number of total units for each theme and category are noted in parenthesis.

Question 4: What do caregivers of students from minoritized racial and ethnic backgrounds consider to be key indicators of equitable collaboration between families and school-based teams?

The dissertator identified four themes that addressed indicators of equitable collaboration between families and school-based teams: (a) family-school alignment ($n = 100$; 9%; all 4 caregivers), (b) child well-being and functioning ($n = 64$; 5.76%, all 4 caregivers), and (c) open communication ($n = 55$; 4.95%; all 4 caregivers), and (d) not treated differently ($n = 19$; 1.71%; all caregivers except E1). Findings related to this research question are summarized in Table 9.

Family-School Alignment

When reflecting on indicators of equitable collaboration, one broad theme that the dissertator identified was the degree of alignment between families and schools. This theme consisted of four categories: (a) level of caregiver agreement ($n = 42$; 3.7%; all 4 caregivers), (b) caregivers feel "out of the loop" ($n = 30$; 2.7%; all 4 caregivers), (c) staff understand and care about students ($n = 17$; 1.53%; all caregivers but E2), and (d) caregivers and staff come to agreements together ($n = 11$; 1%; caregivers D1 & E1). This theme was identified across both PST engaged interviews ($n = 56$) and both PST unengaged interviews ($n = 41$).

The dissertator identified caregivers' level of agreement with the PST as one category related to family-school alignment. Caregivers who described feeling more aligned with the school's decisions and actions also generally described being more involved in collaborating with school staff. Caregiver E1, who was actively engaged with the PST through the process reflected: "all these things were talked through, and I felt pretty comfortable with the decisions we made." On the other hand, caregivers who were unable to collaborate with the school team during problem solving discussed their disagreement with the school's approaches and actions.

For example, caregiver E2 described her disagreement with staff decisions despite attempts to collaborate: "I understand the concerns that they have…but I also think, take advantage of the opportunity that you have…we'll deal with that when that when that comes." Caregivers who did not collaborate very closely with the school team also expressed some disagreement with the school's policies and practices. Caregiver E2 noted: "I don't agree with the expectations of behavior." The dissertator identified this category in both PST engaged caregiver interviews ($n = 27$) and in both PST unengaged caregiver interviews ($n = 14$).

The dissertator identified another category related to family-school alignment, which was caregivers' degree of knowledge about the PST's actions and how their child was being supported at school. Participants with poor collaboration experiences described: "feeling out of the loop" and having little information about their child's functioning at school, their child's school experience, and the PST's efforts to support their child. For example, caregiver E2 questioned: "how are they supporting him? I mean, I know what the school psychologist is doing, I know what the principal tries to do, but beyond that, what is there that's going on?" Furthermore, caregiver E2 described having little knowledge or involvement with the PST's planning: "like the speech therapist … I think she's met with him from time to time but I don't 100% know and I don't know what comes of those interactions either." If collaboration isn't prioritized or if caregivers don't have an equitable role in planning, they have little way of knowing what the PST is doing. The dissertator identified this category in both PST unengaged interviews ($n = 16$) and both PST engaged interviews ($n = 13$).

Finally, the dissertator identified the degree to which staff understood their child and cared about students' well-being as another category related to family-school alignment. Caregivers generally discussed that when school staff and caregivers effectively collaborated, the

school developed a rounded understanding of student's needs, challenges, and strengths. Caregiver E1 reflected: "it's not just a team where you have people in the room, but a team where they're invested in knowing who this child is." This participant also reflected a confidence that staff could utilize this knowledge if future problems arise: "even if he acts up, they know who he is." Finally, caregivers described the importance of feeling like staff are genuinely invested in their students. Caregiver E2 discussed her perception of the school team: "it's been proven a little that…they care, and they want to make sure that he's doing good." The dissertator identified this category in both PST unengaged interviews ($n = 9$) and one PST engaged ($n = 7$) interviews.

Child Well-being and Functioning

A second theme the dissertator identified addressed child well-being and functioning. When reflecting on how effectively they collaborated with school teams, caregivers frequently discussed their child's functioning and well-being as an indicator. This theme contained two categories: (a) academic/ cognitive functioning ($n = 23$; 2.07%; all 4 caregivers) and (b) social/ emotional/ behavioral functioning ($n = 36$; 3.24%; all 4 caregivers). The dissertator identified this theme across both PST engaged interviews ($n = 43$) and both PST unengaged interviews ($n = 16$).

When discussing children's academic and cognitive functioning, caregivers discussed progress markers such as academic performance (grades), understanding of material, executive functioning skills and attention. For example, caregiver D1 described her child: "She is in first grade, she's actually measuring all like in kindergarten so we're trying to catch her up." Caregivers discussed their child's functioning in these areas as an indicator of how effectively schools and caregivers collaborated to support the student. Caregiver E1 reflected positively on

his experience with the PST: "So academically, his math is great, his reading is improving, we don't worry about Spanish anymore. For the first time ever when we pick him up, he'll occasionally say he had a good day, which he would never do." In contrast, caregiver E2 who reflected negatively on her experiences with the PST emphasized continued academic concerns "like 90% of his day is spent outside the classroom … all he's doing is roaming the hall…how are we supporting his education that way?" Overall, the dissertator identified the "cognitive and academic functioning" category in both PST engaged caregiver interviews ($n = 15$) and both PST unengaged caregiver interviews ($n = 8$).

Caregivers also discussed students' social-emotional and behavioral functioning as indicators of collaboration efforts between home and school. Caregiver D1 reflected on how working with the school team would impact her daughter's well-being: "so that way, it can be a positive experience for her, otherwise she'll get frustrated, and she will go into herself…and her confidence goes down and then she gets mad…she's a self-harmer when she gets frustrated." Another caregiver, E2 expressed frustration at the team not doing enough to address her child's functioning in this domain "by roaming the hallways by himself, there's no interventions for addressing the social, emotional ... he's not gonna improve…by himself in the hallway." Overall caregivers expressed an expectation that their child's social, emotional, and behavioral functioning would be addressed through positive collaboration with the school. The dissertator identified the "social, emotional/ behavioral functioning" category in both PST engaged caregiver interviews ($n = 28$) and one PST unengaged caregiver interview ($n = 8$).

Open Communication

A final indicator of equitable collaboration that the dissertator identified as a theme was the presence of open communication, or the ability to freely convey thoughts and opinions within

the family-school relationship. This theme consisted of three categories: (a) communicating freely (n = 38; 3.42%; all 4 caregivers), (b) caregiver feels confident in engaging if needed (n = 12, 1.08%; all caregivers but E2), and (c) feeling heard/ valued (n = 6; .54%; all 4 caregivers). The dissertator identified this theme across all four interviews with more units identified within PST unengaged interviews (*n* = 36) than in PST engaged interviews (*n* = 20).

One aspect (category) of open communication that caregivers discussed was being able to freely communicate with the staff about whatever they wanted to or needed to discuss. In highlighting these interactions, participants emphasized comfort with bidirectional communication between families and schools. Caregivers who reported positive experiences of collaboration reflected a level of comfort with the school team and a confidence that the school team would be open to hearing their thoughts. Caregiver D2 observed: "if you need to speak with them about anything, they'll sit down and you'll be able to work through whatever it is that needs to be worked through." Caregivers also cited school staff feeling free to initiate conversations with caregivers as an indicator of successful collaboration and relationship building. Caregiver E2 shared: "as I have gotten to know his school psychologist more, I communicate with him more and more… when I see him at school, he's usually very engaging, and … will give his opinion and does make a point of coming over." In addition to describing examples of open communication, participants discussed free communication as an essential element of collaborative relationships. This was even discussed explicitly by caregiver D1: "I think having that open communication is key." Overall, the dissertator identified this category of open communication in both PST unengaged interviews (*n* = 25) and in both PST Engaged interviews (*n* = 13).

Participants who established relationships with school staff described a sense of confidence that they could reach out to the school in the future if needed. Caregiver D2 described the sense of faith that she developed in the school after her interactions with the school: " I would say, like if there were any problems or anything, if I were to need to speak to someone, I see them helping me for sure…like I don't see me having any issues with them." This reflects an expectation that caregivers felt like the school will be able to collaborate to address any problems that arose in the future. Caregiver E1 described viewing the PST as a resource to tap into in the future if needed: "making sure that that the meeting is not the end of the conversation. That you know, we made a decision for now and then if we need to, we'll revisit it." It seems that caregivers who experienced equitable collaboration will continue to utilize the PST when needed. The dissertator identified this category across both PST unengaged ($n = 7$) and one PST engaged ($n = 5$) interview.

The final aspect of open communication that participants discussed was feeling heard and valued by school staff. In other words, caregivers felt that school staff truly listened, cared about, and valued caregiver's perspectives and engagement. Caregiver D2 described communicating with staff: "they're not gonna just take it, hear it, and just throw it away, they're gonna take it into consideration and figure out what we can do to make it better." This again emphasized a sense of confidence in the school team and the collaborative relationships that have been established. The dissertation identified this category across all four participant interviews.

Not Treated Differently

When participants were prompted to reflect on how race and ethnicity played into theirs or their child's experiences during the problem-solving process, a primary concern that participants described was whether their child was treated differently by others because of their

racial and ethnic identity. When asked how their child's racial or ethnic identity impacts their experiences at school or the problem-solving process, there seemed to be an emphasis on equal treatment of children and families as an indicator of equity in collaboration with the school. For instance, when asked about how her child's racial and ethnic identity impacts her experiences at school, caregiver D1 noted: "they treat her, like I haven't seen anything different, they treat her really…like they treat her good…they treat her normal." When framing their own or their child's experiences related to race and ethnicity, some participants emphasized a lack of discrimination or prejudice. For instance, caregiver D2, commented: "when I think of ethnicity, all I start to think about is racism and you will never know if your ethnicity does have a factor in anything, cause they're not gonna flat out tell you… but the way they come and they're around you, and they act around you and stuff, that's the only way that you'll know if it's got something to do with your ethnicity…like his school I don't see ethnicity ever being a problem, like ever." Caregiver E1, who had a history of working in schools drew comparisons to observations she had made in another setting where discrimination felt more apparent: "you could see things were different, for so many of these kids, and how they were treated by especially people from outside the school." The dissertator identified this theme in both PST unengaged interviews ($n = 12$) and in one PST engaged interview ($n = 7$).

When asked about theirs or their child's racial or ethnic identity might have shaped experiences with the school, several participants tended to de-emphasize the importance of race and ethnicity. For instance, caregiver E2 stated: "I don't think it [child's racial identity] has been acknowledged at all, but I don't know what kind of bearing it has on anything anyways." When asked how her own race, ethnicity or background influenced the process of collaborating with her child's school, Caregiver D2 similarly expressed: "me personally, I don't think it really has

any impact on it." In contrast, caregivers identified other identity factors as having a more salient impact on their collaboration experiences and their child's school experiences. For instance, caregiver E2 observed: "I don't know what differences there are, if any…I do think the fact he's a foster child might make a difference." Caregiver D1 shared observations that her child's diagnoses and behavior challenges were more salient aspects of her child's school experience than her race or ethnicity: "they [school staff] don't treat her any differently…the only thing is because she has ADHD and lack of impulse control…I think sometimes they're not quite sure how to handle that." Despite attempts to explore the role of racial and ethnic identity within the problem-solving process, caregivers in the present study did not emphasize theirs or their child's racial or ethnic identity as being a significant factor within their collaboration with school staff.

In interpreting the "not treated differently" theme, it is also worth noting that three of the four participating caregivers identified as white while the third identified as multiracial (black and white heritage). White caregivers in the present study commented that it was sometimes challenging for them be sure how their child's racial and ethnic identity impacts their experiences. Caregiver E2 noted: "I don't know how much of that has to do with like his race or his ethnicity ... I can't compare it to someone else, I don't have a white kid in there." Furthermore, Caregiver E1 observed that it was hard for him to consider the experiences of caregivers who identify as belonging to racially and ethnically minoritized groups or identify how his own identity impacted his interactions with the PST: "I've always been white, so it's hard just to look at it from the other perspective…it's hard to see how they [school staff] might treat other parents. I'd be naïve to say that the fact that I'm white didn't have an impact but I can't put my finger on what it was."

Table 9

Summary Results for Research Question 4

Themes	Categories	Quotations	Associated Interviews
Family-school alignment (100) and	Level of caregiver agreement (41)	"The way the school handled it was brilliant."	All
	Caregivers feel "out of the loop" (29)	"There's other individuals that have been involved in my son's day…but I have no idea who they are."	All
	Staff understand and care about students (16)	"Telling me that they're…uh worried, and that they care about my kid."	D1, D2 E1
	Coming to an agreement (11)	"Things were talked through, and I felt pretty comfortable with the decisions we made."	D1 E1
Child well-being and functioning (64)	Academic/ cognitive functioning (23)	"She wouldn't be basically here, behind in school…we could have worked on that together."	All
	Social/emotional/ behavioral functioning (36)	"He would revert to some of his coping mechanisms…shutting down or hiding."	D1 E1, E2
Open communication (55)	Communicating freely (38),	"I'm very upfront…because I think having that open communication is key."	All
	Caregiver feels confident in engaging "if needed" (12),	"We made a decision for now and then, if we need to we'll revisit it."	D1, D2 E1
	Feeling heard/ valued (6)	"I can literally sit in her office, and for 30 min…have her undivided attention, and bring all of my concerns, to her um and we'll talk."	All
Not Treated Differently (19)	Not treated differently (19)	"They treat her like, I haven't seen anything different."	D1, D2 E2

Note. Number of total units for each theme and category are noted in parenthesis.

CHAPTER V: DISCUSSION

The purpose of the present study was to examine how caregivers of students from minoritized racial and ethnic groups characterize their work with school problem-solving teams (PSTs). Semi-structured interviews were conducted with caregivers of minoritized students who had been served by their school's PST. Participants included caregivers who reported participating in the problem-solving process (through attending meetings, engaging in planning and decisions-making) as well as caregivers who felt unengaged (little to no contact with school team during PST process,), left out of the process, or did not recall being notified that their child was referred to the PST. Research questions addressed four areas: (a) how caregivers conceptualized their role in the problem-solving process, (b) barriers and facilitators to collaboration, (c) successful and unsuccessful PST practices, and (d) indicators of equitable collaboration. This chapter will summarize major findings related to these research questions and explore how results aligned with the extant literature. Additionally, implications for research and practice will be explored. Finally, limitations of the current study will be reviewed and recommendations for future research will be discussed.

Caregiver Roles in Problem Solving (RQ1)

There is a dearth of research examining how families and school PSTs work together. Findings from the present study provide some insight into how caregivers perceived their role within the collaborative problem-solving process and what contributions they made to family-school partnerships.

One role that participants frequently discussed and embodied was that of an "advocate" fighting to connect their children with needed supports. In discussing their experiences with the problem-solving team, participants frequently centered themselves as important for ensuring that

their child was understood by school staff and that they had access to resources and interventions that addressed their child's needs. This role suggests that caregivers participating in the current study viewed collaborating with the school team as an opportunity to influence their child's school experience and to meet their child's needs. This role was noted by caregivers that actively engaged with the PST as part of the problem-solving process as well as caregivers who were not engaged with the PST but collaborated with school staff in other ways (e.g. problem solving during parent-teacher conferences). Within existing frameworks around family-school collaboration, centering caregivers as advocates is aligned with one of the core outcomes, wherein families are empowered because they have agency to effect change over their child's education (Ishimaru, 2019). Caregivers within the present study seemed to highly value the opportunity to advocate on their child's behalf during work with the PST. In fact, multiple participants expressed frustration at not knowing more about the PST before the study and missing out on advocacy opportunities.

In the special education literature, advocacy has long been established as a role that caregivers embody during the IEP process. For instance, Bacon and Causton-Theoharris (2012) observed that caregivers of children in special education viewed advocacy as their primary role within IEP teams. Bacon & Causton-Theoharris drew distinctions between advocacy and shared decision-making. They described advocacy as a fairly one-sided practice in which one party speaks for, demands, or pleads on behalf of another party. Within these interactions, the greater power still lies with the party that makes the final decision in response to the advocacy efforts (in this case, school teams). Bacon and Causton-Theoharris (2012) found that in interactions with school staff, caregivers often fall into the role of advocates rather than working as true collaborators in shared decision-making. In the present study, participants may have experienced

a similar dynamic during family-school collaboration in which members of the PST still hold greater power than caregivers in decision-making. In general, caregivers who collaborate with school problem-solving teams may perceive a "myth of equality" in which it appears that caregivers and school staff are equal partners when in fact, families have little meaningful power or input within decisions (Argus-Calvo et al., 2005)

Another role that caregivers described within the collaborative problem-solving process was possessing information about their children's needs and their families' experiences. In reflecting on their interactions with school teams, participants in the current study tended to frame themselves as "experts" of their child and their family's experiences outside of school. Sure enough, caregivers in the present study demonstrated notable knowledge and insight about their children's challenges and needs during interviews. They demonstrated this by discussing observations, drawing upon specific examples, and making inferences about the function and cause of their child's behaviors. For example, multiple participants spoke about how trauma likely impacted their child's functioning and made inferences about the need to use trauma-informed approaches to intervention. Caregivers also discussed important contextual information related to identity, family structure, and occurrences outside the school environment.

