Decision-Making by Families and Home Visitors During Early Head Start Home Visits

By

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Submitted to the graduate degree program in Special Education and the Graduate Faculty of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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Date Approved: 6 June 2019

Abstract

Early Head Start policies describe parents as partners in decision-making and require families and home visitors to co-develop child and family goals. Home visitors face a range of challenges when facilitating decisions about goals and other issues, which requires interactional skills to apply institutional resources and policies to individual circumstances. Further, decision-making is embedded in ideological contexts, and societal norms regarding education and families contribute to decisions. Yet, research examining nuances of decision-making is limited, and no identified studies engaged home visitors in reflection on decision-making. Thus, the purpose of this study is twofold: (1) to better understand how interactional, institutional, and ideological factors contribute to decision-making by home visitors and parents during Early Head Start home visits, and (2) to foster home visitor reflection on decision-making. Framed by sociocultural and discourse theory, this study implemented a component mixed methods design to investigate how four home visitors and 12 families made decisions about child and family needs, and how home visitors reflected on decision-making discourse. Data sources included audio-video recordings of home visits, home visit paperwork, and interviews with home visitors and parents. Decision-making discourse was investigated through qualitative (i.e., discourse analysis) and quantitative analysis (i.e., utterance count descriptive statistics) of home visit transcripts, and qualitative analysis of home visit paperwork and interview transcripts. Home visitors and the researcher co-analyzed audio-video recordings of home visit discourse; home visitor reflection was investigated through qualitative analysis of interview transcripts. Identified decision-making sequences (n = 215) addressed future actions regarding children, families, and Early Head Start events, and variations in decision-making structures were found across these decision types. In addition, variations were identified when decisions were institutional (i.e., linked to program

requirements and paperwork) or emergent (i.e., linked to current or past observations). Despite such variations, the typical decision-making trajectory was as follows: (1) home visitor initiates assessment, (2) home visitor and parent assess progress or needs, (3) home visitor or parent introduces decision point, (4) parent accepts, resists, or reports decision, and (5) home visitor concludes decision-making sequence. Regardless of decision content or whether parents or home visitors initiated decision-making, the predominant pattern was for parents and home visitors to discuss a single strategy, rather than address multiple options. Thus, parent participation in decision-making was primarily characterized by accepting, resisting, or reporting decisions. In addition, decision-making tended to involve identification of a strategy rather than individualization of a strategy to specific child or family needs. As such, parents and home visitors did not typically exchange their unique knowledge to reach mutual decisions. In collaboration with the researcher, home visitors explored features of decision-making discourse, including features of words spoken, actions taken through language, and identities constructed through language (Gee, 2014). Implications for research, practice, and policy are discussed. By investigating nuances of what was said by whom, how it was said, and in what context, this study contributes new information regarding details of parent-home visitor decision-making.

Table of Contents

Chapter 1: Background 1

Evolving Ideological Approaches to Family Partnerships 2

Defining Decision-Making 7

Conceptual Framework: Situating Decision-Making 10

Significance: Why Investigate Decision-Making? 13

Conclusion 14

Chapter 2: Literature Review 16

Language Use and EC/ECSE Family Partnerships 16

Emphasis on Communication Skills and Content 16

Emphasis on Social Construction and Consequences 18

Summary and Research Implications 21

Language Use During EC/ECSE Home Visits 22

Summary and Research Implications 26

Decision-Making During EC/ECSE Home Visits 27

Practices Relevant to Decision-Making 27

Perceptions of Decision-Making 30

Summary and Research Implications 30

Facilitating Home Visitor Reflection on Discourse 32

Using Video to Facilitate Educator Reflection 32

Using Video to Facilitate Educator Reflection on Language Use 34

Summary and Research Implications 35

Conclusions 36

Chapter 3: Methodology 38
Theoretical and Conceptual Framing 38
Theoretical Orientation 39
Project Overview 44
Mixed Methods Design: A Rationale 44
Pilot Study 46
Study Procedures 48
Sites and Participants 48
Home visitor participant selection. 53
Parent participant selection. 58
Setting 62
Role of the Researcher 65
Data Collection and Component Analysis 66
Audio-video recordings of home visits. 67
Iterative Integrative Analysis 73
Trustworthiness 74
Visual Representations 74
Memoing 74
Triangulation 75
Disconfirming Evidence 75
Peer Debriefing 75
Ongoing Member Checking 76
Conclusion 76

Chapter 4: Results 77
Decision-Making Structures 77
Contextualizing Decision-Making 77
Identified decision types. 80
Identified Decision-Making Structures 83
Child-focused decisions. 83
Logistical decisions 111
Summary 116
Parent Participation in Decision Making 116
Saying: Amount of Talk and Participation Structures 117
Frequently used phrases and utterances. 120
Participation structures. 123
Doing: Initiating Assessment and Introducing Decision Points 124
Being: Parents as Competent, Knowledgeable Caregivers 133
Initiating assessment. 133
Summary 145
Institutional and Ideological Contributions to Decision-Making 146
Dominance of Institutional Priorities 146
Curricula and limited choices. 148
Importance of Self-Reliance: Ideological Assumptions about Poverty 154
Summary 162
Home Visitors' Reflection on Discourse 163
Exploring Discourse 163

"There's Always Room for Improvement" 167
Summary 170
Conclusion 170
Chapter 5: Discussion 174
Findings Summary 174
Home Visit Decision-Making Structures 175
Decision-Making Trajectory 176
Opening the "Black Box" of Home Visits 177
Parent Participation in Decision-Making 179
Amount of Talk and Communication Behaviors 179
Unilateral Decision-Making by Home Visitors and Parents 181
Constructing Identities through Language 182
Institutional and Ideological Contributions to Decision-Making 184
Dominance of Institutional Priorities 185
Discourse of Self-Reliance 188
Home Visitors' Reflection on Decision-Making Discourse 189
Limitations and Implications for Future Research 192
Implications for Practice 197
Implications for Policy 199
Conclusion 201
References 203
Appendix A: Conceptual Framework 227
Appendix B: Research Plan Overview 230

Appendix C: Informational Letter for Program Directors 231

Appendix D: Informational Letter and Informed Consent for Home Visitors 232

Appendix E: Home Visitor Demographic Form 237

Appendix F: Informational Letter and Informed Consent for Parents 238

Appendix G: Family Demographic Form 243

Appendix H: Mixed Methods Overview 244

Appendix I: Transcription Framework 244

Appendix J: Sample Completed Paperwork 246

Appendix K: Parent Interview Guide 248

Appendix L: Home Visitor Interview Guide 250

List of Figures

Figure 1: Overall structure of home visits 78

Figure 2: Structure for institutional child-focused decisions 84

Figure 3: Structure for emergent child-focused decisions 92

Figure 4: Structure for institutional family-focused decisions 100

Figure 5: Structure for emergent family-focused decisions 105

Figure 6: Structure of logistical decisions 113

Figure 7: Section of Program A paperwork regarding Referrals and Services 156

List of Tables

Table 1: Participants Overview 49

Table 2: Percentages of Enrolled Families Receiving Specific EHS Family Services 51

Table 3: Family and Child Characteristics as a Percentage of Program Enrollment 52

Table 4: Home Visitor Participant Demographics 54

Table 5: Family and Parent Demographics 60

Table 6: Child Demographics 61

Table 7: Primary and Secondary Sources by Research Question 66

Table 8: Transcription Conventions 68

Table 9: Identified Decisions by Type across Home Visits 82

Table 10: Summary of Identified Decisions by Type and Home Visitor 82

Table 11: Percentages of Utterances by Participants During Home Visit Decision-Making Sequences 119

Table 12: Most Frequent Utterances by Home Visit Participant 121

Chapter 1: Background

Family-early educator partnerships are foundational to early childhood (EC) and early childhood special education (ECSE), and collaborative decision-making regarding child and family need is recognized as a critical component of these partnerships (Division for Early Childhood [DEC], 2014; National Association for the Education of Young Children [NAEYC], 2017). In EC/ECSE, decision-making is a complex exchange of family and early educator knowledge to further team efforts on behalf of the child and family (DEC, 2014; NAEYC, 2017). EC/ECSE decision-making therefore involves communication skills such as questioning and listening (e.g., Friend & Cook, 2013; Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2015). Further, institutional resources and policies related to family interactions (e.g., paperwork requirements, program models) shape decision-making (Ruppar & Gaffney, 2011; Wallerstein & Duran, 2010). Moreover, decision-making is embedded in sociocultural context (Ruppar & Gaffney, 2011; Wallerstein & Duran, 2010), and social norms regarding families and education (i.e., ideologies) also play a role in decisions.