One challenge to interpreting such information shared by caregivers during interviews was that it was sometimes unclear if caregivers had ever shared the insights that they brought up in interviews with PSTs or other school staff directly. Although some participants could recall specific situations where they shared insights with school teams, most had difficulty specifically recalling what they had shared with school teams. In practice, if caregivers are not sharing such information with school staff or PSTs, the wealth of knowledge that families possess about their children and their needs may be somewhat untapped in family-school collaboration efforts.

Valuing and acknowledging caregivers' expertise has been identified in the extant literature as a key element for establishing family-school partnerships (Garbacz et al., 2017). By recognizing that caregivers possess valuable expertise about their children, and drawing upon this knowledge in planning and decision-making, school staff elevate caregivers to a position of equal partners within collaboration (Sheridan & Kratochwill, 2010). This is especially important for families from minoritized racial and ethnic backgrounds, who have unique lived experiences related to their sociocultural context and identities. Accessing these "funds of knowledge" during problem solving not only results in more equitable collaboration efforts but also school practices that are more tailored to a child's unique context and background (Ishimaru, 2020). In recent decades, there has been a push within educational policy and practices to engage families more actively as partners and to value their expertise (Mapp & Kuttner, 2013). In the present study, it seems that some caregivers echoed this sentiment that their insights and knowledge were valuable within the collaborative problem-solving process. Participants who reported some collaborative problem solving with the school (either through PST meetings or more general collaboration efforts) emphasized that an important aspect of their role within the problem-solving process was drawing upon such insights and continuously keeping staff abreast of important changes outside of school.

A third caregiver role that participants discussed was identifying and implementing interventions and supports. Participants in the study described different ways that they directly supported their child's academic, social, emotional, and behavioral functioning. These efforts spanned home and school settings, with some parents actually coming into the school to support students experiencing significant behavioral challenges (e.g., shutting down in class). Even caregivers who described being totally unengaged from work with the PST identified ways in

which they actively supported their child's functioning at home or school. This is similarly reflected in work by Luet (2017), who observed that most caregivers work to support their children's education in some ways, even those who are perceived as "uninvolved." Caregivers in the present study demonstrated an impressive degree of creativity and insight in brainstorming different strategies tailored to their child's specific needs. In talking about their intervention efforts, caregivers also made considerations about the sustainability and feasibility of support strategies across different settings. For example, caregivers acknowledged that some of the things they did to support students at home were probably not feasible within the school setting. Drawing upon such ideas from caregivers may be a valuable source of information for PSTs to consider in identifying appropriate interventions and support plans.

It is interesting to note that caregivers in the present study described taking such an active role in implementing supports, which represents a notable contrast from the more passive caregiver roles (e.g., sharing information, providing feedback to school teams) that are typically emphasized within family-school interactions (Ishimaru, 2020). Kervick (2017) similarly observed that caregivers of children with disabilities viewed themselves as playing an active role in designing and implementing interventions, even when staff viewed caregivers' roles differently. Kervick (2017) noted that since these efforts were not always readily observable by school staff, it was easy for professionals to miss them and assume a more passive role for caregivers in the collaboration process. In the present study, several caregivers (both PST engaged and PST unengaged) described experiences where they were not given opportunities to participate in creating intervention plans despite having a wealth of experience directly supporting their child in the home. This suggests that PSTs may miss out on valuable contributions when caregivers are not actively perceived as collaborators throughout the

problem-solving process. When caregivers actively participate in co-creating behaviors support plans with school staff and implementing them within the home environment, teams produce effective interventions that are more likely to have caregiver buy-in as well as be feasible and sustainable in students' unique contexts (Sheridan et al., 2017). This has been modeled in CBC, wherein caregivers and teachers participate in a series of facilitated meetings during which they (a) jointly identify and define child's behavioral needs, (b) collaboratively develop an intervention plan with home and school components, and (c) support caregivers and teachers in implementing the intervention across home and school settings (Sheridan et al., 2017).

A final caregiver role in the problem-solving process was raising concerns related to students' minoritized identities. Participants raised and discussed various issues that were directly related to their family's racial and ethnic identities. One area of focus was the level of diversity or representation of minoritized groups within the school and the wider community. Generally, caregivers described greater diversity or representation of individuals from minoritized groups as a benefit to children and families from diverse backgrounds. The one participant in the present study who identified as multiracial themselves described feeling more connected and excited about her child's school as their staff and student population became more diverse. Furthermore, this participant reflected feeling more open to the school when she observed how many staff members were African American. This participant observed a different, stronger connection with the school staff who were African American (sharing a similar background to herself), reflecting that she felt they communicated with her in a way that was more open and accurate. This suggests that the racial backgrounds of school staff as well as the match between parent and teacher backgrounds may be a factor that impacts the quality of family-school relationships and subsequently family-school collaboration.

Nzinga-Johnson et al. (2009) examined the relationship between family-school relationships and staff racial/ethnic backgrounds using regression analyses. They found that although caregiver race was a moderating factor for parental involvement overall, there were no significant differences in parental involvement across same versus cross-race pairing of parents and teachers. However, Nzinga-Johnson and colleagues (2009) did not directly examine how match between caregiver and teacher backgrounds impacted the quality of the parent-teacher relationship. Findings from the current study suggest that the racial/ethnic backgrounds of staff members as well as their alignment with caregivers' identities may impact family-school relationships. Recommendations for culturally responsive education practices suggest that school teams should actively engage perspectives of groups that are most affected by disparities and avoid overly homogenous teams (Leverson et al., 2016). The degree of representation of minoritized racial and ethnic groups within the broader community may also be an important factor to consider. Participant's comments within the current study suggest that caregivers from minoritized racial and ethnic groups may experience family-school collaboration differently within the context of a diverse community than they do in the context of a less diverse community.

Caregivers in the present study also discussed experiences of bias or discrimination and observed the effects of systemic inequity and social inequality. There seemed to be an assumption amongst participants that navigating prejudice and discrimination is an expected experience for individuals with minoritized racial and ethnic identities. Given the ongoing marginalization of minoritized racial and ethnic groups in the education system, dynamics of power and privilege may be more salient to caregivers from minoritized racial and ethnic groups within family-school interactions (Baquedado-Lopez et al., 2013). All participants in the current

study mentioned these topics, regardless of their own level of engagement with the PST and their own racial or ethnic backgrounds. Findings from the current study support this notion and emphasize that even when caregivers of children from minoritized racial and ethnic backgrounds are not currently perceiving bias or inequity, that these issues are often still at the forefront of their thinking.

Finally, participants in the present study perceived themselves as supporting children in connecting with their identity and preparing them to navigate associated challenges in the "real world." In particular, participants emphasized the importance of educating students about their heritage, fostering pride and connection with their identities, and answering questions about race and ethnicity. Participating caregivers also spoke more broadly about wanting to prepare their children for navigating situations involving racism, discrimination, and bias within the education system and in their broader communities. This role is reminiscent of "ethnic-racial socialization," which is described in the extant literature as a process by which caregivers from racially and ethnically minoritized backgrounds teach their children about race and racism (Smith et al., 2021). This process has been shown to be especially critical in the psychosocial development of African American children (Neblett et al., 2016). Furthermore, meta-analytic research has shown that across groups, ethnic-racial socialization helps children of color develop the social-emotional skills to cope with negative experiences and successfully navigate complex socio-cultural contexts (Wang et al., 2020).

The discussion of ethnic-racial socialization as a role in the current study has several notable implications. First, it suggests that regardless of their own race and ethnicity, caregivers of students from minoritized racial and ethnic groups may engage in ethnic-racial socialization and/or view it as an important aspect of their caregiving role. While much of the existing

research on racial-ethnic socialization focuses on minoritized caregivers, three of the participants who discussed this role in the current study identified as white caregivers of minoritized children. Another implication of this finding is that participants generally framed this process as a parenting responsibility rather than a collaborative effort between families and schools. There was little discussion by caregivers in how to integrate this process within the school context or how to collaborate with school teams in addressing these unique needs. More work in this area is needed to understand how open and comfortable caregivers would be to collaborating with school teams on addressing their children's ethnic-racial socialization within the school contexts, as well as what teams could do to support this process.

In addition to race and ethnicity, participants highlighted having "special needs" or significant challenges as a notable aspect of identity that impacts their child's experiences. In reflecting on their experiences parenting children with "special needs", caregivers emphasized their responsibility to set up appropriate protections for students as they progress through school. Unlike ethnic-racial socialization, caregivers framed this role as fairly collaborative and emphasized a need to work with school staff in securing supports. One possible interpretation of this finding is that school systems have fairly established processes for protecting students with disabilities within which caregivers' right to collaborate with school teams is legally defined and protected (Kurth et al., 2019). Although none of the children referred to the PST for the current study qualified for special education at the time of the study, participating caregivers seemed knowledgeable about the IEP process and were aware of systems in place to support students with disabilities. There are currently less defined systems and practices in place by which caregivers can work with school staff to support their children's ethnic and racial identity or advocate for protections within the school context. Establishing a framework for this work may

be needed in school systems and education policy to shift the minoritized socialization process from a purely caregiver-centric role to a shared responsibility between families and schools.

Summary

The first research question explored how caregivers of racially and ethnically minoritized students perceived their roles within the collaborative problem-solving process. In addressing this question, PST engaged caregivers reflected on their experiences working with the team during the PST process while PST unengaged caregivers reflected more generally on informal collaborative problem solving they had experienced with school staff. Participants viewed themselves as important sources of knowledge and insight about their children. Participants discussed drawing upon such information during collaborative problem solving but were not always clear in whether they shared such information directly with the PST or other school staff. Participants also discussed more active roles within the problem-solving process, including working to connect their children with resources to meet their needs, and providing direct support and intervention to children. Finally, caregivers discussed their unique role in raising concerns related to their child's minoritized racial and ethnic identity (e.g. bias, diversity), and supporting them in connecting with and navigating challenges related to their identity.

Barriers and Facilitators to Collaborative Problem Solving (RQ 2)

In reflecting on barriers and facilitators to collaboration with school teams, caregivers identified a number of factors related to the following themes: communication, family-school relationships, attitudes and values, access to information, family resources, and logistics. At times, participants spoke more specifically about barriers and facilitators to working with the school's PST, while at other times participants spoke about factors that impacted collaboration with school staff in general.

Barriers

Overall, caregivers identified ineffective school communication practices as a barrier to collaboration. This is consistent with the extant literature, which often identifies family-school communication as a major barrier to collaboration (Buren et al., 2018; Kelty et al., 2020; Luet, 2017; Rosetti et al., 2020). Participants in the current study especially emphasized the frequency and timing of communication as important factors. Participants noted that infrequent or delayed communication with school teams or individual school staff made it difficult to build connections with staff and made it hard for caregivers to view them as collaborators. In particular, participants framed this as a concern around classroom teachers not communicating frequently or proactively about their child's challenges in the classroom. Several participants described feeling "blindsided" by their child's challenges at school because staff had either failed to notify them of incidents, or staff had only reached out after small issues had turned into larger problems (that warrant referral to the PST). As much of this delayed communication occurs prior to caregivers' involvement with the PST, there may be a need to address communication practices in classrooms, as a precursor for establishing more consistent communication about children's functioning and challenges.

Participating caregivers discussed that without knowledge of what was happening at school, it was difficult to initiate problem solving with school staff or to work to address student's challenges at home. Furthermore, participants reflected that a perceived lack of transparency and honesty from school staff (especially related to their child's challenges) impacted their trust in the team and discouraged them from reaching out further. Participants in the Luet (2017) study described similar barriers related to communication, emphasizing situations in which school staff failed to share valuable information or shared information "too

late" for it to be useful, leaving caregivers powerless to do anything. Collectively, these findings suggest that the timing of communication is a critical factor in family-school interactions. Furthermore, when staff wait or fail to notify caregivers about challenges arising in the school environment, it disempowers families and limits their ability to support students through the collaborative problem-solving process.

Participating caregivers also reflected that perceived attitudes towards families as well as staff interpersonal skills could sometimes be barriers to collaboration. Staff attitudes were also noted as powerful factors that impacted family-school relationships. Participants shared that if they felt like school staff were judging them or were uninterested in communicating with families, then caregivers were less open with them moving forward. Judgement or perceived judgement from school staff has been similarly identified in other research examining family-school collaboration (Kelty & Wakabayashi, 2017; Miller, 2019). Participants in the present study noted that factors such as staff body language, tone, and word choice all contributed to caregivers' level of comfort with school staff and willingness to collaborate. When caregivers perceived staff as "closed-off," distracted, or uncomfortable interacting with families, it made caregivers uncomfortable and discouraged them from discouraged them from collaborating with school staff in the future. One caregiver shared that while she generally values having open and collaborative relationships with staff but, an uncomfortable early interaction with her child's teacher resulted in minimal collaboration or communication for the rest of the school year.

Caregivers' perception of staff interpersonal skills is an aspect of communication that has been largely unexplored within the extant literature. While many studies have documented the impact of poor communication between families and school, few have thoroughly examined the interpersonal processes involved in this communication. Findings from the current study

suggests that caregivers are attuned to these subtle interpersonal aspects of "communication style" and that caregivers' reactions to these styles may impact their willingness to collaborate with school teams. This may be especially important to consider within the context of work with racially and ethnically minoritized families. Valued interpersonal skills vary greatly by socio-cultural context, which makes interpersonal communication a complex cultural barrier to address (Miller, 2019). Findings from the current study suggest that to promote collaboration with racially and ethnically minoritized groups, school staff may need to reflect on and address their own interpersonal skills. This is a step that school staff can take to make teams more accessible to caregivers rather than expecting caregivers to endure school environments that they perceive as uncomfortable and inaccessible (Argus-Calvo et al., 2005).

Participants noted that in general, negative relationships and negative interactions with school staff were another barrier to collaboration. Across the staff who typically serve on PSTs, negative relationships with the student's classroom teacher in particular were identified as a notable barrier to working with the PST and collaborating with school staff in general. Conus and Fahrni (2019) similarly found that classroom teachers played a pivotal role in developing family-school relationships and they noted that this role was especially important when it came to engaging families from minoritized groups. One reason that this relationship may be so pivotal in the context of collaboration with the PST is that classroom teachers tend to shoulder a lot of responsibility in facilitating the work of PSTs. A recent review of PST implementation trends showed that general education teachers are the most consistently-identified member of the PST and are among the team members most likely to facilitate the problem-solving process in schools (Sims et al., 2023). Participants in the current study noted that their child's classroom teacher was often the school staff with whom they had the most frequent and consistent contact. This

was the case for both PST engaged caregivers who interacted with teachers throughout the formal PST process as well as PST unengaged caregivers who communicated with teachers to express concerns about their child's functioning and informally problem solve around their child's challenges at home or school. In the present study, both PST unengaged caregivers described having a negative relationship with their child's teacher and identified this as something that discouraged them from further attempts to collaborate with the school. This suggests that fostering positive caregiver-teacher relationships may be especially critical in promoting ongoing collaborative problem solving between families and schools. Individual interactions between caregivers and teachers that are characterized by "mutual respect, empathy, and sharing" may have notable impacts on caregivers' engagement in collaboration and partnership efforts later (Smit et al., 2001, p. 20). While best practices for PST implementation emphasize the value of training teachers on use of the problem-solving process, there may be benefits to also emphasizing relationship building between families and teachers as well as engaging them as collaborators (Kovaleski, 2002). Furthermore, relationship building between families and teachers may be an important foundational process to establish within the classroom before students are even referred to the PST. Teacher training that targets family engagement practices such as communication and collaborative problem solving have been shown to have positive effects on teachers' attitudes and knowledge towards family engagement as well as their use of practices associated with it (Smith & Sheridan, 2019).

Another notable barrier to caregiver's engagement in the problem-solving process was access to information about the PST's existence and functions. At the onset of the study, the two PST unengaged caregivers reported that they had no knowledge of the PST existing and had difficulty recalling when their child had been referred or for what reasons. Within the context of

PSTs, this is likely reflective of how infrequently school teams actively include caregivers as part of the work of PSTs (Sims et al., 2023). This also appears to be a trend more broadly related to caregivers' knowledge of RtI, the framework that guides use of PSTs in schools. Through a mixed-method study that utilized open and close-ended survey questions, Wingate and colleagues (2018) examined parents' knowledge of RtI in elementary schools. Quantitative results revealed that less than a quarter (21.2%) of participants reported receiving any information about RtI from their child's school and more than half (55.9%) of participants reported that they had never received any information about RtI from the school. In qualitative responses, caregivers described not knowing about RtI before the study or only having knowledge of RtI from their own research or their own connections with the education system (e.g. being teachers). In another study examining the use of interdisciplinary school teams in middle schools, Robbins and Searby (2013) similarly noted that caregivers had an "extraordinary lack of knowledge" regarding the existence and function of school interdisciplinary teams. These findings were echoed in the current study in which PST unengaged participants were fairly unaware of the PST's existence, the systematic problem-solving approach, and how the PST functions within an RtI framework. This suggests that in practice, there may be an overall lack of discussion or transparency with families regarding teaming in schools, the RtI approach, and openness for caregiver participation in the PST process.

In particular, participants expressed confusion about PST practices and caregivers' roles within the problem-solving process. Lack of clarity around caregiver roles as a barrier to collaboration was also observed by Rossetti et al (2020) within the context of IEP teams. Through focus groups, culturally and linguistically diverse caregivers of students in special education described a lack of information about IEP practices and caregiver responsibilities as

notable barriers to collaboration in the IEP process. Furthermore, participants within that study expressed a desire for more guidance on how caregivers can advocate for their child during meetings (Rossetti et al., 2020). Similarly, in focus groups conducted by Kelty and Wakabayashi (2020) caregivers described coming to school meetings but feeling that they were unsure what to do during them. Educators from the same study similarly described being encouraged to invite parents to meetings but being unsure what do to with them. Participants in the current study echoed similar challenges around lack of information about the PST and their role within the team, as well as a desire for more information about how to get involved with the PST and how to make the most of this opportunity to advocate for their child.

Another area of confusion that got in the way of collaboration for participants in the current study was related to school staff and their roles. Both PST engaged and PST unengaged participants noted some confusion about which staff members were part of the PST, which staff members were involved in supporting their children, and uncertainty around staff roles and responsibilities. One participant noted that even something as fundamental as staff not introducing themselves or describing their roles at the start of meetings made it more challenging to engage in collaboration. This may be especially important within the context of PSTs, which are multidisciplinary in nature and include staff with variable roles and areas of expertise (Rosenfield et al., 2018). In the current study, once participants were provided with more information about the PST, unengaged caregivers expressed that they would have been engaged in the problem-solving process had they had known the PST existed. The importance of family "capacity building" by equipping caregivers with knowledge and information to effectively navigate and engage with school systems is a critical aspect of building partnerships between families and schools (Mapp & Kuttner, 2013). Proactively sharing information about school

teams and increased transparency about PST practices may be a valuable way to empower families to play a more active role in the collaborative problem-solving process.

Finally, caregivers noted barriers related to family resources and logistics. There was some discussion of family financial resources as a barrier to collaboration with the PST. Most directly, this impacted caregivers' access to resources that allowed them to participate in collaborative activities. When caregivers had inconsistent access to cell phones and childcare it made it difficult for them to engage more actively with their child's school. Although the current study did not collect any information about family's incomes or socioeconomic status, participants did highlight some barriers associated with limited family financial resources, which may be related to related to socioeconomic factors. Emerging research in family-school collaboration suggests that socioeconomic status might play a significant role in how caregivers engage with schools (Milne, 2016). Findings from the current study provide some guidance on how financial concerns may impact the way families are able to engage with school teams.

Participants also highlighted several logistical barriers that made it difficult to engage in problem-solving activities. Although no formal SES data (e.g. income level) was collected in the present study, the dissertator observed that some of these logistical barriers may be impacted by socioeconomic status. These are factors that may be more challenging for families with limited economic resources. For instance, caregivers described how having inconsistent access to transportation made it challenging for them to be present for school meetings. Caregivers without cars described less interactions with school staff within the school building and generally discussed feeling more distant in their relationships with school staff. Families with limited financial resources may be more likely to experience challenges with transportation or less likely to own a vehicle. Caregiver availability to meet was also a notable barrier for several

participants. In particular, caregivers' work schedules were sometimes a barrier to communication and collaboration with the PST during the school day. Participants reported on their occupations and level of education within the demographic survey. The one participant who described themselves as having a great deal of flexibility in his schedule also indicated having an advanced degree and a job in higher education, which are typically associated with a higher socioeconomic status.

Overall, Logistical barriers such as the ones described in the present study have been documented and described at length in family engagement research (Taliaferro et al., 2009). Although findings from the present study maintain that these logistical barriers are notable challenges for families, participants' greater emphasis on other barriers in their discussion of experiences with the PST suggest logistical and financial issues are not the primary barriers to family-school collaboration. Although these factors remain challenges, it may be useful for schools to focus their efforts on improving family-school relationships, communication, and information sharing. Some identified strategies from the extant literature for addressing such barriers include increasing use of flexible modes of communication (e.g., phone messaging and emails) that are not restrictive to caregiver work schedules, offering meetings outside of hours that are restrictive to caregivers' work schedules (e.g., meeting on the weekend or evening), and providing childcare options so caregivers can attend meetings (Baker et al., 2016).

Facilitators

Participants highlighted genuine relationships and positive interactions with school staff as facilitators to family-school collaboration. For participants in the current study, having at least one positive relationship with school staff was a powerful facilitator for collaboration and communication. Participants discussed that once they established a positive relationship with a

member of the PST, they were more likely to reach out to that staff member to communicate concerns and more likely to view school staff as a resource for addressing their child's challenges. The value of family-school relationships has similarly been explored by Mapp (2009) in a case-study examining parent perspectives on family engagement. Participants in this study emphasized the importance of caring and trusting relationships, noting that once caregivers establish connections with school staff, they are more willing to engage and be involved in the school environment. Similarly, Ishimaru (2019) noted that relationship-building between staff and families is a critical aspect of equitable collaboration between families and schools, noting that relationships "lay the foundation" for more robust engagement and collaboration later. This suggests that building positive family-school relationships may be important and necessary groundwork for collaborative problem solving. Furthermore, Sheridan et al. (2017) found that the quality of relationships between caregivers and school staff plays a mediating role in the effectiveness of interventions identified through collaborative problem solving. Taken together, findings from the current study suggest that relationship-building is a critical process to attend to throughout collaborative problem solving.

One relationship that was highlighted in particular was with the principal. Regardless of their engagement with the problem-solving team, all participants in the study described having positive relationships with the principal and emphasized them as an important points of contact for expressing concerns and exploring solutions to address their child's challenges. Povey et al (2016) similarly found that caregivers generally had positive relationships with their school principals, even if they didn't have positive relationships with other members of the staff. For some of the current participants, the principal served as a person that they could reach out to for support, even if they had a negative relationship with their child's classroom teacher. This

suggest that school principals making themselves available to meet with caregivers and hear their concerns may be another valuable way to engage caregivers in collaboration with school staff and to move the problem-solving process forward, even in the face of negative relationships with classroom teachers. The powerful role of the principal in fostering positive school-family relationships was also documented by Barr and Saltmarsh (2014). Focus groups described principals as essential for channeling positive attitudes towards parents and establishing a school climate that openly values caregiver engagement. These findings suggest that principals' relationships with school staff and families may be important areas to target in improving family-school collaboration.

In general, participants described positive communication practices as a facilitator to collaboration. Quality and consistency of communication between home and school is a commonly cited issue within the family engagement literature (Baker et al., 2016; Smith et al., 2020). Although poor communication is often framed as a barrier, the current study offers insight into what caregivers perceive as effective communication. Participants identified frequent and consistent communication with school staff as facilitators to family-school collaboration. Caregivers also highlighted that staff being warm, genuine, and welcoming during interactions with caregivers encouraged continued communication and collaboration with the school. This is consistent with effective communication characteristics identified in similar qualitative studies that utilized a larger sample (Mapp, 2009; Rodriguez et al., 2014). Caregivers in the current study also valued honesty and transparency in communication with caregivers, especially regarding children's challenges. Participants reflected that once they found out about problems at school, they tried to be much more proactive in reaching out to staff and initiating problem-solving discussions with the team. This suggests that early communication and consistent contact

with school staff empowers caregivers to participate in collaborative problem solving and gives them a sense of agency within family-school collaboration.

Another aspect of communication practices that was highlighted by participants was the setting in which interactions occurred. In particular, several participants noted that being able to have informal interactions with school staff in or around the school environment (e.g. during pick-up, in the hallway) allowed space for collaborative conversations and problem solving. While attending a formal meeting was often accompanied by various challenges (e.g. timing, transportation, availability), caregivers noted that being able to "run into" staff in the school setting allowed them to bring up concerns, ask questions, and engage in quick planning and decision-making about supports. This suggests that providing more opportunities for caregivers to informally meet and talk with school staff may be a way to engage caregivers more effectively in collaboration, especially those who struggle to engage in more formal sit-down meetings. Conus et al (2017) suggested that these types of informal interactions may be particularly valuable for caregivers from racially and ethnically minoritized groups who might feel uncomfortable within formal meetings due to their experiences of marginalization within the educational system. Furthermore, informal interactions may be more accessible to caregivers as they require less specialized knowledge of school practices and systems (Luet, 2017).

Finally, participants described how family's social and human capital acted as facilitators to family-school collaboration. Within the context of this study, social capital referred to social relationships and networks that allow individuals to navigate systems effectively (Croll, 2004). Participants described how having social support networks made up of extended family and other caregivers helped them to engage in more collaboration with school teams. For some participants, social support networks allowed them to overcome logistical barriers to

collaboration like transportation and availability. For other participants, social support networks provided valuable insights and support in how to navigate collaborative problem solving with schools. In the extant literature, social capital is often highlighted as a unique asset that caregivers from marginalized groups use to effectively navigate school systems (Luet, 2017; Milne et al., 2016; Rosetti et al., 2020). Another form of social capital that caregivers discussed was pre-existing relationships and connections with their child's school. Participants lived in fairly small communities, so several had some connections with school staff that pre-dated their child's time at the school. Some examples included having a family or friend that worked at the school, caregivers having attended the same school themselves, and having other children or relatives who have attended the same school. Caregivers who possessed these connections with the school seemed to have a certain familiarity with the school environment and comfort interacting with school staff.

Caregivers also described human capital as a facilitator. Human capital refers to an individual's skills, knowledge and experience that allow them to achieve desirable outcomes in their lives (Von Otter & Stenberg, 2015). One example of human capital that participants described was connection to the education field. Surprisingly, three of the four participants described having professional connections to education, with experience working as teachers, coaches, and a college professor. Caregivers reflected that their knowledge of the school systems allowed them to navigate conversations with school staff more effectively and with greater confidence. Participants noted that this experience helped them feel more confident in advocating for their child's needs and engaging school staff in problem solving. Several participants also possessed specialized knowledge or training related to supporting children and navigating the school system. Some examples of this included participation in trauma training,

previous work as an autism therapist, and knowledge of child development. Caregivers reflected that having this knowledge base made them more comfortable collaborating with school staff and participating in problem-solving activities. Although these experiences are highly specific to the current sample, these findings suggest that when caregivers have knowledge about school systems and their child's challenges, they feel more confident and effective in collaborating with schools. Bacon and Causton-Theoharis (2012) observed that when caregivers have increased knowledge of school systems and practices, it allows them to navigate professionalized discourse and lessen power imbalances in family-school interactions. Robbins and Searby (2013) proposed that successful interdisciplinary teams should create procedures, policies and expectations for carrying out team practices and communicate these with caregivers at the start of teaming activities.

Summary

The second research question sought to explore caregivers' perceived barriers and facilitators to collaborative problem solving between families and school staff. Participants emphasized the importance of effective communication practices, and positive family-school relationships. In general, caregivers observed that having positive relationships with school staff as well as consistent, timely, and transparent communication facilitated collaborative problem solving. On the other hand, communication that was perceived as delayed, dishonest, and infrequent was seen as a notable barrier to collaboration. Participants generally valued collaboration with school staff as critical for supporting their children and valued resources and opportunities offered by the school. Staff attitudes were highlighted as well, with open-mindedness and acceptance being discussed as a facilitator to collaboration and being "closed off" as a barrier. Participants also discussed how family capital and logistics impacted family-

school collaboration. In particular, caregivers identified specialized knowledge and experience in the education field as major facilitators and limited availability and access to transportation as barriers. Finally, a lack of access to information about the PST itself and school processes was identified as a major barrier that prevented caregivers from engaging in the PST process.

Successful and Unsuccessful Practices (RQ 3)

PST engaged caregivers described and provided commentary on the PST's practices and efforts to engage caregivers as collaborators in the problem-solving process. PST unengaged caregivers also provided commentary on general efforts by school staff to engage caregivers as collaborators in addressing students' challenges through problem solving. Successful and unsuccessful collaboration practices generally encompassed the following areas: engaging in collaborative problem-solving activities, urgency in communication and action, adapting approaches to students' and families' needs, and open to caregivers' contributions.

In reflecting on their work with the PST, engaged caregivers described several activities and practices that directly aligned with the collaborative problem-solving model. In schools, core steps of the systematic problem-solving process generally include identification and clarification of the problem through information gathering, analysis of the problem, selection and implementation of solutions or interventions, and evaluation of the solution. These steps generally occur within the context of formal team meetings (Erchul & Ward, 2016). Although PST unengaged caregivers in the present study described having little knowledge of the problem-solving process or the PST before participating in this study, in reflecting on their experiences collaborating with school staff, they emphasized practices that aligned with this process as critical and/or effective. This suggests that for caregivers, there may be something intrinsic and acceptable about the problem-solving process as a means for collaborating with school teams.

This finding emphasizes the need for improved communication between PSTs and caregivers prior to and at the point of a PST referral to better inform them of the PST process, its purpose, and the role parents are welcomed to provide as part of that process.

The first collaborative problem-solving practice that engaged caregivers emphasized in interactions with the PST and unengaged caregivers described in more general collaboration with school staff was sharing information across settings. Caregivers described these interactions as bidirectional conversations with school staff that occurred in both formal settings (PST team meetings) and in informal settings (e.g., pick-up). During these discussions, caregivers and school staff shared and discussed observations related to the student, such as noting changes in their functioning or providing an update about how their day went. Meta-analytic research on family-school interventions has shown that engaging in this type of bidirectional information sharing between homes and schools has significant positive effects for students' social-behavioral and mental health outcomes (Sheridan et al., 2019). Furthermore, when this type of information sharing is embedded within a structured collaborative problem-solving process, there are significant positive effects on both students' social and behavioral outcomes as well as relationships between school staff and caregivers (Sheridan et al., 2012). In a study examining educator perspectives on family-school engagement practices, school staff identified gathering data from parents to inform interventions and sharing information with parents about child progress as critical and effective practices for engaging families within multi-tiered systems of support (Hendricker et al., 2022). Overall, providing opportunities to share information and data across settings seems to be a critical process for effective family-school collaboration. A notable difference in the present study is that participants reported such discussions as occurring during both formal (meeting) and informal interactions with school staff (i.e., school pick-up). This

suggest that caregivers may be responsive to collaboration opportunities that occur in a variety of settings rather than being restricted to formal meetings with the team or school staff.

During collaborative discussions within PST meetings (engaged caregivers) and more informal collaboration (unengaged caregivers), caregivers and school staff also shared strategies for supporting the student. Caregivers reflected that sharing this information across settings was useful for figuring out "what works best" for the student in each setting. They also observed that when they shared information, all parties (teachers, students, caregivers) benefitted from the collective team effort, rather than each trying to figure things out individually. When schools and staff coordinate intervention planning efforts, it allows for the aligning of support across home and school settings. Extant research suggests that students experience more positive outcomes when there is congruence across settings and caregivers experience more positive relationships with school staff (Garbacz et al., 2017). Furthermore, when families and school staff communicate across settings, they identify support strategies that are better suited to the student's overall needs and environment (Sheridan & Kratochwill, 2010). Participants in the present study seemed to recognize the benefits of such collaboration for students and for families.

Another aspect of the collaborative problem-solving process that engaged caregivers described was having formal meetings with school staff. Throughout interviews, participants described an array of interactions with school staff that ranged from more informal discussions (e.g., talking in the hallway, quick phone calls) to more formal, scheduled sit-downs (e.g. team meetings, parent-teacher conferences). Although PST unengaged caregivers did not have any meetings with the PST, they similarly discussed the value of having formal meetings with school staff to engage collaboration with school staff (e.g. using parent-teacher conferences to identify

ways to support student). In the present study when caregivers described participating in

collaborative decision-making and problem solving, it was generally within formal meetings

with staff rather than during informal interactions. When unengaged caregivers described more

casual, individual interactions with school staff, they tended to describe brief conversations that

were framed as quick "check-ins" or "updates" rather than actual problem solving. Engaged

caregivers in the present study also framed meetings as an important setting for facilitating

teamwork with multiple members of the PST. When caregivers described other interactions with

school staff, they most often discussed talking to staff individually rather than with the PST as a

whole.

The value of parents engaging in formal meetings with school staff is documented from

both caregiver and school staff perspectives within the extant literature. Within the special

education literature, caregivers of students with disabilities acknowledge the value of team

meetings as settings for promoting collaboration between families and school staff (Kervick,

2017). While there is very limited research examining caregivers' perspectives of PST meetings,

staff perspectives of parental involvement in meetings was examined by Etscheidt and Knesting

(2007). In that study, members of a school's PST reported that PST meetings felt more effective

when parents participated because caregivers offered important information and served as

valuable contributors to problem solving (Etscheidt & Knesting, 2007). A review of school

psychologists' practices for engaging families within an MTSS framework also identified

inviting families to planning meetings (e.g. parent-teacher conferences and PST meetings) as the

most effective practice for engaging families.