Thus, educators in EC/ECSE (i.e., early educators) face a range of challenges when facilitating decision-making, and many struggle with actively engaging families in making decisions (Dunst, Trivette, & Hamby, 2007; Dunst & Trivette, 2009a). For children with and without disabilities from birth to 3-years-old and their families, many early educators provide educational services through home visits; this model of service delivery particularly centers on family engagement (e.g., Keilty & Kosaraju, 2018; Peterson et al., 2018). As such, decision-making by families and home visitors merits particular consideration. This study aimed to better understand how home visitors and families engaged in decision-making about child and family needs during home visits, and to investigate how interactional, institutional, and ideological

factors contributed to decision-making. In this chapter, I present background to contextualize the current study. To this end, I first summarize evolving ideological approaches to family partnerships. I then define decision-making, and describe my conceptual framework. I conclude by addressing the significance of decision-making.

Evolving Ideological Approaches to Family Partnerships

Ideologies are taken-for-granted assumptions regarding normalcy and appropriate thoughts and behaviors that shape individual worldviews and social norms (Annamma, Boelé, Moore, & Klingner, 2013; Gee, 2007). Following Gee (2007), ideologies include embedded beliefs about who should and should not receive social goods such as status and worth. As such, ideologies have implications for family partnerships and decision-making. Ferguson (2002) and Turnbull et al. (2015) described shifting perspectives on families of individuals with disabilities, drawing on more than 100 years of special education research regarding families. Similarly, Baquedano-López, Alexander, and Hernandez (2013) critically examined the history of U.S. educational policies regarding families. It is important to note that over time, understanding of what family entails has shifted: Rather than centering on biological relationships, contemporary conceptions of family focus on function (i.e., carrying out typical functions of a family; Turnbull et al., 2015). Thus, families may include “chosen” members as well as individuals related by blood or marriage (Haines et al., 2017; Turnbull et al., 2015). Similarly, parents may not be biological, and can include step-, adoptive, or foster parents, as well as others acting as primary caregivers (Turnbull et al., 2015).

The notion of family-educator partnerships involves consideration of families and professionals in relation to one another. Thus, changing perceptions of family roles in education are interrelated with shifting attitudes regarding family capacities and priorities, as well as

professional expertise, skills, and knowledge. Within these histories, assumptions about families and their participation in their child's education are not neutral, and do not hold all families in equal regard (Fennimore, 2017; Fine, 1993). Views of family participation typically normalize White, middle-class values; further, policies tend to disregard complex family structures and ways in which structural inequities contribute to outcomes for children and families (Baquedano-López et al., 2013; Fennimore, 2017). Because of these embedded dominant cultural values, family policies simultaneously further disadvantage parents whose experiences do not align with expected norms while providing advantages for those who do, thereby contributing to further marginalization of families from culturally, linguistically, and socioeconomically minoritized[1] backgrounds (Baquedano-López et al., 2013; Fennimore, 2017).

In the 19th century, parents of color, who were poor, or had disabilities were typically blamed for perceived child deficiencies and positioned as morally unfit to care for their child (Baquedano-López et al., 2013; Ferguson, 2002). In this context, professionals advocated institutionalization of children with disabilities to remove them from the purported negative influence of their parents (Ferguson, 2002; Turnbull et al., 2015). Similarly, policies such as the Civilization Fund Act of 1819 promoted European American, middle-class values through establishment of Native American boarding schools, which also removed children from alleged damaging influence of their families (Baquedano-López et al., 2013). Thus, parents were pressured to cede decision-making to professionals, who were seen as more fit surrogate parents.

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[1] Following McCarty (2002) and Souto-Manning and Rabadi-Raol (2018), rather than terms such as minority, "minoritized" and "marginalized" more accurately represent that individuals of color, individuals who are multilingual, and individuals who are low-income are not in fact global demographic minorities. In addition, minoritized and marginalized aim to recognize the hegemonic power by which European American values are centered as an acultural norm.

Ferguson (2002) argued that from the 1920s to 1980s, parents of children with disabilities were pathologized for their experiences raising a child with a disability, and framed as neurotic, dysfunctional, or suffering. Such attitudes created a context for family-educator relationships where it was expected to position parents as recipients of professional decisions, a common role for parents during this period identified by Turnbull et al. (2015). Embedded within these views was the belief that professional knowledge was more valuable than parent knowledge. Similarly, in the 1960s and 1980s, enhancing the family environment was seen to promote child development. Thus, deficit-based views of families continued via assumptions that homes were insufficient for child development, further reinforcing the need for professional expertise (Baquedano-López et al., 2013). During this time, parents were positioned as resources for accomplishing professionals' aims, and encouraged to implement educators' activities (Lai & Vadeboncoeur, 2012; Turnbull et al., 2015). For families to support educators' vision by implementing their recommendations, parent training was necessitated. This was particularly the case for parents from marginalized backgrounds, who were seen as less capable of teaching their children. The emphasis on parent training was institutionalized in the development of policies and programs such as Head Start (HS), the federally-funded preschool program for families experiencing poverty (Baquedano-López et al., 2013).

Turnbull et al. (2015) also described the role of families as advocates, particularly in establishing special education legislation in the 1970s and 1980s. As a result, parents took on a new role in relationships with professionals through the mandate that they be afforded opportunities to participate in decision-making about their child in what is now known as the Individuals with Disabilities Education Act (IDEA, 2004). During this time, ECSE philosophies shifted from professionally-driven to family-centered models that promoted parents as decision-

makers (Bruder, 2010; Turnbull et al., 2015). Similarly, special education research in the 1980s and 1990s began to frame families as adapting, evolving, and supported (Ferguson, 2002). In addition, other educational researchers critiqued deficit-oriented views of families from marginalized backgrounds: For example, Moll, Amanti, Neff, and González (1992) argued that families in working-class Mexican communities had rich "funds of knowledge" that educators could draw on to enhance relationships with families and instruction for children. Such critiques have continued, and further identified unique knowledge and skills families of color and other marginalized backgrounds bring to interactions with schools (e.g., González, Moll, & Amanti, 2005; Rios-Aguilar, Kiyama, Gravitt, & Moll, 2011; Yosso, 2005).

Available services for very young children and their families also expanded during the 1980s and 1990s. As Bruder (2010) described, in 1986, amendments to IDEA established the opportunity for states to develop service systems for eligible children ages birth to 3-years-old and their families through what is now known as Part C. Part C was designed to enhance family capacity to meet the needs of their child, and as such Part C services are delivered through an individualized family service plan (IFSP), which can address both child and family needs (Bruder, 2010). Home visits can be an aspect of Part C service delivery (Bruder, 2010). In 1994, legislation to reauthorize HS established Early Head Start (EHS), which provided services to pregnant women as well as children from birth to 3-years-old and their families (Office of Head Start, 2019b). EHS services can be provided in center- or home-based models. In a center-based model, children attend classrooms and primarily receive services there; families and classroom teachers also participate in annual home visits (Office of Head Start, 2016). In a home-based model, children and their parents receive services through weekly home visits. According to most recent data, 89.5% of children and families participating in Part C of IDEA, and 36% of

children and families in EHS received services through home visits (Office of Special Education Programs, 2017; Office of Head Start, 2017).

Despite shifts toward more family-centered EC/ECSE philosophy and service delivery models, professionals continued to exert more decision-making power than families, and the most recent IDEA reauthorization imposed more responsibilities on parents, placing them in a position of monitoring educators' work and decisions (Haines et al., 2017; Turnbull, Stowe, & Huerta, 2007). This role is in conflict with longstanding ideologies that promote educators as authorities and experts: Thus, families are placed in a double bind wherein they are expected to be involved, but only in particular ways and to a limited extent (Lai & Vadeboncoeur, 2012; Valle & Aponte, 2002). Further, European American values and beliefs are embedded within IDEA (Kalyanpur & Harry, 2012; Kalyanpur, Harry, & Skrtic, 2000), reflecting power and dominance of European American social groups and perspectives over individuals from marginalized backgrounds. These embedded values create a context wherein early educators can assume that the values represented (i.e., equity, individual rights, freedom of choice) are neutral and universal, and may not appear to not merit further explanation or negotiation.