It is notable that in the present study, caregivers emphasized both formal meetings and

informal interactions with the PST as valuable. This was similarly observed by Kervick (2017)

wherein caregivers highlighted informal communications (e.g., running into teacher during pick-up) as important for maintaining frequent contact with the team and maintaining accountability between meetings (Kervick, 2017). These findings suggest that both formal and informal meetings help build collaboration but that formal meetings may be integral for ensuring that caregivers have opportunities to engage in meaningful collaboration.

A final collaborative problem-solving practice participants emphasized was setting goals and monitoring progress. In discussing their children, all participants described some goals or hopes for their growth and functioning. In some cases, caregivers set formal goals with school staff during calls or meetings. In other cases, caregivers had "informal" goals that were not documented by the team but reflected caregivers' hopes and expectations for their child. Caregivers emphasized a desire to see their children progress towards their goals and to experience continual growth as they moved through school. Participants described the value of having reflective discussions about their child's progress with school staff. For PST engaged caregivers, this took place within the context of the PST process. For PST unengaged caregivers, this took place during general collaboration with school staff who were members of the PST (e.g., teachers). In general, when caregivers felt children weren't making sufficient progress, they expressed frustration with the school.

Goal setting and progress monitoring are critical elements of a Response to Intervention framework. Within special education teams, these processes are built into IEP team meetings and documentation. These practices are essential for evaluating the effectiveness of intervention efforts and ensuring that students with disabilities have access to the supports and services that allow them to grow in accordance with their peers (Stecker et al., 2008). Caregivers and school staff working together to identify goals and monitor progress has been found to be beneficial for

student's social-emotional functioning as well as the parent-teacher relationship (Sheridan et al., 2017). Extant research also suggests that caregivers view goal-setting and progress monitoring as important practices for keeping schools accountable to students and families. Rossetti et al (2017) found that parents of special education students highlighted a need for setting mutual goals and felt dissatisfied with school teams when they failed to be accountable to IEP goals or acknowledge caregivers' concerns about students' lack of progress. Findings from the current study support goal setting and progress-monitoring as important practices for moving collaborative problem solving forward. These processes may be especially important for families from racially and ethnically minoritized groups as it provides caregivers with means to hold school staff accountable (Rossetti et al., 2017).

A second successful PST practice that participants discussed was being flexible and adaptive to students' and families' needs. In particular, caregivers highlighted the importance of being responsive when identifying interventions and support strategies for students. Participants in the current study observed that children generally experienced more success when school staff attempted to understand students' needs and tried to "meet them where they are." By working together with caregivers to understand student's needs, schools are able to identify practices that are more tailored to students' unique needs (Sheridan & Kratochwill, 2010). Caregivers in the present study also highlighted the value of staff recognizing families' needs outside the school setting and providing resources or adapting typical engagement practices to meet those needs. This was similarly discussed by caregivers in Kelty and Wakabayashi (2020) study, which conducted focus groups to examine caregivers and educators' perceptions of family engagement. Participants in that study emphasized the need for schools to adapt their practices to provide "inclusive opportunities for family engagement, meeting families where they are" (p. 7). Some

examples highlighted within that study were: providing services/ supports to families outside of the school setting, and providing resources to directly support caregivers at home. Caregivers in the present study similarly advocated for a family-centric approach to collaboration, in which school staff are responsive to the needs and requests of the family rather than expecting caregivers to passively support the school team (Argus-Calvo, 2005).

In particular, engaged and unengaged caregivers found it useful when school staff were flexible about modes of communication. Participants reflected that having a variety of different communication options available made it easier to collaborate with members of the school team and to be in more frequent contact. Snell et al (2018) similarly found that alternative modes of communication such as texting were important tools for increasing caregivers' engagement in their child's education. In surveys and focus groups, caregivers of head start and pre-k students from diverse backgrounds described texting as increasing caregivers' motivation to engage with school staff. They noted that this was due to texting being a more efficient and direct manner of communication that was less susceptible to barriers such as time constraints, coordinating between multiple family members, and language barriers (Snell et al., 2018). In the present study, caregivers stressed that being able to meet with school staff by phone or zoom was helpful for addressing barriers that might usually have prevented them from participating in school meetings. This is a form of communication between families and schools that became more prevalent during the Covid-19 pandemic and has been maintained as an effective way to engage families in schools (Levickis et al., 2023). Overall, the use of technology for communication purposes seems to be a valuable facilitator to family engagement in school and collaboration with the school team.

Rather than writing off some families that could be considered "hard to reach" (Mapp & Hong, 2010), school teams can adapt practices to make schools more accessible to families. In the present study, the school teams made some successful adaptations to engage caregivers but still struggled to make PSTs truly accessible to all the caregivers (PST unengaged). Adapting school practices to caregiver needs may be especially important for engaging families from racially and ethnically minoritized groups. School staff typically hold the position of power and privilege within interactions with families and making adaptation to increase caregivers' access to collaboration opportunities is one way of addressing this power imbalance (Argus-Calvo, 2005). Furthermore, Kelty and Wakabayashi (2020) noted that having family engagement actions that are not tailored to the needs of each family may actually serve to further marginalize minoritized families from engagement. For example, holding PST meetings but only during a time where most parents work. In the present study, caregivers emphasized the ways that adapting school practices allowed them to engage in collaboration with school staff when they otherwise would not be able to.

Another successful PST practice that participants highlighted was staff being proactive and recognizing a sense of "urgency" around supporting students. In interviews, caregivers generally conveyed a desire for students' challenges to be addressed and for supports to be established sooner rather than later. More broadly, participants framed elementary school as a critical timeframe for addressing children's challenges and for setting them up for the future. This emphasis on timing and urgency has also been noted in the special education literature, wherein parents of students with disabilities expressed frustration when they perceived that school teams were not conveying sufficient urgency when it comes to their children's progress (Rossetti et al., 2020). This may be a concern that is specific to caregivers in an elementary

setting, as coordinating interventions and supports can become more challenging as students'

progress through middle and high school (Johnson & Smith, 2008). Overall, participants in the

present study expressed satisfaction when school staff channeled a sense of urgency in their

actions and practices.

Participants in the study emphasized the value of staff being proactive in their

communication about challenges. They spoke often about wanting school staff to communicate

with families about concerns as soon as they noticed them. Participants in the current study

reflected that proactive communication kept them more "in the loop" and positioned them to

engage in collaborative problem solving with the team. When school staff utilized more reactive

or delayed communication approaches, caregivers expressed dissatisfaction. This theme was

similarly noted by Baker et al (2016), in a study that utilized focus groups to examine caregiver

perspectives of family engagement across elementary, middle and high school levels.

Participants in this study emphasized the importance of the timeliness of communication from

schools, emphasizing that caregivers are limited in how they can engage when they have little

communication about student's progress or only find out about problems after they become

"serious" (Baker et al., 2016). This concern has also been noted in the special education

literature, in which caregivers report frustration at a lack of proactive communication and finding

out about their children's challenges "too late" (Luet, 2017).

Conus and Fahrni (2019) examined this issue more closely in an ethnographic study

aimed at exploring how caregivers and teachers perceive their roles in initiating reciprocal

communication. Findings revealed that caregivers generally expected teachers to initiate

communication and expected teachers to share general updates about how the student was doing.

Teachers on the other hand viewed themselves as responsible for being available and open to

caregivers, should they need to reach out about a specific topic. In the teachers' eyes, the onus for reaching out was on the caregiver and communication occurred "as needed." Conus & Fahrni (2019) observed that this fundamental confusion related to "role negotiation" ultimately discouraged caregivers from engaging in collaboration with the school and reinforced negative staff views of caregivers. More specifically, it was noted that parents tended to assume that no communication from teachers meant that no issues were arising whereas teachers perceived a lack of communication from families as a lack of interest and poor parenting (Conus & Fahrni, 2019). In the present study, participant's responses suggest that there may be some disconnect between caregivers' expectations for communication and the expectations held by the PST. Participants generally expressed an expectation that staff reach out to caregivers about challenges and concerns at school and to share opportunities/invitations for collaboration. Within the context of the PST, the unengaged caregivers did not recall being notified about the PST process and thus did not participate in it. It is unclear what kind of follow-up there was around engaging caregivers in the PST process after the initial notification. This might suggest that PSTs need to put into place checks and balances for PSTs to monitor who they have contacted and to ensure that they have notified caregivers of the opportunity to collaboration. In addition, a mechanism for caregivers to respond and acknowledge the communication may be beneficial as well as potentially developing a handout or electronic link that better describes the PST process and the potential role of the caregiver.

A related practice that participants emphasized as critical for collaboration was immediacy and follow-through from school staff. Consistency and follow-up in communications seemed to be important for building dependability and trust between caregivers and school staff. This consistent follow-through on communication and information sharing was also highlighted

by Johnson (2013) as an important accountability factor that caregivers look for in school teams.

Caregivers in the present study similarly highlighted that follow-through on tasks (e.g. preparing

paperwork, completing rating scales, and contacting outside providers) as essential for moving

the problem-solving process forward and building trust. Caregivers observed that when school

staff followed through on actions in a timely way, they were more likely to continue reaching out

and engaging in collaboration with the school team. When school staff took a long time to

respond to caregivers or follow-through on a task, caregivers were less likely to view them as a

resource and less willing to reach out to collaborate. Rossetti et al (2020) noted similar concerns

by caregivers within the IEP process. These were framed as "between meeting barriers" in which

lack of follow-through on tasks that were agreed upon during the meeting and a perception that

staff were doing the "bare minimum" led to families feeling distrust and dissatisfaction with

school teams. In the present study, caregivers noted that when school staff had poor follow-

through and delayed communication, it often resulted in more work or effort for the family (e.g.

tracking down paperwork, correcting behavior challenges at home).

Overall, timely follow-through on tasks and communications with school staff was

emphasized by participants as an important practice for building caregivers' trust and

engagement with the school team. This suggests that to successfully engage caregivers and build

trust, PSTs must effectively manage their time and resources in progressing through the problem-

solving process. However, a notable gap between these expectations and practice indicates that

there may be some "incompatibility" between the school setting and family expectations around

follow-through. This issue was examined in a study conducted by Doll et al. (2005) in which

prereferral consultation team members discussed challenges implementing research-

recommended procedures for consultation in focus groups. The most frequently cited barrier in

this study was "time demands", which referred not only to the amount of time required by team consultation procedures but also that this was often "extra work" that was not compensated or integrated into team member's already full schedules. While this study was conducted some time ago, similar challenges with time constraints continue to impact educators today. A recent study examining the experiences of special education teachers noted that collaborating with other staff, communication with parents, paperwork, and the subsequent time management were significant stressors within their workload. Participants in that study also noted that these "demands" were a primary reason that they were considering leaving the field and that they made it hard to do their job effectively (Hester et al., 2020). Findings from the present study suggest that there may be some misalignment between caregivers needs within the PST process and the demands and resources of educators. In order to sustainably engage caregivers as collaborators, there may be a need for broader structural and policy changes within schools and districts (e.g. funding, increasing number of staff, adjusting staff roles, training for staff, improved communication around what a PST is and roles within) to support staff in being proactive and consistent in supporting students and families.

A final successful practice that participants described was openness to caregiver ideas and opinions. In particular, engaged caregivers emphasized the value of school staff asking participants for their input during planning and decision-making. Engaged caregivers reflected that they were more willing to share information and collaborate with school staff when they felt their ideas would be received well and actually considered. Tucker & Schwartz (2013) similarly found that one of the most critical practices for promoting family-school collaboration with IEP teams was soliciting caregivers' input and integrating caregivers' ideas. Participants in the current study also noted that it was meaningful when staff checked with caregivers for their

agreement before moving forward with decisions or plans. This is a core practice of family-school collaboration, which emphasizes shared decision-making between families and schools (Ishimaru, 2019). When school staff make decisions regardless of parent input or fail to consider their perspectives, they fail to provide meaningful opportunities for collaboration (Rossetti et al., 2020). Taken together, findings suggest that it is not only important for teams to be open to caregiver's ideas but also to value and consider them in decision-making.

Generally, all caregivers identified infrequent communication between the school team and caregivers as an unsuccessful practice for collaborative problem solving. In particular, participants noted that waiting until the quarter or semester (usually during parent-teacher conferences or report-cards) to communicate about challenges was not helpful. They observed that waiting so long to communicate about concerns often led to caregivers finding out about their child's challenges "too late." In extant literature, caregivers have similarly described that when school staff waited to act or communicate about challenges, it felt like their child was losing out on valuable time (Rossetti et al., 2020). Delayed communication about challenges is not only frustrating for caregivers but also takes away their opportunities to advocate and to collaborate in supporting their children (Baker et al., 2016).

Caregivers in the present study reflected that at times, school teams seemed like they were waiting for small challenges to get bigger before taking steps to initiate problem solving or implement interventions. This feels reminiscent of an outdated education policy colloquially known as the "wait to fail" model, in which students do not gain access to supports and services until their challenges become significant enough to qualify them for special education services (Richards et al., 2007). In recent decades, there has been a shift away from this approach, towards RtI. RtI emphasizes providing interventions and supports to students as soon as their

challenges arise, rather than waiting until they qualify for special education. This is especially relevant to the work of PSTs as they serve to identify and implement interventions within the general education environment before students are referred for special education evaluation (Sims et al., 2023). Reflections from participants in the current study suggest that despite the widespread shift in education policy and touted use of RtI in schools, families are still experiencing the remnants of less responsive approaches. Furthermore, caregivers who participated in the current study advocated for a more proactive approach that aligns with RtI.

Summary

The third research question focused on exploring caregivers' perceptions of successful and unsuccessful practices for engaging families in collaborative problem-solving. PST engaged caregivers reflected more specifically on practices that they observed during work with the PST. On the other hand, PST unengaged caregivers reflected more generally about practices they observed during other collaborative interactions with school staff (e.g. consultation with teachers). Both PST engaged and PST unengaged participants discussed practices aligned with established frameworks for collaborative problem solving as successful. This included: having formal meetings, sharing observations and strategies across settings, goal setting, and progress-monitoring. Other successful practices that participants discussed were adapting practices to be responsive to students and families, having a sense of urgency/ being proactive in communicating and initiating problem solving, and being open to caregivers' support and ideas. Practices that participants discussed as being unsuccessful for engaging caregivers in collaborative problem solving were being rigid and inflexible, "shutting down" caregiver ideas or perspectives, and failing to be proactive in communicating about concerns.

Indicators of Equitable Collaboration (RQ4)

There is little work in the extant literature examining caregivers' perceptions of indicators for equitable collaboration between families and school teams. Findings from the present study are exploratory and provide some guidance on potential indicators for further research.

In the present study, one indicator of equitable collaboration between caregivers and school teams was the degree of alignment between caregivers and school staff. Engaged participants discussed this in several different ways. Engaged participants discussed whether they agreed or disagreed with decisions that the team made about supporting their child. It was observed that caregivers who engaged as partners within the problem-solving process, generally expressed greater agreement with school practices and decisions. Participants who were actively engaged in problem-solving efforts also described instances of "coming to an agreement" with the team in making decisions. On the other hand, caregivers who described being disconnected from the problem-solving process or who described fewer collaborative experiences with school teams expressed greater disagreement with the school's decisions and approaches regarding their child. Overall, these descriptions are reflective of some of the primary goals of equitable collaboration, to set up systems of shared responsibility and empowerment in schools (Ishimaru, 2019).

Some similar themes about family-school alignment have also been noted in the special education literature in relation to equitable collaboration. For instance, Zagona et al (2019) conducted a study with caregivers of special education students to examine their perception of the implementation of team decisions. Caregivers discussed that when interactions with the school team were largely "school directed" rather than truly collaborative between caregivers and school staff, it resulted in notable challenges reaching agreements about goals and supports.

Caregivers also noted that if they were not given equitable opportunities to offer input or participate in collaborative decision-making, caregivers and staff were not able to reach agreements. Furthermore, Zagona et al (2019) noted that if caregivers are truly engaged as equal partners and collaborators, they should be able to reach agreement.

Another aspect of family-school alignment that was discussed in the present study was caregivers' awareness or understanding of the intervention plans and supports. Caregivers who engaged in less equitable collaboration (i.e., not actively engaged in planning or decision-making) described feeling more "out of the loop" when it came to how staff were supporting their children at school and how their child was doing at school. They also noted some confusion about staff roles and how to participate in the problem-solving process. This suggests that for caregivers in the present study, an indicator of equitable collaboration may be having a good understanding of what is being done to support the child and how to engage with the PST effectively to address their child's needs. This is reminiscent of work by Ishimaru and Lott (2104), an extensive qualitative analysis that sought to identify common parent indicators of family engagement within a framework of equitable family-school collaboration. One of the indicators outlined within this study was parents feeling knowledgeable about the educational system and feeling confident in supporting their child's education. In the present study, caregivers reflect a similar sentiment, that equitable collaboration with the school team gives them the knowledge and confidence to navigate school systems to advocate for their child's needs. An added dimension from the present study is that caregivers may feel more capable of supporting their children and engaging with the school when they have more of an understanding of how their child is being supported at school, by whom, and how to engage with those supports.

A final aspect of family-school alignment that caregivers discussed in the present study was staff understanding children's strengths and challenges as well as showing a vested interest in their success/ well-being. Similarly, Esquivel et al. (2008) explored parents' perspectives of their experiences within school-based team meetings in a qualitative study. Caregivers in that study reflected that one reflection of a positive experience between families and school teams was observing that school staff have quality connections with students and work in their best interest. On the contrary, caregivers who reported negative experiences with school teams described feeling as though the school team did not "know" their child and were not making decisions in their best interest.

A second indicator of equitable collaboration within the study was the presence of open communication between caregivers and school staff. Participants characterized this as both parties being able to freely convey thoughts and opinions within the context of the family-school relationship. Participants described this type of communication as taking place within the context of collaborative relationships and emphasized the opposite (closed off communication) in relationships where there was limited collaboration. In describing open communication, caregivers emphasized having opportunities for families and staff to communicate with each other whenever necessary (e.g., when child struggling at school or caregiver has a concern). This was emphasized as a bidirectional process, in which either party had the power to initiate communication about "anything" and have confidence that their concerns would be taken seriously and heard without repercussion or judgement.

Open, bidirectional communication is commonly identified as a core element of equal family-school partnerships (Edwards & Kutaka, 2015). Participants in the current study framed this type of communication as something established after building positive relationships with

staff and collaboration on planning or decision-making. In Kervick's (2017) study examining

collaboration and school teams, parents of students with disabilities similarly emphasized open

communication as critical. Researchers from that study observed that "frequent and open

communication" between caregivers and school teams was necessary for establishing equity

(Kervick, 2017, p. 70). Findings from the current study suggest that open communication is not

only a beneficial element of family-school partnerships, but a relational outcome that is achieved

through meaningful collaboration between families and school personnel. Finally, caregivers that

had positive collaborative experiences with the school teams expressed feeling comfortable

engaging with school staff in the future "if needed." This suggests that engaging in equitable

collaboration through the problem-solving process may set the foundation for ongoing family-

school partnerships characterized by open communication.

Another indicator of equitable collaboration that was consistently discussed by

participants was their child's overall functioning and well-being. In particular, participants

reflected on their child's functioning across several different domains including academic, social,

emotional, and behavioral. Throughout the interviews, caregivers framed the success of their

collaboration efforts around the functioning of their children. Generally, engaged participants

discussed how collaboration between caregivers and the school team positively impacted

children's functioning and well-being. On the other hand, unengaged participants also discussed

how inauthentic collaboration or missed opportunities for collaboration negatively impacted

children's functioning. This indicator is unique in that it focuses specifically on the student rather

than either the caregiver or school team. This is reflective of one of the ultimate goals of family-

school partnerships, which is to promote positive outcomes for students through collaborative

relationships between families and schools (Garbacz et al., 2017).

The last indicator may be unique to the experiences of caregivers from racially and ethnically minoritized groups. When prompted to reflect on how identity influenced or shaped their experiences within the collaborative problem-solving process, participants had some difficulty discussing this topic. This may be attributed to the wording of interview questions or the fact that most of the caregivers identified as white. In the present study, white caregivers' experiences of racial and ethnic identity were likely distinct from their children's experiences and consequently they may not be as attuned to their child's experiences related to race and ethnicity (Smith & Silva, 2011). The three caregivers who identified as white parents of racially and ethnically minoritized children all made comments about having difficulty fully understanding their children's experiences with race and ethnicity within the school team for this very reason. It is important to note that these caregivers struggled to consider or discuss identity when it was specifically explored within the context of collaboration with the school team. This is a juxtaposition to how participants discussed their parenting roles, in which they were more active in discussing identity by bringing up concerns about systemic inequity and, discrimination, emphasizing the importance of connecting children to their heritage and preparing them to navigate situations related to their identity. This seems to reflect that caregivers of racially and ethnically minoritized students value the idea of recognizing and being responsive to their child's identity. However, within the context of their work with the PST, engaged participants generally emphasized that students were not treated differently than others due to their race or ethnicity and that their child and family identity did not have an impact on students' or family's experiences within the school. PST unengaged caregivers similarly emphasized their children and family "not being treated differently" within the school environment or in informal interactions with school staff.

In their discussions related to race and ethnicity within the context of family-school collaboration, participating caregivers emphasized their desire for equal treatment rather than tailoring support efforts to a child's unique identity. Discourse in school psychology practice has largely shifted towards a culturally responsive model of service delivery which recognizes that students' racial and ethnic background informs and shapes their experiences within the school system and integrates these considerations into support efforts (Jones, 2014). Emphasizing the value of "not being treated differently" seems to be in contrast with this idea of responsivity and prioritizes equality over equity. A similar sentiment has been described in education literature as the "difference dilemma" wherein educators face a dilemma of whether or not to recognize or address differences in practice. On the one hand, acknowledging and understanding students' differences and backgrounds is necessary for tailoring services to best support students' needs, and being equitable. On the other hand, identifying differences and treating individuals differently as a result of these differences can lead to discrimination and stigma (Minow, 1985). In the present study, caregivers emphasized both a need to recognize their child's racial and ethnic backgrounds while also expressing concern about their children or family experiencing discrimination as a result of this. Due to this common "dilemma" experienced by families and school staff, establishing practices for engaging families from minoritized groups may be complex, and require a careful balance between both equity and equality.

There are several additional possible interpretations of this finding. First, it is suggestive that race and ethnicity are still a somewhat taboo subject within family-school collaborative contexts. In interviews, discussions around race and ethnicity seemed to evoke concerns about racism or prejudice rather than celebrating differences and exploring ways to adapt practices to the values and experiences of racially and ethnically minoritized individuals. Some researchers

suggest that there may be a permeation of the "color blind" approach within the American school system which emphasizes ignoring race in favor of equal treatment. Although policy has largely moved away from this approach, the impact of this ideology lingers in the form of reluctance to explicitly discuss race and ethnicity for fear of being perceived as racist or discriminatory (Modica, 2015). Subsequently, the problem-solving context may not feel like a safe space for caregivers to explicitly discuss or bring up their child or family's racial and ethnic identity. Another possible interpretation of this finding may be related to the sample. Three of the four final participants all identified as adoptive or foster white caregivers of students from racially and ethnically minoritized backgrounds. When asked to reflect on the impact of race and ethnicity, caregivers noted that it was difficult to understand or speak to the impact of race on their child's experience or their own experience interacting with the problem-solving team. Research findings suggest that issues related to identity, power, and privilege are more salient to individuals from racially and ethnically minoritized groups and less salient to individuals from groups that have not experienced marginalization (Smith & Silva, 2011). A final interpretation is that caregivers may not view ethnic or racial identity as a particularly salient identity factor within the context of their child's challenges and collaborative problem solving. Caregivers in the present study seemed to focus on other identity factors as impacting their interactions with school staff and their children's challenges such as family structure, disability, and trauma history.

Summary

The fourth research question explored what caregivers of racially and ethnically minoritized children viewed as indicators of equitable collaboration with schools. Participants described family-school alignment as an indicator of equitable collaboration, with an emphasis

on caregivers' level of agreement with the school's approach and efforts to support their child, caregiver's understanding of supports and systems, and school teams understanding students' needs. Another indicator that participants discussed was having open communication between families and school staff, especially being able to talk about "anything" with staff as needed, without fear of judgement or repercussion. Caregivers also pointed to their child's overall functioning (academic, social-emotion, and behavioral) as an indicator for successful equitable collaboration. Finally, caregivers discussed equal treatment or "not being treated differently" due to race or ethnicity as an indicator of equitable collaboration with school staff.

Implications and Recommendations

Best practices for PSTs often highlight the benefits of engaging families as active collaborators in the problem-solving process, but in practice caregivers are rarely engaged in this process (Sims et al., 2023). Furthermore, although engaging families from racially and ethnically minoritized groups in collaboration is significant for addressing issues of disproportionality, it can be challenging within the context of an education system that continues to marginalize certain groups. Findings from the present study carry clinical and practical implications for school staff and families. An overview of these implications will be explored along with practice-based recommendations for PSTs.

A critical area highlighted throughout the study was caregiver's knowledge and understanding of the PST. Minimal knowledge and confusion about the team was noted as a significant barrier to collaboration. Furthermore, despite the prevalence of RtI in school systems, utilizing a problem-solving model to address social-emotional and behavioral challenges may be unfamiliar to families (Byrd, 2011). This suggests that it is important for schools to be more explicit in providing information about teaming opportunities for caregivers in schools. Schools

may benefit from using surveys to collect feedback from families after they've engaged with the PST, to identify areas of confusion. Participants in the current study suggested that school teams should clarify what the PST is, describe its function, provide an overview of the referral process, identify staff who are typically on the team, and state what role caregivers can play as part of this team. Caregivers in the current study reflected that it would be useful to receive this information in the form of a handout early in the school year and to be reminded by staff when problem-solving opportunities arise.

Participants in the current study also expressed some confusion about the role and responsibilities of caregivers within the problem-solving process. School staff may benefit from reflecting as a team about their own expectations and attitudes towards family engagement within the problem-solving process. Research suggests that there is some variability in the way staff value engaging families in collaboration and that when staff hold negative attitudes about working with families, it can undermine collaboration efforts, even if the school as a whole emphasizes family-school partnerships (Taliaferro et al., 2019). Further training and targeted professional development efforts may be necessary to build staff values around family-school collaboration. Throughout the PST process, school teams should also have discussions with caregivers about their role within the PST and enact a system to verify that caregivers know when they are notified about their child's referral to the PST and understand what this means for caregiver engagement. For example, PSTs may provide an overview of caregivers' roles and discuss examples of how caregivers can engage with the problem-solving process during the initial stage in which families are referred to the problem-solving team. This should be a "jumping off point", with school staff remaining open to the variety of ways that caregivers may engage in the problem-solving process. It may also be valuable for caregivers and PSTs to co-

create and review expectations for collaboration at the start of team meetings to align expectation

and reinforce an equitable power dynamic between families and school staff (Ishimaru, 2020).

Such meeting norms have successfully been integrated within Facilitated IEP meetings to

encourage greater collaboration between caregivers and staff during team meetings (Muellar &

Vick, 2019).

    As caregivers of racially and ethnically minoritized students, participants in the present

study described a variety of concerns and caregiving responsibilities related to supporting their

child's minoritized identity. A number of these responsibilities (e.g. racial socialization) may not

be explicitly known to school staff or recognized by the team as essential aspects of the problem-

solving process. It may be helpful for schools to consider the diverse ways in which caregivers of

racially and ethnically minoritized students can support their child and participate in the

problem-solving process and tailor their expectations accordingly.

    At the start of the PST process, school teams should approach caregivers with curiosity

and ask questions about the various ways they support their child's needs both inside and outside

the school environment, especially in regard to their identity. Furthermore, at the start of the PST

process, teams should explore how caregivers would like to be engaged within the problem-

solving process, including what feels feasible to them within their current schedules/ routines,

and their expectations for school staff. School staff should also be open to the notion that

caregivers may not be interested in collaborating with them based on past negative experiences

with schooling. In those instances, school staff should consider broader relationship-building and

trust-building activities to support later collaboration. Extant research has shown that for families

from culturally and linguistically diverse backgrounds, parent social networks are valuable

spaces to share information about how to engage with school teams and advocate within the

problem-solving process (Rossetti et al., 2020). School teams should partner with parent

organizations within the school and organization within the community to share information

about how to engage with school PSTs. Schools may also work to provide safe spaces within the

school community for caregivers to share knowledge and discuss their experiences with each

other (e.g. parent groups).

Family-school communication was also emphasized as critical throughout the current

study. Participating caregivers emphasized the importance of school staff being consistent and

proactive in communicating with caregivers about their children's challenges. In the extant

literature, use of a weekly or daily home-school note has also proven to be a useful strategy for

establishing consistent bi-directional communication between schools and families LeBel et al.,

(2013). To minimize frustration and miscommunication between families and schools, it may be

useful for school teams to clarify expectations around communication at the start of the problem-

solving process. This could include exploring caregivers' preferred forms of communication,

their preferences for frequency of communication, and their availability. This may be useful for

aligning expectations and establishing communication plans that are feasible and sustainable.

School teams may also consider families' points of contact within the PST.

The present study also highlighted family-school relationships as a foundation of

collaborative problem solving. An implication of this finding is that to effectively engage

caregivers as collaborators, schools should emphasize relationship building throughout the

school year. Findings from the present study emphasized the need to foster parent-teacher

relationships in particular. Improving communication and collaboration practices at the

classroom level may be foundational for further collaboration with school teams (such as the

PST) when challenges arise. It may be useful for teachers to engage in targeted training programs

that focus on improving their interactions with families through effective communication strategies, collaborative planning and problem solving with caregivers, promoting family engagement attitudes and beliefs, establishing welcoming school environments, and enhancing parent-teacher relationships (Smith & Sheridan, 2019). Teacher training programs that integrate these components have been found to have significant positive impacts on family engagement outcomes (Smith & Sheridan, 2019).

Caregivers in the present study highlighted the benefits of having opportunities to meet with and interact with school staff, through events like open houses and conferences. Findings from the current study point to the value of informal interactions within the school environment. School teams may promote such interactions by adopting "open school" policies that allow caregivers into the school setting when possible. Furthermore, it is valuable for PST staff to be available to interact with caregivers during times when they are likely to be in the school (e.g., drop off and pick up). Within the problem-solving process, participants described benefits of having more than one point of contact in addition to the classroom teacher. In particular, caregivers reflected positively on principals being available to meet with or communicate with families during the problem-solving process.

Findings from the present study also carry implications for PST practices in the field. Participants' experiences in the current study pointed to the importance of holding formal PST meetings and improving communication (e.g., notification) so that caregivers can engage as a part of these meetings. At the outset of the problem-solving process, it may be useful for the team to set a meeting and communication schedule to ensure that scheduling progresses and caregivers have clear ways to communicate with staff in-between meetings. Participants in the current study also highlighted the importance of all PST members introducing themselves and

providing an overview of their roles. It may be useful to also provide this information in written format with contact information so that caregivers can take notes and know who to reach out to on the team with questions or concerns. Participants in the present study also pointed to the importance of setting clear goals and methods for monitoring child and team progress throughout the problem-solving process. The extant literature has demonstrated some success with teams empowering caregivers to participate in this progress monitoring themselves by collecting data and observations in the home setting (Sheridan et al., 2017).

One notable finding of the present study was that caregivers drew upon their knowledge, connections, and experiences in collaborating with school PSTs. To increase collaboration with families, school teams can work to increase caregivers' social capital. Participants in the present study described being more comfortable and confident engaging in collaboration when they had established connections with school staff. Schools might foster these kinds of connections by offering opportunities for caregivers to volunteer or work within the school setting, or by hiring individuals from the community when possible. Participants also reflected feeling more confident collaborating when they had specialized knowledge about school systems and advocacy. Schools can promote this type of understanding through parent education events focused on discussing the problem-solving process, caregiver rights, and advocacy strategies.

Finally, findings from the present study carry some implications for engaging families from racially and ethnically minoritized groups in collaborative problem solving. Participants within the current study discussed the demographics of the school team as a factor that had some impact on their participation in the collaborative problem-solving process. This suggests that it may be important for school teams to consider the demographic makeup of the PST and strive to assemble teams that are more representative of individuals with minoritized backgrounds. This

points to the importance of school administrators recruiting and hiring staff that are representative of their school population. Another way to do this is by working with caregivers during initial stages of problem solving to identify staff members who they would like to include within the problem-solving team. It may be beneficial to include staff with whom caregivers identify having strong connections, even if they are not typically included in the problem-solving process (e.g., teachers from previous years, coaches, support staff, school secretary). Alternatively, school teams might utilize "cultural brokers" to build partnerships with families from nondominant communities. Cultural brokers are individuals who are representative to different ethnic, racial, and cultural communities in the student population. These individuals are typically community members who share the cultural and linguistic background of specific groups and are knowledgeable in supporting families in how to navigate the school system (Ishimaru, 2019). Emerging research has found that cultural brokers can be a valuable resource for supporting caregivers in accessing information and resources that align with their needs as well as collaborating more actively with school teams (Rossetti et al., 2020).

Limitations

There are several limitations to the current study which should be considered and addressed in future work examining caregivers' experiences with school PSTs. First, the relatively small sample size of the current study limits the generalizability of the results. This limitation is common in qualitative research, which tends to focus on small but robust samples of participants to gain a deeper understanding of a specific topic or experience rather than to explain it (Malterud, 2016). Although the present study doesn't reflect the experiences of all caregivers and elementary PSTs, it offers some insight into the specific experiences of caregivers

of racially and ethnically minoritized students who were engaged in the problem-solving process as well as caregivers who were left out of it.