In the United States, there is growing policy emphasis on family partnerships (Baquedano-López et al., 2013; Evans & Radina, 2014; Fine, 1993; Haines et al., 2017; Turnbull et al., 2015). This change has been evident in shifts in educational policy and research to address family engagement rather than parent involvement (Haines et al., 2017; Baquedano-López et al., 2013). Despite contemporary descriptions of parents as decision-makers and consumers, choices made by parents (e.g., child's enrollment in special education services) are necessarily limited by structural inequalities and power relationships that particularly affect families and children from marginalized backgrounds (Baquedano-López et al., 2013; Fennimore, 2017). To illustrate, the

perspective that parents are their child's first teacher currently dominates educational policies; some researchers have critiqued this view for continuing to impose normative practices on the home (Baquedano-López et al., 2013; Fennimore, 2017). Relatedly, depicting parents as learners, particularly common regarding parents who are immigrants, has been criticized for disregarding parent and community knowledge (Baquedano-López et al., 2013).

Thus, deficit viewpoints lead to educational resources being unequally distributed, resulting in educators continuing to wield most decision-making power (Baquedano-López et al., 2013; Fennimore, 2017). Therefore, although perceptions of parents have shifted, these ideological assumptions continue to privilege professional knowledge and expertise over that of families (Baquedano-López et al., 2013; Fennimore, 2017). In response, some educational researchers have called for models of professionalism more aligned with democratic values, arguing that such models can promote more equitable decision-making and partnerships (e.g., Evans & Radina, 2014; Fine, 1993; Skrtic, 2013; Valle & Aponte, 2002).

Defining Decision-Making

Decision-making is fundamental to EC/ECSE family partnerships. Thus, Dunst and Dempsey (2007) defined partnerships as characterized by mutual decision-making, as well as other features such as trust, respect, and responsibility. In addition, Turnbull et al. (2015) defined partnerships as a relationship wherein educators and families build on one another's expertise in making and carrying out decisions. The notion of collaborative decision-making is also embedded within family-centered practice (Dunst, Boyd, Trivette, & Hamby, 2002; Dempsey & Keen, 2008), the social movement for inclusive education (Waitoller & Kozleski, 2013), special education law (Turnbull et al., 2007), and EC/ECSE best practice recommendations (Buysse, Wesley, Snyder, & Winton, 2006; DEC, 2014; NAEYC 2017).

A defining feature of family-centered models is the view that families are decision-makers (e.g., Dunst et al., 2002; Dunst & Trivette, 2009a). Dunst and colleagues further defined family-centered practices as relational and participatory helpgiving: Relational skills such as empathy and respect promote positive relationships, and participatory skills such as responsiveness and individualizing engage families in achieving goals (Dunst et al., 2007; Dunst & Trivette, 2009a). Active family participation in decision-making is specified as participatory helpgiving (e.g., Dunst & Dempsey, 2007; Dunst & Trivette, 2009a). In addition, equitable, inclusive education redistributes decision-making opportunities to ensure families from marginalized backgrounds can participate (Waitoller & Kozleski, 2013). IDEA's (2004) specification that parents have opportunities to participate in decisions further illustrates how decision-making is embedded within family-educator relationships. Accordingly, EC/ECSE best practice recommendations promote engaging families in decision-making (DEC, 2014; NAEYC, 2017). Similarly, ECSE researchers call for decision-making that incorporates family knowledge, values, and priorities with educator expertise and research evidence (e.g., Buysse et al., 2006; Dunst & Trivette, 2009b; Santos, 2015). Decision-making is thus at the heart of EC/ECSE.

Perhaps because it is frequently embedded in broader concepts such as partnerships or family-centered practices, family-educator decision-making is not often specifically defined. However, EC/ECSE researchers define partnerships in the context of interaction, recognizing that partners (i.e., family members and early educators) engage in mutual actions through language use. For example, definitions of partnerships presume interactions when describing families and educators as building upon one another's expertise (Turnbull et al., 2015) and engaging in back-and-forth communication (Dunst & Dempsey, 2007). Moreover, Mehan, Hertweck, and Meihls (1986) and Rogers (2002, 2003) have demonstrated how educational

decisions were made through discourse (i.e., language in interaction). As such, understandings of decision-making by families and educators can address its interactional nature.

Conceptualizing decision-making as taking place through interaction aligns with investigations in other institutional contexts such as health care (Collins, Drew, Watt, & Entwistle, 2005) social work (Dall & Sarangi, 2018), and business (Halvorsen, 2018; Halvorsen & Sarangi, 2015; Huisman, 2001). In particular, many researchers have defined decision-making as an incremental process that takes place through language in interaction (i.e., discourse) and results in commitment to future action (Dall & Sarangi, 2018; Halvorsen, 2018; Halvorsen & Sarangi, 2015; Huisman, 2001). Future actions may be immediate or ongoing, and commitment to future action may be implicit or explicit (Dall & Sarangi, 2018; Halvorsen, 2018; Halvorsen & Sarangi, 2015; Hitzler & Messmer, 2010). Following Hitzler and Messmer (2010), an explicit decision involves specific discussion of the exact nature of the future action, whereas an implicit decision leaves some aspects of the future action unclear or vague.

As an incremental process, decision-making has been shown to involve several phases: opening, presenting and evaluating need, introducing decision point, addressing options, and concluding (Collins et al., 2005). Collins et al. (2005) detailed each of these phases in the context of doctor-patient decision-making. First, the professional opens the decision-making sequence, establishing foundation to further discuss an area of need. Second, the professional and patient assess areas of need, such as by discussing results of medical testing. Third, the professional introduces the decision point by making the initial reference to a decision. Fourth, the professional and patient discuss one or more options. Finally, the decision-making sequence concludes as the course of action is selected, and discussion proceeds to a new topic.

Another important feature of decision-making by multiple parties is the extent to which decisions are collaboratively developed and representative of all parties' perspectives (i.e., shared) or individually developed and representative of a single perspective (i.e., unilateral; Collins et al., 2005). Collins et al. (2005) further identified features of shared and unilateral decision-making in relation to the decision-making trajectory described above. A primary feature of collaborative decision-making was found to be professionals' open-ended introduction of the decision point (e.g., "What could we do to address this skill?"), thereby leading to discussion of multiple options (Collins et al., 2005). In contrast, in unilateral decision-making, introduction of the decision point may sound like a decision has already been made, and professionals may not present a range of options, instead discussing only one strategy or dictating a particular outcome (Collins et al., 2005). Further, the professional may present the decision point as information, news, or advice, obscuring the opportunity to make a decision (Collins et al., 2005).

During home visits, home visitors and families make decisions such as choosing a strategy to promote child learning (e.g., parent providing more wait time after asking a question to encourage child verbalization). This decision takes place through discourse as the home visitor and family discuss and select a learning strategy. In this case, the strategy is linked to ongoing future action (i.e., strategy implementation). In sum, decision-making is an incremental process that takes place through discourse when home visitors and families engage in implicit or explicit commitments to future action.

Conceptual Framework: Situating Decision-Making

Drawing from Ruppar and Gaffney (2011) and Wallerstein and Duran (2010), this study conceptualizes decision-making as situated within interactional, institutional, and ideological contexts (see Appendix A). As previously discussed, decision-making is an incremental process

that takes place through language use in interaction. Accordingly, features of discourse such as word choice, topic control, turn-taking, overlapping talk, and pauses play a role in decision-making (e.g., Collins et al., 2005; Dall & Sarangi, 2018; Halvorsen, 2018; Halvorsen & Sarangi, 2015; Huisman, 2001). Decision-making by families and home visitors takes place in an institutional context, and as such, program philosophy, requirements, and resources contribute to how decisions are made (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Markström, 2009, 2011; McCloskey, 2016). In addition, norms regarding families and schools (i.e., ideologies) shape decisions through factors such as educational policies that embody dominant values, which can contribute to further marginalization of families and children of color and from low socioeconomic backgrounds (Baquedano-López et al., 2013; Fennimore, 2017).

Language use links interactional, institutional, and ideological contributions to decision-making. Through language use, individuals construct and reflect ideologies at a local level (Clarke, 2007; Fairclough, 2016; Gee, 2007, 2014). Gee (2007, 2014) further outlined this in the relationship between little “d” and big “D” discourse. While little “d” discourse represents a stretch of language in use and aspects of micro-interactions such as word choice and turn-taking, big “D” Discourse represents a set of related social practices that are distinctive ways of using language (saying) and actions (doing) along with other material and symbolic tools to enact membership in a socially situated group or role (being). Discourses involve ideology through taken-for-granted assumptions about “normal” and “correct” ways of saying, doing, being, and related distribution of social goods. For example, the Discourse of parent involvement contains assumptions about appropriate ways for parents to interact with early educators and schools (i.e., in ways that align with and support educator requests). Parents whose language use and actions are seen to align with these assumptions are afforded social goods by schools and educators, such

as status or desired identity of being a good parent, while parents who do not may be positioned as disengaged or difficult (e.g., Lai & Vadeboncoeur, 2012; Valle & Aponte, 2002). Ideologies, and thus both big "D" and little "d" discourse, are bound up with power (Gee, 2007, 2014).