Second, despite several rounds of recruitment that spanned eight months and three school districts, only four participants were identified to participate in interviews. Recruiting participants through school teams was a methodology outlined in the larger PST project, with a goal of establishing working partnerships with school teams and collaborating with them throughout the research process. Although efforts were made to establish the research project as independent from the school team (in recruitment materials and interviews), several participants expressed confusion about the affiliation between the researcher and the school team. The type of feedback and discussion shared by participants might have been influenced by thinking they were talking to someone affiliated with the school. Additionally, there may have been some selection bias on the part of school teams when identifying families with whom to share recruitment materials for the study. During the identification and recruitment process, school staff might have been more likely to recall and follow-up with families with whom they have had frequent interactions and engagement. This is especially likely as several teams described not having consistent approaches for keeping track of families that had been referred to the PST beyond the current school year. Additionally, caregivers who viewed their experiences with the school more positively might be more open to research opportunities shared by school staff. Additionally, several participants who received recruitment materials from their child's school expressed confusion about what the PST was and could not recall their child being served by the school team. This might have led to some confusion on the part of caregivers about whether they qualified to participate in the present study. Given the recruitment approach, the present study may have missed out on recruiting caregivers who have had more infrequent interactions with

the school and those who could not recall that their child was referred to the PST due to limited knowledge or understanding of the PST.

A second limitation of the study is underrepresentation of caregivers from racially and ethnically minoritized groups. Despite efforts to recruit a more diverse sample, three of the four participants identified as white parents of minoritized children. This may be reflective of increasing diversity in family structures in American schools, with multiracial, blended, and foster families all represented within the current study (Pearce et al., 2018). Conversely, sociocultural factors may have impacted how accessible and inviting the study was for caregivers from minoritized racial and ethnic groups. White caregivers maintain a level of power and privilege that allows them to access and navigate school systems more readily than other groups (Velez & Spencer, 2018). Educational research has historically excluded or taken advantage communities of color, creating a level of distrust between minoritized racial and ethnic groups and educational institutions. It is possible that these dynamics contributed to poor recruitment. Emerging research in education suggest that working with cultural brokers is an effective strategy for building trust and partnership with caregivers from nondominant groups (Ishimaru, 2016). It may be beneficial to utilize such resources in sharing research opportunities with marginalized groups.

A third limitation of the current study is that recruitment and data collection were only conducted electronically. This may have impacted caregivers' connection with the interviewer and understanding of the study. Recruitment materials consisted of descriptions of the study purpose and procedures that were written in English and distributed via email. Caregivers with limited literacy skills, with limited English proficiency, and with challenges accessing email might have had difficulty accessing materials and agreeing to participate in the study.

Conducting interviews using a telehealth platform might have also influenced the way caregivers engaged in the study and their level of access to the study. Several caregivers joined the interviews from home with young children present, which provided a distraction that impacted how they engaged in the interviews. Additionally, challenges with technology (such as the call dropping or internet lagging) sometimes interrupted the flow of the discussion. Finally, virtual interviews failed to capture the experiences of caregivers with inhibited access to technology. While conducting the interviews provided some benefits for increasing accessibility (e.g., no need for childcare, flexibility of scheduling), it also may have limited the participation of families with limited access to technology. In particular, these challenges might have impacted families from low socioeconomic backgrounds. Given emerging research from Milne (2019) suggesting that SES can have a notable impact on the way caregivers interact with schools, this may represent a missed opportunity to capture the experiences of marginalized families.

Another limitation of the present study was a lack of immediacy in data collection. To increase the likelihood of identifying and recruiting caregivers, recruitment targeted families who were served by the PST within three years of the study (2020-2023). During interviews, participants were reflecting on experiences that occurred a year or more before the study. Additionally, the collaborative problem-solving process encompasses a broad range of activities including both formal and informal interactions, making it difficult to distinguish between experiences specific to work with the PST and other interactions with the school. Consequently, it was at times unclear whether caregivers were reflecting on specific experiences within the formal PST process or more general interactions with school staff (typically members of the PST) that involved collaboration. During interviews, caregivers expressed some difficulty recalling specific interactions and experiences with the PST due to the passage of time as well as

confusion about the PST process. Additionally, caregivers' perceptions were likely influenced by both previous and subsequent interactions with the school and perceived outcomes of the PST process. Confirmation bias should be considered, as caregivers' school experiences (either interaction with their child's school or their own school experiences) may have impacted the way they perceived or experienced subsequent work with the PST. Furthermore, caregiver experiences interacting with the school after the PST may have influenced how their recollection and characterization of their experience during the PST process. While findings from the present study offer important insight about how caregivers generally experience collaboration and engagement with schools, it is difficult to determine how specific these experiences are to participants' work with PSTs. This is a notable challenge that limits the ability of the dissertator to offer up specific conclusions about caregivers' experiences with the PST itself.

A fourth limitation of the current study is the quality of dialogue that emerged in interviews. In qualitative work, this characteristic is impacted by the ability of the interviewer to solicit meaningful discussion about a topic and the ability of participants to articulate their experiences (Malterud, 2016). Despite being identified by school teams as families previously served by the PST and an overview of PSTs provided by the researcher, participants had a surprising lack of knowledge about the existence and function of the PST. This is consistent with the work of Robbins & Castro (2013) who similarly tried to conduct interviews with caregivers about their experiences working with pre-referral school teams but observed that caregivers often did not know what the team was or had minimal knowledge about its processes. During the recruitment process, staff from participating schools observed that caregivers rarely attended PST team meetings or engaged as a part of the problem-solving process. More research is needed to examine if this is due to PST practices that de-emphasize family engagement or to caregivers

being unwilling or unable to participate. Another observation that may have contributed to

caregiver confusion about the PST is inconsistency in the language used to describe these teams.

The names of these teams varied from school to school, so the term "problem-solving team"

seemed to cause some confusion for caregivers and staff. In the current study, confusion and lack

of caregiver knowledge about the PST made it challenging to capture reflections about the PST

experience specifically. Instead, participants spoke more generally about their interactions with

school staff and collaborative efforts to support their child's needs at school.

     A final limitation of the current study is a lack of triangulation amongst data sources. The

present study utilized semi-structured interviews to capture caregivers' perceptions and memory

of their experiences with the PST. There was no objective information collected about

participating schools' PST practices or interactions with families. The timeframe of the study

made it difficult to accomplish this as participating schools reported frequent turnover and

changes to school teams which led to inconsistency in PST staff and practices from year to year.

Additionally, staff reported that the Covid-19 pandemic caused disruptions to their usual PST

practices and left many schools feeling overwhelmed and unable to take on additional tasks such

as participating in research.

     Furthermore, it was sometimes unclear how caregivers' memories and perceptions of

their experiences with school staff aligned with their actual interactions. For example, when

caregivers were discussing insights and observations about their child's challenges, it was not

always clear the extent to which they shared this information with school staff during the

problem-solving process. This made it challenging to clearly differentiate between information

that was shared with the interviewer during the study versus information that caregivers

communicated to school staff or teams during the course of their interactions or problem solving.

When asked to clarify this issue, caregivers often had difficulty recalling exactly what they had said or shared over the course of their interactions with school staff or the PST. Consequently, caregivers' recollections were interpreted with caution.

Directions for Future Research

Through review of the extant literature and discussions with school teams during the recruitment process, it became clear that there are some disparities between the way PSTs are conceptualized (in education policy and research) and how they are implemented in practice. Furthermore, there appears to be some variation in the language that schools use to describe PSTs, how they define the responsibilities of the PST, and the extent to which they engage families as part of their work. Future work is needed to gather data about how PSTs function in the field. Some specific areas of focus could be: (a) what are PSTs called, (b) which staff are included in the PST, (c) what are the roles and responsibilities of team members, (d) how are students selected and referred for support by the PST, (d) what activities are involved in the problem-solving process, and (e) how do teams track data related to problem solving. In future work examining caregivers' experience with school teams, it may also be valuable to collect such data on the PST, along with information about the identities of PST staff (gender, race, ethnicity, title). This information could be used to further explore how the makeup of the PST impacts collaboration with families of varying backgrounds (e.g. how racial-ethnic make-up of the team influences collaboration with minoritized families).

More information is also needed to understand how school staff view and approach family engagement within the problem-solving process. While education policy often emphasizes the importance and value of family engagement in education, school staff may possess different attitudes and values related to family engagement (Taliaferro et al., 2009).

Qualitative methods including interviews, focus groups, and open-ended surveys should be utilized to explore the perspectives of PST staff. In particular, more work is needed to examine the expectations that staff have about the role that caregivers play in the problem-solving process and the practices that they embrace to encourage family engagement. Furthermore, to improve PST practices, more feedback is needed about staff's perceived barriers to collaborating with families. Having a better understanding of both caregivers and staff perspectives will inform practice-based recommendations that are more feasible and sustainable for teams.

One of the limitations outlined in the current study was the lack of diversity within the sample. An aspect of the study design that may have contributed to difficulties recruiting a more diverse sample was the broad focus on families of students from racially and ethnically minoritized groups. This methodological decision relied on the assumption that different racial and ethnic groups who experience marginalization and oppression within the school system have common experiences. However, emerging discourse in psychological research proposes that this assumption of the homogeneity of "non-white" or non-dominant groups reinforces white supremacy in research and minimizes the diversity of experiences within systems (Buchanan et al., 2021). Within the broad classification of "racially and ethnically minoritized groups" that was used for the current study, there is considerable variability in individual cultures, beliefs, and experiences. By broadly grouping such a diverse group of individuals together, the current study failed to capture some of the nuance and diversity of caregivers' experiences.

Future work should endeavor to capture the experiences of specific racial or ethnic groups (e.g., African American caregivers) in their work with PSTs and should collaborate with community partners to tailor approaches to the unique needs and experiences of each group (Buchanan et al., 2021). A particular group that should be considered for future work are

linguistically diverse families, or caregivers whose primary language is not English. In the present study, the dissertator could not provide translated recruitment materials or interpreters during interviews, which largely excluded caregivers with limited English proficiency. Linguistically diverse students represent a large and continuously growing proportion of the student populations in the United States (Miller, 2019). Emerging research on the experiences of linguistically diverse families within schools suggest that issues related to power and privilege may be more salient in interactions with school teams for caregivers experiencing such language barriers (Rossetti et al., 2020). Often, linguistically diverse families have recently immigrated to the United States and may be unfamiliar with American school systems and practices (Miller & Nguyen, 2014). They must also rely on the schools to provide resources such as written translations of materials and interpreter services for meetings (Rossetti et al., 2020). Given these factors, future work is needed to explore how culturally and linguistically diverse caregivers collaborate with school teams.

One observation that emerged from the study was that caregivers of racially and ethnically minoritized students are concerned with and attuned to the level of diversity within the larger community, the student population, and school staff. The presence of diversity or representation of individuals from minoritized backgrounds is something that that varies greatly from school to school. Future research may explore this connection further, comparing how caregivers' experiences with PSTs vary depending on the diversity of the school and diversity of the team members. Preliminary research in this area suggests that families may have different relationships with school staff that have a similar racial and cultural background to themselves (Nzinga-Johnson et al., 2009). This could be useful for helping school districts target their efforts towards recruiting teams that are more representative of the student population or building up

culturally responsive practices such as recruiting families and community members as cultural brokers.

During interviews, question centered around the way that caregivers' and students' racial and ethnic identity impacted their experience with the school problem-solving team. However, during the course of the interviews, caregivers often brought up other aspects of their background or family identity that played into their interactions with the school. Future research might further explore these factors as potential moderators for family-school collaboration. Some specific factors to focus on include (a) family Socioeconomic status, (b) family structure (e.g. single-parent household, foster family, etc.), and (c) primary language spoken at home. In the final sample of this study, there was a notable difference in education level between engagement groups, with both PST caregivers possessing advanced degrees and PST unengaged caregivers having some college or university and a high school diploma or equivalent. Caregivers also discussed drawing upon specialized knowledge and experiences from their education and professions in navigating collaboration with school teams. This suggests that caregiver education level may be an important identity factor that impacts how families interact with schools. Future research should examine how education level impacts the way caregivers collaborate with school teams, navigate school systems, and support their children's needs.

Finally, there were several challenges related to recruitment and gathering a depth of information about caregivers' experiences working with the PST. Future research might address challenges with recruitment by taking a community-based approach. It may be beneficial for researchers to build trust with families in the school community before starting recruitment by partnering with cultural brokers to share study information with families or recruiting through community organizations and spaces rather than through school teams. To gain a more in-depth

understanding of caregivers' experiences, future research should also utilize multiple data sources to provide a more rounded view of caregivers' experiences. This might include multiple interviews with caregivers throughout the PST process, direct observations of PST interactions with caregivers, and/or thematic analysis of written communication between PSTs and families.

Conclusion

The present study sought to understand how caregivers of students from racially and ethnically minoritized groups experience collaboration with school problem-solving teams. Findings indicated that caregivers view themselves as advocates, sources of valuable information, and implementers of interventions and support strategies. Caregivers of racially and ethnically minoritized students also described unique roles in supporting their child in feeling connected to their identity and helping them navigate through associated experiences (e.g. bias, systemic inequality) in the school and broader community. Participants discussed several barriers and facilitators to collaborating with school teams. Among these, access to information about the PST, understanding their child was referred to the PST, quality of family-school communication efforts, family-school relationships, staff and caregiver attitudes related to collaboration, family resources, and logistics (e.g. availability, transportation) were all highlighted as factors that could either hinder or encourage collaboration. In reflecting on what was successful about school's efforts to collaborate, caregivers emphasized being flexible and responsive to student's and families' needs, being open to caregivers' ideas and opinions, being proactive in communication, and acting with a sense of urgency. Participants also highlighted the importance of engaging in key collaborative problem-solving activities including meeting as a team, sharing information across settings, goal setting, progress monitoring, and shared decision-making. In general, caregivers noted infrequent or delayed communication, poor follow-through, rejection of

caregiver input, and inflexible or prescribed approaches as unsuccessful practices for engaging families and supporting students. Finally, in considering indicators of equitable collaboration, PST engaged caregivers emphasized feeling aligned with the school team's actions, being able to have open communication with school teams, child functioning, and being treated equally regardless of background. Findings are exploratory and provide insight into how caregivers experience collaboration as well as how PSTs might work to better engage caregivers of racially and ethnically minoritized students in the future.

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Appendix A

District Recruitment Letter

February 20, 2023

Dear District Representative,

I am reaching out to request permission to conduct educational research within your district. This grant-funded research project will be conducted in conjunction with the University of Wisconsin-Madison. The goal of this project is to develop and implement a standardized protocol to support school problem-solving teams in order to enhance the use of evidenced-based practices and promote positive student behavior outcomes. This multi-phase project will be conducted under the direction of Jennifer Asmus, Ph.D. and Thomas Kratochwill, Ph.D.

In the initial phase of the study, we will explore how family members experience work with school problem-solving teams. Best practices for implementing Response to Intervention recommends that school teams engage parents and other caregivers as active collaborators throughout the problem-solving process. However, this occurs to varying degrees in practice. In particular, many schools seem to struggle to engage families from minoritized groups (i.e., Black or African American, Hispanic or Latinx, Native American or Alaskan Native, Pacific Islander or Native Hawaiian, and Multiracial), which tend to be overrepresented in school behavior referrals. Furthermore, there is little research focused on family-school collaboration within problem-solving teams.

Our project seeks to address this gap in the research by recruiting a diverse sample of caregivers whose children have been served by behavioral problem-solving teams in the last three years (Fall 2019 - Fall 2022). Participants will be asked to complete a brief demographic questionnaire and participate in a 90-minute focus group. To protect participant confidentiality and safety, online survey software (Qualtrics) and a teleconferencing platform (Zoom) will be used for data collection. If a sufficient number of caregivers cannot be recruited to carry-out focus groups (4 or fewer), participants will be invited to participate in individual interviews instead. **Participants will be compensated with $30 gift cards.** Data collected will be inform practice guidelines and the development of a standardized problem-solving protocol. **These products will be shared with participating schools at the conclusion of the study in an effort to increase equitable collaboration between families and school problem-solving teams.**

If you are open to having this research conducted in your district, please complete the attached memorandum of understanding. Once this has been completed, our research team will reach out to the elementary principals in your district to share recruitment materials to be distributed to families that have been served by the problem-solving team in the last three years. Please feel free to reach out by phone or email with any questions or clarifications. We are happy to set up a phone call or virtual meeting to discuss this project further or to go over any additional protocols for conducting research in your district.

Katherine Lawlor, M.S.   Jennifer Asmus, Ph.D.
Doctoral Student | School Psychology   Professor | School Psychology
Educational Psychology Department   Educational Psychology Department
University of Wisconsin-Madison   University of Wisconsin Madison

Appendix B

Memorandum of Understanding

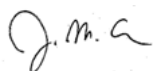Dear District Administrator/School Principal,

Thank you for agreeing to allow us to invite elementary schools in your district to participate in the Family-School Collaboration within Behavioral Problem-Solving Teams: Examining the Experiences of Minoritized Caregivers. As you are aware, the purpose of this project is to focus on obtaining information and insights from caregivers of minoritized students who have been referred to the schools' problem-solving teams (PSTs) to address social and behavioral concerns.