Because ideologies embedded in U.S. educational policies promote and favor European American, middle-class values, families from marginalized backgrounds are particularly vulnerable when these assumptions are presumed neutral (Baquedano-López et al., 2013; Fennimore, 2017). In fact, cultural values play a role in prioritization of educational goals and alignment between decisions and family routines (e.g., Kalyanpur & Harry, 2012). For example, Cheatham and Jimenez-Silva (2012) reported that a mother who was an immigrant from Mexico attempted to advocate for her daughter's transition to kindergarten by highlighting the Mexican cultural value of familism. In contrast, early educators leveraged European American notions of individualism and independence to promote their claim that the child was not yet ready to transition, a decision ultimately accepted by the mother. Relatedly, Hwa-Froelich and Westby (2003) reported conflict between priorities of Southeast Asian families and early educators' goals for preschoolers. While families' goals prioritized interdependence, professionals' goals echoed European American values of independence. Beliefs regarding the universal value of independence allowed early educators to maintain a decision-making context wherein their views were assumed to be shared, and thus these priorities were carried out in planning and teaching. Further, formal and informal procedures regarding interactions (e.g., parent-teacher conference formats and topics) can constrain ways in which parents participate, thereby constructing decision-making power that favors educators over families from marginalized backgrounds, particularly parents with limited experiences with U.S. educational systems (Howard &

Lipinoga, 2010). Thus, decision-making processes typically favor the European American expectations embedded in institutions and law.

Significance: Why Investigate Decision-Making?

As discussed above, decision-making is a foundational part of family-early educator interactions, because it is embedded within philosophical and legal conceptions of family partnerships. Accordingly, in addition to opportunities for parent participation in decision-making being mandated by IDEA (2004), DEC (2014) and NAEYC (2017) call for early educators to engage in shared decision-making with families. Further, empirical evidence indicates several beneficial outcomes when engaging families in collaborative decision-making.

First, there are benefits at the family-early educator team and child level to incorporating family knowledge and priorities into decision-making. Researchers have found that when parents were actively engaged in decisions about interventions for their child, children's needs were more accurately identified, interventions were consistently implemented across settings, and selected interventions were better aligned with children's needs (Etscheidt & Knesting, 2007; Hunt, Soto, Maier, Liboiron, & Bae, 2004; McNamara, Telzrow, & DeLamatre, 1999). Second, how early educators interact with families is related to a range of positive parent, family, and child outcomes. For example, Trivette, Dunst, and Hamby (2010) investigated outcomes of interventions that included engaging parents in decision-making on parent-child interactions and child development. They found that practices associated with relational and participatory helpgiving had direct effects on family self-efficacy and well-being, and indirect effects on parent-child interactions and child development. Further, a significant body of research indicates that participatory helpgiving plays a role above and beyond relational practices with regard to certain outcomes (Dunst et al., 2002; Dempsey & Keen, 2008; Dunst et al., 2007). To illustrate,

in a meta-analysis of 47 studies including more than 11,000 participants, Dunst et al. (2007) found that participatory practices had greater effect sizes than relational ones on measures of self-efficacy, program satisfaction, child behavior, family well-being, and parenting behavior. Thus, Dunst et al. (2007) called for increased participatory practices such as decision-making.

Despite multifaceted rationale for family participation in decision-making, participatory practices are implemented less often than relational ones (e.g., Dunst, 2002; Dunst & Trivette, 2005; Dunst & Dempsey, 2007). Thus, it is likely unsurprising that a growing body of research indicates early educators tend to make decisions *for* rather than *with* families, particularly those from marginalized backgrounds (e.g., Bacon & Causton-Theoharis, 2013; Canary & Cantú, 2012; Cheatham & Ostrosky, 2011, 2013). When decisions about a child's education do not reflect family knowledge, values, and priorities, inequitable service provision, ineffective family-educator teams, and poor interpersonal relationships can ensue (e.g., Lea, 2006; Rao, 2000). This can result in negative outcomes for families and children, and contradicts special education law, EC/ECSE philosophy, and democratic values.

Conclusion

EHS home visits are required by federal standards, and serve as the institutionalized venue where families and home visitors carry out educational decision-making (Office of Head Start, 2011). However, a gap persists between recommendations and equitable family participation in EC/ECSE decision-making (e.g., Bacon & Causton-Theoharis, 2013; Canary & Cantú, 2012; Cheatham & Ostrosky, 2011, 2013). Several challenges in ensuring family members have meaningful opportunities to participate in educational decision-making about their child are evident. At the interactional level, facilitating decision-making requires complex interpersonal and communication skills; yet, educators are frequently under-prepared to carry out

such practices (e.g., Walker & Legg, 2018). At the institutional level, home visitors face a range of requirements (e.g., paperwork, program models, time) that can constrain efforts for partnerships (e.g., Alasuutari, 2014). Moreover, such requirements likely emphasize educator expertise and institutional needs, creating mixed messages about the extent to which families are in fact partners in decision-making (e.g., Hwa-Froelich & Westby, 2003). At the ideological level, policies that uphold dominant values can contribute to impeding equitable decisions.

Thus, it is important to consider how educational decisions about children are made and in what context to promote equitable decision-making and contribute to efforts that improve lives of families and children. Accordingly, the purpose of this study was twofold: (1) to better understand how interactional, institutional, and ideological factors contributed to decision-making about children and families by home visitors and parents during EHS home visits, and (2) to foster home visitor reflection that can contribute to more equitable decision-making. In the following chapters, I review relevant literature (Chapter 2), describe my methodological approach (Chapter 3), present results (Chapter 4), and discuss findings (Chapter 5).

Chapter 2: Literature Review

In the current study, I aimed to extend current understandings of how families and home visitors communicated when making decisions about young children and families during home visits, and foster home visitor reflection that can contribute to more equitable decision-making. Several areas of literature are relevant in undertaking such a study. In this section, I draw on empirical and conceptual research regarding decision-making, focusing on four questions: (1) What is known about language use and EC/ECSE family partnerships? (2) What is known about language use during EC/ECSE home visits? (3) What is known about decision-making during EC/ECSE home visits? (4) What is known about facilitating home visitor reflection on language use? In addressing these questions, I build on this study's conceptual framework, further specifying interactional, institutional, and ideological contributions to decisions.

Language Use and EC/ECSE Family Partnerships

When reviewing empirical and conceptual literature regarding language use in the context of EC/ECSE family partnerships, two different bodies of research were identified, each with a distinct focus: (1) communication skills and content, and (2) social construction and consequences. I review each framing's contribution to knowledge about family partnerships.

Emphasis on Communication Skills and Content

Communication with families in education and special education has typically been presented as discrete skills such as questioning, listening, and paraphrasing (e.g., Friend & Cook, 2013; Turnbull et al., 2015). Overall, this framing presents language as a neutral means to convey information (e.g., Friend & Cook, 2013; DEC, 2014), and thus a primary focus is on what is said (i.e., content), with some attention on how content is communicated (e.g., tone, body language). Within this framing, researchers have investigated parent experiences of interactions

(e.g., Bennett, 1988; Harry, Allen, & McLaughlin, 1995; Lea, 2006; Lo, 2008), and parent discussion participation (e.g., Harry et al., 1995; Lo, 2008; Vaughn, Bos, Harrell, & Lasky, 1988). Data sources tend to be observations of parent-teacher conferences (e.g., Hwa-Froelich & Westby, 2003), individualized education program (IEP) meetings (e.g., Bennett, 1988; Lo, 2008; Vaughn et al., 1988), individualized family service plan (IFSP) meetings (e.g., Minke & Scott, 1995), and home visits (e.g., Brady, Peters, Gamel-McCormick, & Venuto, 2004; Lea, 2006). While some researchers audio record interactions (e.g., Bennett, 1988; Brady et al., 2004; Minke & Scott, 1995), few employ transcripts of recordings (e.g., Bennett, 1988). Data analysis tends to involve content analysis or frequency counts of communication behaviors such as asking questions (e.g., Brady et al., 2004; Brinckerhoff & Vincent, 1986; Hwa-Froelich & Westby, 2003; Lo, 2008; Vaughn et al., 1988). Researchers also evaluate content via deductive (e.g., Brady et al., 2004; Brinckerhoff & Vincent, 1986; Lo, 2008; Vaughn et al., 1988) or inductive coding (e.g., Hwa-Froelich & Westby, 2003; Lea, 2006; Minke & Scott, 1995; Rao, 2000).