The project requires that someone from the problem-solving team assist in identifying minoritized students referred to the problem-solving team who will then arrange for recruitment materials to be sent electronically to those identified care providers. Caregivers who agree to participate will complete a demographic survey and agree to participate in one 90 min focus group conducted online via Zoom. If a sufficient number of parents cannot be recruited to carry-out focus groups, caregivers will be invited to share information in an individual interview. Although participants will initially identify the school that their student attends, we will not link findings to specific schools. We plan to provide a summary of project findings to all participating schools/districts for consideration for future planning.

Prior to beginning the project, we would like to confirm your willingness to allow us to invite elementary schools in your district to participate.

We look forward to working with families in your community!

Sincerely,

Jennifer Asmus, Ph.D.   Thomas Kratochwill, Ph.D.   Katie Lawlor, M.S.
Co-PI/Professor   PI/Professor   Graduate Student
UW-Madison   UW-Madison   UW-Madison
1025 W. Johnson St. #316-B   1025 W. Johnson St # 333   1025 W. Johnson St. #481
Madison, WI 53706   Madison, WI 53706   Madison, WI 53706
asmus@wisc.edu   tomkat@education.wisc.edu   klawlor@wisc.edu
(608) 262-3027

Memorandum of Understanding

Our district/school agrees to participate in the Project List as described above.

District/School Name:

Name of Administrator:

Signature Date

Please return this form by email to:

Dr. Jennifer Asmus
UW-Madison
1025 W. Johnson St. #481
Madison, WI 53706
asmus@wisc.edu
(608) 262-3027 (phone)

Appendix C

Caregiver Recruitment Materials

February 20, 2023

Dear Caregiver,

I would like to share an opportunity to participate in a research study being conducted through the University of Wisconsin-Madison. You have been identified as a family that qualifies to participate in this study because your child was referred to the school problem-solving team within the last three years (2019-2022). Please note that information about you and your child has not been shared with our research team. It is your choice whether or not to participate in this research project. All participants will be compensated with a $30 gift card.

We are looking for parents and other caregivers of students who identify as African American, Hispanic, Native American, Pacific Islander or Multiracial to participate in virtual focus groups about their experiences working with school problem-solving teams. For reference, the problem-solving team is a group of school personnel that work together to understand student's behavioral challenges and to identify appropriate interventions and supports. Presently, there is little research examining how families from minoritized backgrounds engage in the problem-solving process and what schools can do to improve this experience. By participating in this research, you will help us examine these areas and aid in developing guidelines to foster equitable collaboration between minoritized families and schools.

Participation in this research will include (a) completing an electronic consent form, (b) filling out a brief demographic survey and (c) participating in a 90-minute focus group or individual interview with the research (if enough participants are not found) conducted via Zoom. You'll be asked to reflect on your interactions with the problem-solving team and to discuss challenges and successes that arose while they served your child. Your participation is voluntary and what you share will be kept confidential by the research team to the extent provided by law. After completing a focus group or interview, you will be compensated with a $30 gift card.

To participate, click: https://uwmadison.co1.qualtrics.com/jfe/form/SV_bPcgMZBAH0vdO8C

You will be directed to an electronic consent form and asked to complete a brief questionnaire. You will also be asked to provide your contact information and availability for the purpose of scheduling. You will be contacted to participate if you meet study criteria (belong to a minoritized group and speak conversational English). If you have any questions or concerns, please contact the project coordinator, Katie Lawlor. Thank you for your time and consideration!

Sincerely

Katherine Lawlor, MS   Jennifer Asmus, PhD
Doctoral student   Professor
klawlor@wisc.edu   asmus@wisc.edu
                                         (608) 262-3027

Parents: Tell us about your experiences!

Researchers at the University of Wisconsin-Madison are seeking parents and other caregivers of children who identify as African American, Hispanic, Latinx, Native American, Native Hawaiian, Pacific Islander or Multiracial for a new study.

We invite you to participate in a a 90-minute focus group (conducted via zoom) to discuss your experiences with the behavior team at your child's school. If not enough participants are available for focus groups, caregivers will be able to participate in an individual interview instead.

With your insights, we hope to increase equitable collaboration

Participants will be compensated with a $30 gift card

To Participate:

1. Click the link below or scan the QR code
   https://uwmadison.co1.qualtrics.com/jfe/form/SV_bPcgMZBAH0vdO8C
2. Complete an online consent form
3. Fill out our brief demographic survey

Email klawlor@wisc.edu if you are interested or have questions about this research

Appendix D

Researcher Positionality Statement

About the researchers:

Katherine Lawlor is a sixth-year doctoral student studying school psychology at the University of Wisconsin-Madison. Katherine identifies as a biracial woman with black and white heritage. Katherine was inspired to pursue the current project after observing how often families are left out of discussions and decision-making about how to support students experiencing challenges in schools. Through conversations with parents and other caregivers, she began to notice that many schools struggle in particular to build meaningful partnerships with families from minoritized backgrounds or provide culturally-relevant supports. Katherine was also inspired by conversations with her mother about the challenges and success she faced as a woman of color advocating for her children within the school system. To inform recommendations for improving partnership building between schools and minoritized families, Katherine will conduct a qualitative study to examines the experiences of caregivers from minoritized backgrounds in their interactions with school teams.

Jennifer Asmus is a professor in the School Psychology program at the University of Wisconsin-Madison. Dr. Asmus (Jennifer) identifies as a white woman of Latinx ethnicity. Jennifer has engaged in research and practice for over 25 years in the area of behavior challenges for students in general and special education, and autism and developmental disabilities in particular. She has been conducting work with school problem solving teams at the elementary level to increase their ability to serve and improve outcomes for students referred for behavioral and social difficulties and to better understand the role that parents, caregivers, and families can play to support students experiencing challenges at school.

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Appendix E

Consent Form

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UNIVERISTY OF WISCONSIN-MADISON
Research Participant information and Consent Form
Title of the Study: Family-School Collaboration within Behavioral Problem-Solving Teams: Examining the Experiences of Minoritized Caregivers
Principal Investigator(s): Jennifer Asmus, PhD (608-262-3027; asmus@wisc.edu); Thomas Kratochwill (tomkat@education.wisc.edu)
Student Researcher: Katherine Lawlor, MS (email:klawlor@wisc.edu)

DECRIPTION OF THE RESEARCH

You are invited to participate in a research study about collaboration between minoritized (i.e., Black or African American, Hispanic or Latinx, Native American or Alaskan Native, Pacific Islander or Native Hawaiian, or Multiracial) families and school problem solving teams. Problem Solving Teams are teams of several school personnel that provide support to students experiencing behavior challenges by identifying appropriate classroom and/or home intervention strategies. Although you may or may not recall, you are eligible to participate in this study because your student's school has indicated that your student was referred to a problem-solving team at his/her/their school over the past 3 years.

The purpose of the present study is to examine the experiences and perceptions of caregivers of minoritized children who have been discussed by problem-solving teams in the last three years. Participants will be asked to complete a brief demographic survey (e.g., age, education, race, and ethnicity) and to participate in 90-minute focus groups or individual interview (if there are not enough participants to have a focus group). To protect participant confidentiality and safety, online survey software (Qualtrics) and a virtual teleconferencing platform (Zoom) will be used to collect information, however, you will not be directly identified by name. This study will include primary caregivers (e.g. parents, grandparents, stepparents, extended family etc.) of children from groups that have historically (and currently) been marginalized within the American Education system. The reason for this focus is that students from these groups are frequently referred for behavior challenges in larger numbers than non-marginalized children and are therefore most likely to be served by Problem Solving Teams in schools.

WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in the research, you will be asked to complete a questionnaire regarding your demographic background, your caregiver role, and your interactions with the school problem-solving team. After completing the consent form and survey, you may be contacted about participating in a 90-minute focus group or interview (both would be conducted live online via Zoom). The reasons for not being invited to participate in a focus group would be not meeting study criteria (belonging to a non-minoritized group, not being able to speak and understand English). During this discussion, you will be grouped with other caregivers with similar experiences and asked to share your perceptions of the problem-solving team process, barriers (what made it challenging) and facilitators (what made it easier) to your work with the problem-solving team at your school, and your perceptions of the impact of the problem-solving

process, and your suggestions for improving collaboration between minoritized families and school problem-solving teams in the future. You will be asked to provide contact information (phone number and email) for several purposes: (1) to schedule focus groups, (2) to share the Zoom link for participation in the focus group, and (3) to receive a $30 gift card for your participation in the study. Since these groups will be conducted virtually/online, all participants must have continuous access to either an internet connection or a phone line for at least 90 minutes during the duration of the focus group. If a sufficient number of participants cannot be recruited to conduct focus groups, you will be contacted to participate in an individual interview with a researcher. This interview will last approximately 90 minutes and will also take place via zoom.

ARE THERE ANY RISKS TO ME?
There are no potential social, psychological, legal, economic, or employment risks to you as a participant. During focus groups/ interviews, there is a risk for revealing personal, sensitive or identifiable information. Participants may skip responding to questions they do not wish to answer. There is also a small risk that information that identifies you could become known by someone outside the group. Additionally, although the research team will make every effort to secure what is shared with them, if you participate in a focus group your confidentiality cannot be guaranteed due to the group setting. However, all participants are asked to respect one another and keep what is shared within the group private. Great care will be taken to ensure confidentiality of information collected during the survey and focus groups/ interviews. The focus groups will be recorded and the audio will be transcribed without using your name or any other identifying information. For the duration of the study, your contact information will be stored on a secure server and will be deleted immediately after the study has been completed.

ARE THERE ANY BENEFITS TO ME?
There are no direct benefits to you or your child from your participation in this study. After the study is completed, the subsequent recommendations for improving collaboration between problem solving teams and minoritized families will be shared with all participating schools. This may have some indirect benefits for participants and their children during subsequent interactions with the school problem solving team.

WILL I BE COMPENSATED FOR MY PARTICIPATION?
After participating in the 90-minute focus group or individual interview, you will be compensated with a $30 Walmart, Target, or Amazon gift card (you will select which you prefer on the demographic form), which will be delivered via email. The gift card will only be issued if you remain for the entire focus group or interview.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?
Confidentiality will be safeguarded by keeping data secure via encryption of all materials in which survey information and focus group/ interview recordings will be stored (e.g. Qualtrics, documents, audio files, cloud drives) and by using a coding system for participants (i.e. no names will be used to refer to participants). If you participate in this study, we may quote you directly but will not use your name or any other identifying information in the write-up of our results. After the completion of the study, deidentified data (data without a link to your name) will be retained for future research. Confidentiality may be broken if the research team suspects/

learns about child abuse or neglect or if a participant indicates they intend to harm themselves or others.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?
You may ask any questions about the research at any time. If you have questions, concerns, or complaints, or think that participating in the research has hurt you, talk to the research team or contact the student researcher, Katherine Lawlor, MS at klawlor@wisc.edu or contact the Principal Investigator, Jennifer Asmus, PhD at 608-262-3027 or asmus@wisc.edu.

If you have any questions about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. Staff will work with you to address concerns about research participation and assist in resolving problems.

Your participation is completely voluntary. If you decide not to participate or to withdraw from the study, you may do so at any time.

Thank you for reviewing this information!

By Choosing Yes, you are indicating that you have read this form, understand any potential risks and benefits, and agree to participate in this study.

Name: _____   School: _____

❑ YES, I agree to participate in the study (including a questionnaire and focus group or individual interview).

❑ NO, I do not wish to participate in the study.

What are the best ways to reach you when we finalize the meeting time and location?
❑Home phone: _____
❑Cell phone: _____
❑E-mail: _____
❑Other: _____

Tentative Focus Group Dates, Times, and Locations:

Check if tentatively available	Date	Time	Location
❑			
❑			
❑			

Appendix F

Demographic Form/ Pre-Screening Questionnaire

Instructions:
Thank you for your interest in participating in our study. The following questionnaire will take about 15-20 minutes to complete. This survey includes both multiple choice and free-response questions so be sure that you have access to a keyboard when completing. If you have challenges accessing this digital form, please contact the study coordinator at klawlor@wisc.edu to have a paper version mailed along with a pre-addressed return envelope.

Introduction
Problem Solving Teams are school teams that support children with behavior challenges by gathering information about a student's difficulties, identifying interventions and supports to address challenges, and tracking how the student responds to these strategies. Problem solving teams typically include a variety of different school staff such as the school psychologist, counselor, social worker, occupational therapist, nurse, speech language pathologist, behavior interventionist, and a teacher. It is important to note that problem solving teams support students in the general education setting, not students who have been referred to special education (who work with an IEP team). Depending on the school district, problem solving teams can go by several different names including (but not limited to) the child study team, student success team, behavior team, and/or RTI team.

You have been contacted to participate in the study because your child, or child under your care was served by their school's problem-solving team within the last three years. You are eligible to participate in this study because your student's school has indicated that your child was referred to a problem-solving team at his/her/their school over the past 3 years. Through this study we hope to learn more about your experiences during this problem-solving team process in order to improve the ways that school teams collaborate with families from minoritized backgrounds.

Please select one:
- I am familiar with Problem-Solving Teams and recall when my child was referred.
- I am unfamiliar with Problem-Solving Teams and do not recall when my child was referred.
- I am unsure what a Problem-Solving Teams is and don't recall that my child has ever been referred.

Section 1 – Participation in focus groups

In order to gain further insight into the experiences that caregivers have with school problem solving teams, this study will include online focus groups via Zoom for those who qualify (belonging to a minoritized group, being an English speaker). If there are not enough people to conduct focus groups, individual interviews will be offered instead. These focus groups/ interviews will last about 90 minutes and will provide a space to further discuss your experiences with the problem-solving team at your child's school. Some of the topics will include describing

what was helpful/ unhelpful in the process, how the school's approach made you feel, recognition of your cultural values and beliefs, and how schools can better engage families as partners in the future. Participants will be compensated for their time with a $30 gift card (you can select from Walmart, Target, or Amazon). After giving consent, you will be directed to an online form to provide your contact information and your contact preferences. Interested participants will be-contact via email and phone to review the details of the study and answer questions and to schedule online focus group/ interview appointments.

If you have any questions, please contact Katherine Lawlor at klawlor@wisc.edu. Thank you for your participation!

1. Are you willing to participate in a focus group (lasting approximately 90 minutes)?
    o Yes
    o No

2. If a sufficient number of caregivers can't be recruited to conduct focus groups, are you willing to participate in an individual interview instead (lasting approximately 90 minutes)?
    o Yes
    o No

3. Please provide the following contact information for scheduling:
    o First name
    o Last name
    o Phone
    o Email

4. What is the best way to contact you for scheduling?
    o Phone
    o Email
    o Text Message
    o Additional Contact notes: (field to enter additional contact instructions)

5. In general, when are you most available to participate in a virtual meeting?
    o Weekday Mornings (8am-11am)
    o Weekday Afternoons (12pm-4pm)
    o Weekday Evenings (5pm-9pm)
    o Weekend mornings (8am-11am)
    o Weekend Afternoons (12pm-4pm)
    o Weekend Evenings (5pm-9pm)

6. Do you have access to technology that will allow you to participate in a virtual focus group or interview (smart phone with Zoom app, computer, or phone)?
    o I am able to access Zoom on my current technology
    o I need to be connected with additional technology in order to participate
    o I need more support to determine if I have the appropriate technology

7. Which type of $30 gift card would you prefer to attending the entire focus group?
   o Amazon
   o Target
   o Walmart

Section 2 – Basic Demographic Information
First, we would like to get some more information about you and your interactions with the school problem solving team. The purpose of collecting this information is to inform us about our sample and to ensure that we place you in a focus group with other folks who have similar experiences to discuss.

1. What is your Date of Birth? _____

2. How would you describe your gender?
   o Man
   o Trans Man
   o Woman
   o Trans Woman
   o Genderqueer/nonbinary
   o Not Listed:
   o Prefer not to reply

3. How would you describe your Race [select all that apply]:
   o White or European
   o Black or African American
   o American Indian or Alaskan Native
   o Native Hawaiian or Pacific Islander
   o Asian American
   o Other:_____

4. How would you describe your ethnicity?
   o Hispanic, Latino(a), Latinx, Latine
   o Not Hispanic, Latino(a), Latinx, Latine

5. How would you describe your child's Race [select all that apply]:
   o White or European
   o Black or African American
   o American Indian or Alaskan Native
   o Native Hawaiian or Pacific Islander
   o Asian American
   o Other:_____

6. How would you describe your child's ethnicity?
   o Hispanic, Latino(a), Latinx, Latine
   o Not Hispanic, Latino(a), Latinx, Latine

7. Is there another language besides English that is your primary language?
     o   Yes
     o   No

8. If you answered "Yes" to #5, please rate your ability to speak and understand English:
     o   0 - Barely to not at all
     o   1 - Know a few common words
     o   2 - Able to carry on a conversation about everyday things, but need to search for certain words
     o   3 - Able to converse easily about everyday things
     o   4 - Proficient at conversing, speaking and understanding complex subjects (e.g. work, school)

9. What is your highest level of education?
     o   Some high school
     o   High school diploma or equivalent (GED)
     o   Trade/technical/vocational training
     o   Some college or university
     o   Bachelor's degree
     o   Some graduate education
     o   Completed Graduate degree (e.g. master's or doctorate)

10. If you have completed an advanced degree, what is your degree in?
     _____

11. Please describe your current occupation: _____

Section 3 – Relationship with Student

Next, we would like to gather more information about your role as a primary caregiver for an elementary-aged student. For the purpose of the study primary caregivers refers to any adult who is responsible for taking care of a child that is under the age of 18.