Research investigating communication skills and content has contributed to knowledge regarding typical content of family-early educator discussion, and has demonstrated that educators tend to speak more than parents during interactions (e.g., Lo, 2008; Vaughn et al., 1988). Researchers have also found that parents tend to communicate with more passive behaviors, such as answering rather than asking questions (e.g., Brady et al., 2004; Lo, 2008; Vaughn et al., 1988). In addition, this line of research has documented that parents of color and parents from low-income backgrounds often report negative experiences regarding communication (e.g., Bennett, 1988; Harry et al., 1995; Lea, 2006; Lo, 2008; Rao, 2000). Such findings have resulted in recommendations to adopt particular communication strategies (e.g., ask open-ended questions) or alter content (e.g., address new topics). However, this approach

does little to recognize or resolve inherent power imbalances that can negatively affect partnerships, particularly for parents from marginalized backgrounds who are further disadvantaged by policies containing embedded, unacknowledged European American values.

Emphasis on Social Construction and Consequences

In contrast to research emphasizing communication skills and content, another body of scholarship employs discourse theory and methods from conversation and discourse analysis to investigate how families and early educators interact. This perspective frames communication as discourse (i.e., language in interaction; Gee, 2014), and emphasizes sequential ways in which individuals socially construct identities and enact social practice through talk. Rather than viewing language as neutral, researchers explore consequences of talk, such as how social goods (e.g., desired identities) are distributed via talk, and who "wins" or "loses" as a result (Gee, 2014). Thus, this line of research investigates broader power dynamics (Fairclough, 2016; Wodak & Meyer, 2016), as well as specific interactional asymmetries (Heritage, 2013).

Researchers drawing on discourse theory investigate parent-early educator interactions with detailed transcripts based on audio or audio-video recordings (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011, 2013; Hjörne, 2005; Markström, 2009, 2010, 2011; McCloskey, 2016). Data analysis involves sequential analysis of talk, including consideration of how families and early educators initiate topics and manage speaking turns (Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011, 2013; Hjörne, 2005; Markström, 2009, 2010, 2011; McCloskey, 2016). In addition, researchers have investigated discursive practices such as giving advice (Cheatham & Ostrosky, 2011), evaluating child skill (Hjörne, 2005; Markström, 2011), and negotiating services (Hjörne, 2005). Some

researchers supplement transcripts with data such as interviews (e.g., Cheatham & Ostrosky, 2013; McCloskey, 2016) and meeting documents (e.g., Hjörne, 2005; McCloskey, 2016).

Research has indicated a primary function of family-early educator talk is evaluation of children's learning, thereby socially constructing the child and notions of ability (e.g., Alasuutari & Markström, 2011; Hjörne, 2005; Markström, 2009, 2011). Conversation structures thus resulted in parents and early educators presenting knowledge of the child from home or school, respectively. While these roles were complementary, they were not equitable: Early educators' knowledge was constructed as most important, and they were positioned as responsible for interpreting information (Alasuutari & Markström, 2011; Hjörne, 2005; Markström, 2009, 2011).

This framing of language use has contributed to understanding of how power is reflected and constructed in family-early educator interactions, often limiting family participation. Minimal parent participation has been identified in proportion of utterances, wherein early educators talk more than parents (e.g., Alasuutari, 2014; Cheatham & Ostrosky, 2013), as well as in participation structures (e.g., Alasuutari, 2014; Cheatham & Ostrosky, 2013; Hjörne, 2005), and conversation outcomes (Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011, 2013; Hjörne, 2005; Markström, 2009, 2010, 2011; McCloskey, 2016). For example, some researchers found parent utterances were minimal (e.g., mm hm, okay; Alasuutari, 2014). Moreover, McCloskey (2016) and Hjörne (2005) documented early educators' power in achieving outcomes: Decisions ultimately aligned with educator recommendations despite parents' attempts to advocate for alternatives. Relatedly, Cheatham and Ostrosky (2013) found that although programs called for collaboration regarding child goals, teachers typically provided goals, and asked parents for agreement rather than meaningful participation. Thus, investigations have documented numerous asymmetries favoring early educators over parents.

Research has also illustrated ways in which the institutional nature of interactions contributes to power imbalances. In particular, institutional roles that positioned educators as experts were reinforced and reproduced through discourse, and had consequences for interactions (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011; Hjörne, 2005; Markström, 2009, 2010; McCloskey, 2016). For example, Cheatham and Ostrosky (2011) found that during EC parent-teacher conferences, parents were constructed as advice seekers and educators as advice givers, resulting in and from conversation structures that required educator expertise while deprioritizing family knowledge. Relatedly, institutional policies can constrain family participation (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Markström, 2009, 2011; McCloskey, 2016). Paperwork plays an integral role in setting conversational agendas, creating what Markström (2009) called a text-talk link. Thus, institutions set topics and limit contributions through what is and is not included on paperwork, revealing institutional expectations (Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011, 2013; Markström, 2009). When family expectations align with the institution's, as is more likely for European American, middle-class, English-speaking families, this can further enhance family-school partnerships (Baquedano-López et al., 2013). However, for families from marginalized backgrounds, the result may be confusion, frustration, or disengagement (e.g., Howard & Lipinoga, 2010; Lea, 2006; Lo, 2008; Schoorman, Zainuddin, & Sena, 2011).

In addition to documenting institutional contributions to talk, researchers have illustrated connections between specific aspects of language use (i.e., interactional contributions) and sociocultural norms (i.e., ideological contributions). For example, Hjörne (2005) demonstrated how professionals' efforts to persuade parents to have their child evaluated for a disability both reflected and constructed Discourse (Gee, 2014) regarding the medical model of disability. That

is, early educators used language to argue that disability diagnosis was the only solution to school difficulties. Alternate approaches (e.g., changing environment, adjusting teaching) were not addressed. Researchers also demonstrated how expectations regarding ability (i.e., children should be as independent as possible, but adults maintain control) were reflected and constructed through discourse (e.g., Alasuutari & Markström, 2011; Markström, 2009, 2011).

Summary and Research Implications

Researchers with differing perspectives on language use have investigated family-early educator interactions, resulting in scholarship that focuses on communication skills and content as well as social construction and consequences. These framings had implications for data collection and analyses. However, across both bodies of literature, researchers found that early educators tend to talk more than parents (Alasuutari, 2014; Cheatham & Ostrosky, 2013; Lo, 2008; Vaughn et al., 1988). Moreover, researchers found that parents engaged in more passive communication behaviors (e.g., Vaughn et al., 1988), and institutional roles and policies favored educators, constructing them as more knowledgeable than parents (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011; Hjörne, 2005; Markström, 2009, 2010; McCloskey, 2016). As a result, decisions aligned with educator and institutional priorities (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Hjörne, 2005; Markström, 2009, 2010; McCloskey, 2016). Thus, family knowledge and priorities were often unheard, disregarded, and decisions were more narrow and less individualized.

The reviewed research informed the current study's framing, data collection, and analyses. Studies point to affordances of conversation and discourse analysis to investigate family-early educator interactions. Detailed analysis of talk could promote understanding of how partnerships are socially constructed (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011;

Cheatham & Ostrosky, 2011, 2013; Hjörne, 2005; Markström, 2009, 2010; McCloskey, 2016). Following Gee (2007, 2014), in addition to providing information regarding communication patterns (e.g., common topics), discourse analysis supported consideration of institutional and ideological contributions to language use, in alignment with this study's conceptual framework. Moreover, sequential analysis of talk was well-suited to uncover power dynamics and interactional asymmetries (e.g., Cheatham & Ostrosky, 2011, 2013; Hjörne, 2005; McCloskey, 2016). Further, parent participation was found to be minimal in multiple ways (i.e., utterance count, participation structure, conversation outcome), suggesting the need to analyze quantity and quality of talk.

Regarding data collection and analyses, findings of reviewed literature highlight the importance of detailed transcripts. Further, findings suggest documentation during meetings played an essential role in setting topics and shaping participation (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011, 2013; Markström, 2009, 2011). Accordingly, the current study created detailed transcripts of home visit talk from audio-video recordings. In addition, completed home visit paperwork was collected and analyzed to consider institutional contributions to decision-making, such as text-talk link (Markström, 2009).

Language Use During EC/ECSE Home Visits

Current models for EC/ECSE home visits promote family-early educator collaboration (e.g., Korfmacher et al., 2008; Puig, 2012; Roggman et al., 2016). Reflecting the turn away from professional-driven to family-centered practice (Turnbull et al., 2015), highlighting family competence and sharing power with parents are encouraged (Roggman et al., 2016; Woods, Wilcox, Friedman, & Murch, 2011). Although communication skills are often discussed in relationship to family-centered practices (e.g., Brotherson et al., 2010), research investigating

language use during home visiting has been limited. Peterson, Luze, Eshbaugh, Jeon, and Kantz (2007, p. 120) called for opening the "black box" of home visiting practices, and researchers continue to report that little is known about home visit interactions (Knoche, Marvin, & Sheridan, 2015; Nievar, Van Egeren, & Pollard, 2010; McWilliam, 2011; Roggman et al., 2016).

Some researchers quantified home visit practices with structured observations. For example, Brady et al. (2004) analyzed type and amount of talk during 15 different IDEA Part C early intervention (EI) home visits, and found that EI home visitors talked about 50% of the time, while parents talked about 44% of the time. Relatedly, Peterson et al. (2007) reported percentage of intervals early educators engaged in different practices during more than 1,200 EI and EHS home visits. They found that EI home visitors spent 50.8% of visits directly teaching the child, and 30.6% of their time facilitating parent interactions. Similarly, Campbell and Sawyer (2007) observed 50 EI home visits, and found that only 15 met criteria to be characterized as "participation-based" through EI home visitors' implementation of family-centered practices, while the majority were identified as "traditional" based on professional-driven practices. In traditional visits, the primary parent role was observer (62.9%), while EI home visitors directed and led activities (82.9%). Moreover, Campbell and Sawyer (2007) identified that a relatively small amount of time was spent in conversation between caregivers and EI home visitors (range 8.7-12.2%), and found no statistically significant difference in conversation time between traditional and participation-based visits.

Professionals' communication during IDEA Part C home visits appeared to be somewhat variable. Both Brady et al. (2004) and Peterson et al. (2007) found that providing information to parents was the most common verbal behavior for EI home visitors. Similarly, Campbell and Sawyer (2007) reported no statistically significant difference in the amount of time EI home

visitors spent explaining topics to parents during participation-based or traditional visits; however, traditional visits involved statistically significantly more EI home visitor direction and facilitation ($p < .001$). In particular, EI home visitors spent 36.2% of their time providing direction to parents. In contrast, Brady et al. (2004) reported EI home visitors less frequently directed parents (2%), and identified the following EI home visitor verbal behaviors: accepting parent ideas (4%), asking questions (3%), criticizing parent (< 1%), and accepting parent feelings (< 1%). Brady et al. (2004) also categorized parents' verbal behaviors during Part C home visits, and most commonly observed behaviors were initiating (13%) and responding (7%). In contrast, parents were rarely observed asking questions (1%) and evaluating (<1 %).

In another study, Peterson et al. (2007) observed EHS home visits in the context of child and family development, and findings suggested practices differed from IDEA Part C home visits. In particular, EHS home visitors more frequently facilitated interactions with parents (53.7%, child development; 78.1% family development) compared to Part C home visits. EHS home visitors engaged most often in asking for information (18.8%, child development; 39% family development), providing information (17.5%, child development; 15.1% family development), and listening (14.8%, child development; 21.5% family development). Similar to EI home visitors, EHS home visitors rarely provided positive affirmation (1.7%, child development; 1.7%, family development) or self-disclosed information (0.7%, child development; 0.6%, family development).

In addition to categorizing communication practices, some researchers have explored the relationship between communication and parental engagement during home visits (Brady et al., 2004; Knoche et al., 2015). Knoche et al. (2015) found that the more frequently EHS home visitors asked parents to share observations and ideas, the higher ratings of overall parent

engagement. Relatedly, Brady et al. (2004) examined the relationship between antecedent, immediate, and consequent EI home visitor and family verbal behaviors during Part C home visits; they found EI home visitors' indirect communication (e.g., asking questions) was significantly correlated with family participation in discussion, whereas direct communication (e.g., directing parents) was not.

Other researchers qualitatively exploring partnerships in the context of home visiting have addressed communication, and provided more insight into experiences of families from marginalized backgrounds. For example, based on observations of interactions and interviews with African American mothers from low-income backgrounds, Kalyanpur and Rao (1991) identified that responsiveness and rapport characterized empowering family-home visitor relationships, and both entailed communication. For example, responsiveness involved embedding informal definitions and explanations throughout discussion, rather than technical language. A key aspect of rapport was back-and-forth discussion wherein the home visitor listened and responded to parent-initiated topics, rather than relying on a formal agenda. However, empowering practices were atypical, and interactions more commonly involved professional disrespect and discounting of cultural differences, practices which impeded relationships and further marginalized families (Kalyanpur & Rao, 1991). Similarly, Lea (2006) reported disempowering experiences of adolescent mothers of color during Part C EI home visits, and in an in-depth exploration of a multiracial family in Appalachia participating in ECSE and a home-based HS program, Butera (2005) found that inconsistent communication contributed to family feelings of exclusion and an ineffective partnership.

While reviewed studies addressed communication, their focus was not on discourse, and as such, they presented minimal details of home visit talk. Quantitative analysis deductively

categorized practices (Brady et al., 2004; Campbell & Sawyer, 2007; Knoche et al., 2015; Peterson et al., 2007). Qualitative analysis focused on family perceptions of home visiting reported during interviews, using observations to supplement (Butera, 2005; Kalyanpur & Rao, 1991; Lea, 2006). Thus, studies reported content and verbal behaviors during home visits, but neither provided nor analyzed detailed transcripts (Brady et al., 2004; Butera, 2005; Campbell & Sawyer, 2007; Kalyanpur & Rao, 1991; Knoche et al., 2015; Peterson et al., 2007). Brady et al. (2004) considered the sequential nature of talk by investigating patterns in antecedent, immediate, and consequent verbal behaviors. However, analysis was based on deductive coding rather than exploratory turn-by-turn analysis. In short, reviewed studies provided a general sense of what was said by whom, but did not address contextual details, such as what specifically was said, how it was said, or its consequences for partnerships and power dynamics. As such, much remains to be learned about home visits.

Summary and Research Implications

Although reviewed studies did not address many details regarding discourse, how home visitors communicate plays a role in family participation (Brady et al., 2004; Campbell & Sawyer, 2007; Knoche et al., 2015; Peterson et al., 2007), as well as family-educator relationships (Butera, 2005; Kalyanpur & Rao, 1991; Lea, 2006). Findings suggest that home visitors tend to lead visits and promote professional knowledge (e.g., providing information, directing). In contrast, parents are more passively positioned (e.g., observing, responding). Moreover, home visitors' language use can contribute to disempowering family experiences and inequitable service provision (Butera, 2005; Kalyanpur & Rao, 1991; Lea, 2006).

The reviewed research had two interrelated implications for the current study: (1) discourse focus, and (2) institutional considerations. First, the current study aimed to address an

identified gap: research investigating home visit discourse. No identified studies employed discourse theory. Thus, the current study was framed by discourse theory, and employed detailed transcription of home visit interactions to afford in-depth, sequential analysis of family-home visitor talk. In doing so, the study aimed to provide insight into what is said by whom, how it is said, and in what context, with consideration of implications for equitable partnerships. Second, the reviewed literature suggests that home visiting practices may vary across home visit purposes and models. For example, Peterson et al. (2007) reported differences in EHS and Part C EI home visits, as well as differences between child- and family-focused EHS visits. Similarly, Campbell and Sawyer (2007) found variation in practices across home visit models. This informed the current study's data collection plan: I collected information regarding program models and home visit policies for development purposes as well as in interviews.

Decision-Making During EC/ECSE Home Visits

As discussed above, little is known regarding EC/ECSE home visit discourse, and this includes decision-making. However, researchers using qualitative methods have reported practices related to decision-making. In addition, researchers have reported family and home visitor perceptions of decision-making. Both bodies of research will be discussed.

Practices Relevant to Decision-Making

Several researchers have investigated family- home visitor interactions, and reported practices relevant to home visit decision-making in EI (Kalyanpur & Rao, 1991; Lea, 2006; Minke & Scott, 1993, 1995) and EC (Hwa-Froelich & Westby, 2003). Most identified studies focused broadly on family partnerships. However, Minke and Scott (1993) specifically addressed decision-making. As such, the following discussion highlights Minke and Scott's findings.

Minke and Scott (1993) investigated how 10 parents, 10 IDEA Part C service providers,

and four administrators in three Indiana EI programs engaged in decision-making during IFSP meetings. Service providers and administrators reported a range of professional experience (1 to 36 months), and all had bachelor's or master's degrees. Parents reported a range of time in the program (1 to 24 months), as well a range of education, including some high school (*n* = 4), high school diploma (*n* = 4), some college (*n* = 1), and doctoral degree (*n* = 1). Participants were predominantly female (*n* = 13), and no information was reported regarding race/ethnicity or language status.