8. Select the category that best describes your relationship with this student
     o   Biological Parent
     o   Stepparent or Adoptive Parent
     o   Grandparent
     o   Aunt/Uncle
     o   Sibling/ step-sibling
     o   Cousin
     o   Foster Guardian
     o   Other (Please Describe: _____)

9. Which best describes your household?
   o Single parent household
   o Dual parent household

10. How many children (total) are present in your household? _____

11. What School district was the student enrolled in when they were referred to the Problem-Solving Team?
   o District A
   o District B
   o District C
   o District D
   o District E

12. What School did the student attend when they were referred to the Problem-Solving Team? (within Qualtrics, arrange hierarchy to display list of schools from the selected districts)
   o School 1
   o School 2
   o School 3

13. What grade was the student in when they were referred to the Problem-Solving Team?
   o KG
   o 1st
   o 2nd
   o 3rd
   o 4th
   o 5th

14. During which of the following school years did your interaction with the Problem-Solving Team take place (select all that apply).
   o 2022-2023 (current)
   o 2021-2022 (Last year)
   o 2020-2021 (Two years ago)
   o 2019-2020 (Three years ago)
   o Unsure

15. Which of the following descriptions best describes your child's current placement?
   o General education setting (no formal supports/accommodations)
   o General education with 504 plan
   o Special Education (IEP plan)
   o Alternative school placement

16. Is your child currently receiving specialized services in school (e.g., has an IEP, 504 Plan, behavior intervention plan)?
- o   Yes IEP
- o   Yes 504
- o   Yes Behavior Intervention Plan
- o   Yes Other and describe
- o   No specialized services

17. If your child does have an identified IEP or 504 are they identified with one or more of the following diagnoses (select all that apply)
- o   Autism
- o   Blind and Visually Impaired
- o   Deaf and Hard of Hearing
- o   Deafblind
- o   Emotional Behavioral Disability
- o   Intellectual Disability
- o   Orthopedic Impairment
- o   Other Health Impairment
- o   Significant Developmental Delay
- o   Specific Learning Disabilities
- o   Speech and Language
- o   Traumatic Brain Injury

Section 4 – Interaction with Problem-Solving Team

Next we want to gather more information about how you have interacted with the school Problem-Solving Team. For all questions, even if you are currently working with the school Problem-Solving Team, please describe the interactions you have had so far, not ones you hope to or anticipate having in the future.

18. How were you initially contacted/ informed when your child was referred to the Problem-Solving team?
- o   Phone Call from Problem-Solving Team member
- o   Letter sent in mail
- o   Email / other electronic message
- o   Information sent home with student
- o   Other: _____
- o   I did not recall receiving any information/ I was not informed about the referral

19. Who was your main point of contact within the Problem-Solving Team during their work with your child?
- o   Classroom Teacher
- o   Special Education Teacher
- o   School Counselor
- o   School Psychologist
- o   Principal, Vice-Principal or another Administrator

o   Other: _____ (please describe)
o   I did not recall having any main point of contact within the Problem-Solving Team

20. How did you communicate with the Problem-Solving Team during their work with your child? (Select all that apply)
  o   Team meetings (in-person or virtual)
  o   Phone/ teleconference calls (e.g. zoom, facetime)
  o   Information delivered by student (e.g. notes sent home with child)
  o   Letters sent in mail
  o   Text messages
  o   Other: _____
  o   I do not recall/there was no communication between myself and the Problem-Solving Team

21. How would you describe your engagement with the Problem-Solving Team?
  o   I participated in PST decision-making and/or planning
  o   I was in communication with the team but was minimally involved in any planning or decision-making
  o   I was presented with the opportunity to participate in PST activities but was unable or chose not
  o   I was not presented with the opportunity to participate in any PST activities
  o   I do not recall

22. Check all the activities that you engaged in while your child was being served by the Problem-Solving Team (select all that apply)
  o   I Attended (in person or virtually) a meeting with the Problem-Solving Team
  o   I met individually (in person or virtually) with a member of the Problem-Solving Team (Teacher, administrator, counselor, psychologist, or other student support staff)
  o   I collected data for the Problem-Solving Team (e.g. filled out questionnaires, observed student, documented behaviors)
  o   I worked with the PST to create a plan for supporting/ addressing the referral concerns
  o   I implemented aspects of the behavior support plan at home and/or at school
  o   I discussed the effectiveness of the behavior support plan with the problem-solving team (during meeting, by phone, in writing, etc.)
  o   I communicated with the PST about the effects of the behavior support plan (e.g. did it work or not)
  o   I communicated briefly with member(s) of PST by phone or in writing but was not involved in creating and/or implementing the behavior support plan.
  o   I had little to no interaction with the Problem-Solving Team while they were serving my child.
  o   I did not engage in any of these activities

23. Why was your child referred to the Problem-Solving Team? [select all that apply]
- o Academic difficulties (learning challenges and/or difficulty accessing instruction)
- o Behavioral difficulties (challenges adhering to behavior expectations)
- o Social-Emotional challenges (difficulty regulating emotions, trouble in relationships with peers or school staff)
- o I am unaware why my child/student was referred to the problem-solving team

24. Please provide a brief description of the concern(s) : _____

Section 5 – Other Interactions with the School
The following questions will address any other interactions you've had with your child's school outside of the Problem-Solving Team.

25. Do you have any other students who have attended or currently attend this school?
- o Yes
- o No

26. How many of your other children have attended or currently attend this school? _____

27. Have any of your other children receive additional behavior support through the school?
- o Yes
- o No

28. Overall, how would you rate your relationship with this school?
- o Very Poor (1)
- o Poor (2)
- o Fair (3)
- o Good (4)
- o Excellent (5)

29. Overall, how satisfied are you with the support your child's school has provided your family?
- o Not at all satisfied (1)
- o Somewhat satisfied (2)
- o Moderately Satisfied (3)
- o Very satisfied (4)
- o Completely Satisfied (5)

30. Overall, to what extent did the PST consider your cultural beliefs and ideas as part of the PST process?
- o Not at all (1)
- o Very little (2)
- o Moderately (3)
- o Considerably (4)
- o A great deal (5)

Appendix G

Engaged Caregivers
Interview Protocol

Time of Interview: approx. 90 minutes
Date:
Facilitator:
Participant ID:

Initial Activities
1. Facilitator welcomes participant and reviews elements of informed consent form
2. Informed consent form signed and collected if not completed already
3. Facilitator begins zoom recording and backup recording device

Introductions/ Overview of Expectations [5 minutes]
1. Facilitator provides an overview of confidentiality:
   a. What we talk about will remain between us
   b. Participants will minimize likelihood of others overhearing by joining from private space, closing doors, or wearing headphones if necessary.
   c. Recordings of interviews will be di-identified by researchers to protect identity. This will include information such as your name, location, district, the name of your child's school, and the names of specific staff members.
   d. Limitations of confidentiality: harm to self, others, abuse/neglect, or court order.

2. Facilitator gives overview of zoom expectations
   a. Participant keeps camera on throughout session to simulate in-person interview.
   b. Cameras may be turned off if video interferes with quality of internet connection.
   c. Participants will only receive a $30 gift card if they participate in the full interview. If participants lose connection, facilitators will reach out immediately to re-connect.

Introductory Questions [5 minutes]
1. Facilitator starts introductions:
   a. *My name is Katie Lawlor and I am a doctoral student in school psychology. I identify as a biracial woman with black and white heritage. I was motivated to pursue this research after working in schools and observing that families from minoritized backgrounds were often not given opportunities to meaningfully engage in their child's education. I also reflected on my own mother's challenges and successes advocating for her children in the education system as a woman of color. Through this study I hope to document the voices of minoritized families and better understand their experiences interacting with school teams. Your insights will help guide recommendations for school teams to promote more equitable collaboration between minoritized families and schools.*

2. Please share a little bit about yourself:
   a. name

b. Age/ grade level of your children
c. Any aspects of your identity and/or your child's that inform your perspective (e.g. race, gender, culture, occupation)

Purpose of the Interview [1 minute]
The purpose this meeting is to discuss your experiences and perceptions of the Problem-Solving Team at your child's school. PSTs are groups of school personnel who work as a team to identify challenges that students are having at school and to think of potential supports or interventions to address these problems. PSTs generally include teachers, counselors, school psychologists, administrators, and other specialists. The problem-solving team focuses on students in general education experiencing behavioral or social emotional challenges. Some tasks that these teams carry out are collecting and reviewing behavior data, implementing behavior support plans, and evaluating the effectiveness of behavior interventions. PSTs go by different names such as the child study team, school behavior team, or the student intervention team. You were provided with information about this study because your child was served by a PST within the last 3 years.

[pause to check for understanding & questions]

PSTs often engage family members as an important part of the problem-solving process. (by asking their opinions, working with them to identify potential solutions or interventions, and engaging them in using interventions at home). The purpose of this study is to gain a better understanding of how families of minoritized students experience work with PSTs.

RQ1: General Experiences and Role in Problem-Solving [5 minutes]
Take a few moments to think about one or two specific interactions you had with the PST. Interactions can vary from attending PST meetings to engaging in calls with a PST member.

1. Tell me about your experience working with the PST. How would you describe your role in the process? [probe for specific activities, responsibilities and actions taken during problem-solving process]

2. In your experiences with the PST, in what ways has your family's racial/ ethnic/ cultural background been acknowledged by staff? [probe for examples]

3. To what extent do you feel PST staff considered your background/ culture in identifying ways to support your child?

4. How do you think your race, ethnicity, and/or culture impacted your experience with the PST? What about your child's race, ethnicity and/or culture? How so? [probe for examples]

RQ4: Indicators of Family Engagement [15 minutes]
When schools and families collaborate (or work together to support students), family members have opportunities to participate in meaningful decision-making and planning related to their child's education and have some influence within their child's school system.

5. During your work with the PST, how involved did you feel in problem-solving and decision-making related to your child?
6. In what ways did you feel like a meaningful partner in supporting your child during the problem-solving process? [probe for examples and non-examples of collaboration]

RQ2: Barriers and Facilitators to Collaboration [15 minutes]

7. What factors made it challenging to work together with the PST as partners?

8. What factors made it easier to work together with the PST as partners?

9. How do you think your race/ ethnicity/cultural background influenced the process (positively or negatively)? Your child's race/ ethnicity/ cultural background?

RQ3: Successful and Unsuccessful Practices [15 minutes]

10. How did the PST staff encouraged or discourage your engagement in the problem-solving process? [probe for specific examples]

11. Is there anything you wished was different about your experience with the PST? [probe for specific wish list items and elaboration]

12. In future work, what are some specific things that school staff on the PST can do to better engage caregivers from minoritized groups as partners in the problem-solving process?

Final Thoughts [5 minutes]

1. Is there anything else you would like to share about your experience working with Problem-Solving Teams at your child's school?

Closing Activities [5 minutes]

2. Facilitator thanks participant for their time.
3. Facilitator states that selected type of gift card will be emailed following the interview. *Please let the facilitator know if your preference has changed.*
4. Facilitator asks participant for any questions.
5. Facilitator responds to any questions.
6. Facilitator reminds participant of how to contact individuals if questions arise after the session.
7. Stop zoom recording and backup audio recording.

Appendix H

Unengaged Caregivers
Individual Interview Protocol

Time of Focus Group: approx. 90 minutes
Date:
Facilitator:
Participant ID:

Initial Activities
1. Facilitator welcomes participant and reviews elements of informed consent form
2. Informed consent form signed and collected if not completed already
3. Facilitator begins zoom recording and backup recording device

Introductions/ Overview of Expectations [5 minutes]
1. Facilitator provides an overview of confidentiality:
    a. What we talk about will remain between us
    b. Participants will minimize likelihood of others overhearing by joining from private space, closing doors, or wearing headphones if necessary.
    c. Recordings of interviews will be di-identified by researchers to protect identity. This will include information such as your name, location, district, the name of your child's school, and the names of specific staff members.
    d. Limitations of confidentiality: harm to self, others, abuse/neglect, or court order.

2. Facilitator gives overview of zoom expectations
    a. Participant keeps camera on throughout session to simulate in-person interview.
    b. Cameras may be turned off if video interferes with quality of internet connection.
    c. Participants will only receive a $30 gift card if they participate in the full interview. If participants lose connection, facilitators will reach out immediately to re-connect.

Introductory Questions [5 minutes]
1. Facilitator starts introductions:
    a. *My name is Katie Lawlor and I am a doctoral student in school psychology. I identify as a biracial woman with black and white heritage and I do not have any children of my own. I was motivated to pursue this after working in schools and observing that families from minoritized backgrounds were often not given opportunities to meaningfully engage in their child's education. I also reflected on my own mother's challenges and successes advocating for her children in the education system as a woman of color. Through this study I hope to document the voices of minoritized families and better understand their experiences interacting with school teams. Your insights will help guide recommendations for school teams to improve their practices to promote more equitable collaboration with minoritized families in schools.*

2. Please share a little bit about yourself:
    a. name
    b. Age/ grade level of your children

    c.   Any aspects of your identity that inform your perspective (e.g. race, gender, culture, occupation)

Purpose of the Individual Interview

The purpose this meeting is to discuss your experiences and perceptions of the Problem-Solving Team at your child's school. PSTs are groups of school personnel who work as a team to identify challenges that students are having at school and to think of potential supports or interventions to address these problems. PSTs generally include teachers, counselors, school psychologists, administrators, and other specialists. The problem-solving team focuses on students in general education experiencing behavioral or social emotional challenges. Some tasks that these teams carry out are collecting and reviewing behavior data, implementing behavior support plans, and evaluating the effectiveness of behavior interventions. PSTs go by different names such as the child study team, school behavior team, or the student intervention team. You were provided with information about this study because your child was served by a PST within the last 3 years.

[pause to check for understanding & questions]

Best practices suggest that PSTs should include students' family members as part of the problem-solving process (by asking their opinions, working with them to identify potential solutions or interventions, and engaging them in using interventions at home). Unfortunately, this often does not happen in practice. In our questionnaire, you indicated that you had minimal interaction with the PST while they were supporting your child. The purpose of this study is to gain a better understanding of your experiences and to identify strategies for increasing collaboration between minoritized families and PSTs.

RQ1: General Experiences and Role in Problem-Solving [20 minutes]

1. How familiar do you feel with the PST at your child's school? What can you recall about when your child was served by the PST? Tell me your experience working with the PST at your child's school.

2. Why do you think you had minimal interaction with the team? What stopped you from being more engaged in the work of the PST? [probe for examples]

3. How well did your experience with the problem-solving team align with your hopes for the process? How would you have liked your involvement in the problem-solving process to look different?

4. To what extent do you think your race, ethnicity, and/or culture influenced your interaction or engagement with the PST or other school staff? How so? [probe for examples]

RQ4: Indicators of Family Engagement [15 minutes]

When schools and families collaborate, family members have opportunities to participate in meaningful decision-making and planning related to their child's education and have some influence within their child's school system.

5. What do you think of this idea? Do you think families and school can work together as partners in supporting students? Why or why not?

6. In what ways does your child's school make you feel like a partner in problem-solving? In what ways does your child's school make you feel like less than an equal partner in problem-solving?

RQ2: Barriers and Facilitators to Collaboration [15 minutes]
When schools and families collaborate, families have opportunities to participate in meaningful decision-making and planning related to their child's education.

7. What factors made it challenging to work with the PST as partners? [probe for specific examples and elaboration]

8. To what extent do you think your race/ ethnicity/cultural background influenced the process positively or negatively?

RQ3: Successful and Unsuccessful Practices [15 minutes]
9. How did the PST staff encourage or discourage your engagement in the problem-solving process? [probe for specific examples]

10. What are some ways that you wish your experience with the PST was different? [probe for specific wish list items and elaboration]

11. In future work, what are some specific things that the school staff on PST can do to better engage caregivers as partners in the problem-solving process?

Final Thoughts [5 minutes*]*
1. Is there anything else you would like to share about your experience working with Problem-Solving Teams at your child's school?

Closing Activities [5 minutes]
1. Facilitator thanks participant for their time.
2. Indicates that selected type of gift card will be sent following Interview. *Please let me know if your preference has changed.*
3. Facilitator asks participant for questions.
4. Facilitator responds to any questions.
5. Facilitator reminds participant of how to contact individuals if questions arise after the session.
6. Stop zoom recording and backup audio recording.