Minke and Scott (1993) found that parents primarily engaged in "basic" decision-making about enrollment and location of services, which typically involved granting permission for their child to receive services (p. 92). In contrast, EI home visitors made more decisions about goal setting, child assessment, and strategy identification. How families and EI home visitors engaged in goal setting was characteristic of the extent to which programs were family-focused: In programs that more actively engaged parents, parents independently shared at least some child goals. However, in a program where parents were less actively engaged, goals were not addressed or presented by home visitors for family agreement. In addition to participating in basic decision-making and goal-setting, family members engaged in actions that tended to align with passive roles, such as listening. While some parents made direct requests or voiced objections to suggestions, during interviews 70% of parents indicated that they had concerns that they did not share with EI home visitors.

The authors found that a primary role for EI home visitors during IFSP meetings was providing parents information. Although providing information sometimes contributed to parents' abilities to make informed decisions, it was also applied to manage disagreement: Rather than negotiating when different opinions arose, EI home visitors provided additional

information to influence parents to modify expectations or accept recommendations. In addition, EI home visitors sometimes withheld information, which further constrained families' abilities to make decisions. Minke and Scott (1993) also found that language use played a role in parent participation—when EI home visitors adopted tentative wording, this signaled to parents that interpretations were open to disagreement or negotiation. EI home visitors also employed strategies such as clarifying and paraphrasing to encourage parent participation. However, Minke and Scott (1993) ultimately concluded that parents had "partial decision-making power" (p. 82), because EIs exercised a high level of control over decisions.

Researchers investigating EC/ECSE home visits also reported practices indicating home visitors exerted more decision-making power than parents from marginalized backgrounds, including African American mothers (Kalyanpur & Rao, 1991), and adolescent mothers of color (Lea, 2006). Similarly to Minke and Scott (1993), Lea (2006) found that Part C EI home visitors asked parents for agreement rather than participation. In addition, home visitors minimized participation opportunities by dismissing parent concerns. In interviews conducted by Lea (2006) and Kalyanpur and Rao (1991), mothers contextualized choices that EI home visitors perceived as disengagement, and revealed efforts and expertise regarding their children that were untapped or discounted by early educators.

Kalyanpur and Rao (1991) concluded that communication styles played a role in power imbalances privileging educators' perspectives: Home visitors were able to speak the "language" that allowed their opinions to be heard with authority, whereas parents did not have access to that language (see Mehan et al., 1986; Valle & Aponte, 2002). As a result, parents were positioned in passive roles such as observer and informant (Lea, 2006). Such practices can contribute to inequitable service provision for children and families: Lea (2006) found that IFSP

recommendations were similar across children, despite differences in parent priorities, children's abilities, family resources, and background characteristics (e.g., race, class, language status).

Perceptions of Decision-Making

Research investigating parent perceptions also suggests that decision-making may often be professional-driven rather than family-centered. Bailey, Hebbeler, Scarborough, Spiker, and Mallik (2004) surveyed more than 3,300 families regarding EI, and fewer than 10% indicated they made independent decisions about initial EI services. The authors also identified a shifting balance in decision-making power. While 81% of parents reported collaborative decisions about IFSP goals, 64% of decisions about kinds of services were described as collaborative, and only 43% of decisions about amount of services received. Further, 22% of parents indicated desire for a greater role in decision-making. Similarly, Bruder and Dunst (2014) surveyed 124 parents regarding EI, and only 50% indicated they were actively involved in their child's services.

Regarding early educators' perceptions of decision-making, researchers identified disconnects between reported beliefs and observed practices. For example, Hwa-Froelich and Westby (2003) found that although early educators indicated they believed parents were equal partners, interactions suggested underlying beliefs that early educators had more expertise, and thus were more qualified to make decisions than parents. Similarly, Lea (2006) found that although both EI home visitors and parents stated beliefs regarding equitable distribution of power, observations of interactions indicated power imbalances favoring educators.

Summary and Research Implications

Despite programs adopting and home visitors espousing family-centered models that emphasize collaboration, families are likely to experience minimal opportunities to participate in decision-making, and be positioned as passive during home visits (e.g., Hwa-Froelich & Westby,

2003; Kalyanpur & Rao, 1991; Lea, 2006; Minke & Scott, 1993). Language use appears to play an integral role in the extent to which parents meaningfully participate in decision-making, particularly through communication practices such as providing information, managing disagreement, and constructing agreement (Hwa-Froelich & Westby, 2003; Lea, 2006; Minke & Scott, 1993). However, the reviewed research did not explicitly examine decision-making discourse. The current study sought to address this gap by investigating how decision-making was constructed through discourse by parents and home visitors during home visits, and how decision-making structures contributed to parent participation in decision-making.

The reviewed research had several methodological implications for the current study. First, there appears to be a gap between home visitor perceptions of decision-making and observed practices (e.g., Lea, 2006). Thus, the current study implemented a two-interview structure to engage home visitors in initially sharing their approach, and later analyzing videos, creating an opportunity to uncover and discuss any discrepancies. Second, research indicated that parents' views are likely to differ from home visitors, and may complicate understandings of interactions. Parent interviews revealed family knowledge, priorities, and concerns not addressed during visits (Lea, 2006; Minke & Scott, 1993). Based on the rich information provided by examining family perspectives in concert with observations of interactions, this study utilized parent interviews as a methodological tool. Finally, reviewed research pointed to the importance of home visitors providing information, managing disagreement, and constructing agreement in decision-making. Accordingly, the current study considered actions taken through language (Gee, 2014), and implications for equitable decision-making.

Facilitating Home Visitor Reflection on Discourse

In its ability to refine and transform practice, reflection is recognized as an essential skill for all early educators (e.g., Cherrington & Loveridge, 2014; Grossman & Williston, 2001; Sheridan, Edwards, Marvin, & Knoche, 2009; Virmani, Wiese, & Mangione, 2016). Reflection has been identified as a learning strategy associated with positive outcomes for Part C EI home visitors (Trivette et al., 2009). Relatedly, early educators' reflection on experiences and practice may contribute to meaningful change and professional growth (Sheridan et al., 2009). Moreover, reflective practice can enhance family partnerships, and support more equitable interactions that recognize families' linguistic and cultural resources (Puig, 2012; Virmani et al., 2016).

Analyzing videos is an increasingly prominent practice to promote educator reflection (Baecher, Kung, Laleman Ward, & Kern, 2018; Fukkink, Trienekens, & Kramer, 2011; Gaudin & Chaliès, 2015). Although no identified studies investigated home visitors' reflection on decision-making through video, Curry (2012) argued that video can enhance understanding of social practices, such as decision-making. This section will first review using video to facilitate educator reflection, and then address educator reflection on discourse.

Using Video to Facilitate Educator Reflection

Analyzing teaching videos has been shown to promote preservice and inservice teacher reflection by presenting complex interactions for close review (Baecher et al., 2018; Cherrington & Loveridge, 2014; Etscheidt, Curran, & Sawyer, 2012; Fukkink et al., 2011; Kang & van Es, 2018; Gaudin & Chaliès, 2015; Kleinknect & Schneider, 2013; Moyles, Adams, & Musgrove, 2002; Tekkumru-Kisa & Stein, 2017; van Es, Tunney, Goldsmith, & Seago, 2014). Whereas unproductive reflection is indiscriminate (Davis, 2006), video analysis promotes identifying and interpreting significant aspects of interactions (Etscheidt et al., 2012; Gaudin & Chaliès, 2015;

Sherin & van Es, 2009). Moreover, video provides evidence to complement or complicate self-evaluation (Etscheidt et al., 2012), and promotes critical reflection (Fullam, 2017).

To illustrate, researchers found that early educators identified disconnects between intent and practice via video analysis (Cherrington & Loveridge, 2014; Wood & Bennett, 2000). Early educators reported gaining insight into teaching practices and class routines after video analysis; further, they made connections between interactions and institutional accountability pressures (Cherrington & Loveridge, 2014). In addition, educators identified how their assumptions shaped adult-child interactions (Kugelmass & Ross-Bernstein, 2000; Moyles et al., 2002).

However, educators need supports to learn from video analysis, and researchers identified a range of facilitation practices that contribute to reflection (e.g., Borko, Koellner, & Jacobs, 2014; Kang & van Es, 2018; Tekkumru-Kisa & Stein, 2017; van Es et al., 2014; Watts Pailliotet, 1995). Facilitators should purposefully select video excerpts and be well acquainted with content (van Es et al., 2014). Van Es et al. (2014) recommended 5 to 7 minute videos to allow multiple viewings; providing video transcripts is also encouraged (e.g., Kang & van Es, 2018; Tekkumru-Kisa & Stein, 2017; van Es et al., 2014). Frameworks for reflection typically begin with open-ended description and then consider specific frames (e.g., content, environment), and/or alternate approaches (e.g., Etscheidt et al., 2012; Kang & van Es, 2018; Watts Pailliotet, 1995). Van Es et al. (2014) recommended the following practices based on analysis of researcher-identified high-quality discussions: (1) orienting to video analysis, (2) sustaining an inquiry stance, and (3) maintaining focus. First, facilitators oriented viewers by contextualizing analysis and providing general prompts (e.g., “What did you notice?”). Second, facilitators sustained an inquiry stance by encouraging educators to elaborate, modeling interpretations, and creating a safe space for

disagreement. Finally, facilitators maintained participants' focus on videos and the topic of interest by redirecting, pointing to evidence, and connecting ideas.

Using Video to Facilitate Educator Reflection on Language Use

In addition to promoting reflection on a range of instructional practices, video analysis is well suited for reflection on language use (Baecher et al., 2018; Fukkink et al., 2011; van Es & Sherin, 2002). In particular, video analysis supports consideration of what is said (e.g., content), how it is said (e.g., intonation, body language), and consequences (e.g., power, identity construction; Schieble, Vetter, & Meacham, 2015; Vetter, Meacham, & Schieble, 2013). Yet, investigations of reflection on language use appear limited. For example, Baecher et al. (2018) reviewed 110 studies implementing video analysis, and of these, 15 addressed discourse.

In addition, there are few identified investigations of reflection on family-early educator discourse; identified studies tended to take a neutral view of language and emphasized communication skills (e.g., Fukkink et al., 2011; Dotger, Harris, & Hansel, 2008). In a meta-analysis of 33 studies investigating video analysis on interactional skills of teachers, counselors, social workers, and nurses, Fukkink et al. (2011) found video analysis had positive effects on a range of communication skills, including receptive (e.g., asking open-ended questions), informative (e.g., clearly explaining content), and relational skills (e.g., displaying empathy).

More specific to family-educator interactions, Dotger and colleagues investigated simulated parent-teacher conferences that included reflection anchored in video analysis (Dotger et al., 2008; Dotger, 2010; Dotger, Harris, Maher, & Hansel, 2011; Walker & Dotger, 2012; Walker & Legg, 2018). Walker and Dotger (2012) summarized evidence regarding this model: 526 teacher candidates engaged in 14 simulations, and demonstrated increased ethical and multicultural sensitivity, as well as greater awareness of communication and nuances in

partnerships. Teacher candidates also reported greater awareness of power dynamics favoring educators over families (Dotger et al., 2011). Similarly, educators who participated in video analysis of collaborative meetings with colleagues identified practices to improve, such as questioning and participation asymmetries (Curry, 2012; Sundqvist, 2018). Special educators reflecting on consultation meetings also noted how institutional factors (e.g., time limitation, designated role) constrained interactions (Sundqvist, 2018). For example, pressure to act as an expert shaped consultation, despite participants' intent to be nonprescriptive.

Researchers have also investigated how video promoted educator reflection on discourse, particularly how language use reflects and constructs identities (Schieble et al., 2015; Vetter, Schieble, & Meacham, 2018) and power (Vetter et al., 2013). For example, teacher candidates linked choices in language use (e.g., open-endedly describing next steps) to identity constructions of themselves (e.g., facilitator) and students (e.g., capable decision-makers). Educators learned to couple video and discourse analysis, which afforded opportunities to uncover misalignments in desired identities and enacted practices, as well as identify strategies to improve practices (Schieble et al., 2015; Vetter, Hartman, & Reynolds, 2016).

Summary and Research Implications

By reflecting on language use in a structured way, educators can improve interactional skills (Fukkink et al., 2011), and identify practices to refine (Curry, 2012; Sundqvist, 2018). Video analysis of family-educator interactions promoted awareness of communication skills, deepened understanding of partnerships, and increased sensitivity to power dynamics (Dotger et al., 2011; Walker & Dotger, 2012). Further, combining video and discourse analysis supported educators' reflection on how language use constructs identities, including consideration of power (Shieble et al., 2015; Vetter et al., 2013). In addition, video analysis contributed to reflection on

how institutional and ideological factors were enacted through language (e.g., Cherrington & Loveridge, 2014; Shieble et al., 2015; Sundqvist, 2018; Vetter et al., 2013).

The reviewed literature had several implications for the current study. Foremost, video analysis appears promising to engage home visitors in reflection on home visit discourse and its implications for equitable decision-making. Recommendations from reviewed studies informed the development of interview protocol. Short video clips highlighting salient aspects of decision-making were selected for viewing (Kang & van Es, 2018; Tekkumru-Kisa & Stein, 2017; van Es et al., 2014). Interview structure aligned with reflection frameworks by beginning with description and broadening to discuss different frames and approaches (e.g., Etscheidt et al., 2012; Kang & van Es, 2018; Watts Pailliotet, 1995). Finally, researcher probes aligned with van Es et al.'s (2014) recommended facilitation practices.

Conclusions

Despite shifts to promote family-centered practice and position parents as partners (e.g., Turnbull et al., 2015), a growing body of evidence documents how parents, particularly those from marginalized backgrounds, continue to experience minimal opportunities to participate in decision-making (e.g., Bacon & Causton-Theoharis, 2013; Canary & Cantú, 2012; Cheatham & Ostrosky, 2011, 2013). How home visitors communicate with families during home visits matters for parent participation in decision-making (Brady et al., 2004; Campbell & Sawyer, 2007; Knoche et al., 2015; Peterson et al., 2007), and for equity of service provision (Kalyanpur & Rao, 1991; Lea, 2006). Yet investigations of home visit decision-making and home visitors' reflection on decision-making are limited. Three primary areas of further study are warranted.

First, there is need for more research regarding home visit interactions (Knoche et al., 2015; Nievar et al., 2010; McWilliam, 2011). Without detailed information regarding how

families and home visitors carry out partnerships, the “black box” (Peterson et al., 2007, p. 120) of home visiting remains inaccessible. Second, investigation of decision-making from a discourse lens is needed. Language use is central to decision-making (Collins et al., 2005), and reflects and constructs power. Consideration of talk can provide insight into how partnerships contribute to improving the lives of children and families or further marginalization. Finally, research that fosters educator reflection on decision-making discourse is needed. Consideration of fine-grained details of talk (e.g., interruptions, topic shifts) can be helpful for home visitors to shift power imbalances and prioritize family participation in discussion about their child. Thus, to understand family and home visitors’ participation in decision-making, close analysis of detailed transcripts is necessary. As such, there is a need for research examining families and home visitors’ decision-making discourse, and home visitors’ reflection this discourse.

Chapter 3: Methodology

In the preceding sections, I argued that additional research investigating ideological (i.e., history, culture, politics), institutional (i.e., resources, procedures, and policies), and interactional contributions to decision-making (i.e., words spoken, actions taken through language, identities constructed through language) was needed to better understand how home visitors and families make decisions about young children's learning and development. In addition, I argued that such research can promote more equitable participation in decision-making by identifying practices that enhance opportunities for meaningful parent participation in decision-making and facilitating home visitor reflection. In this section, I outline my methodological approach, first presenting the current study's theoretical and conceptual framing. I then briefly overview the current study, including a rationale for mixed methods design, and description of a pilot study. Next, I detail study procedures addressing (a) participants and setting, (b) role of the researcher, (c) data collection and component analysis, and (d) integrative data analysis. Finally, I present strategies that addressed trustworthiness of interpretations and enhanced rigor.

Theoretical and Conceptual Framing

Assumptions about the nature of reality and knowledge shape approaches to theory and methodology (e.g., Burrell & Morgan, 1979; Greene, 2012; Skrtic, 1995). Further, axiological commitments contribute to metatheoretical, theoretical, and methodological choices (e.g., Bang & Vossoughi, 2016; Greene, 2012). This study took the view that epistemology and ontology are intersubjective and socially constructed through language during interaction (Kiel, 1995). These beliefs are integral to this study's theoretical approaches (i.e., sociocultural theory, discourse theory), as a foundational assumption regarding the nature of discourse is that discourse reflects and constructs social practices (Gee, 2014; Wodak & Meyer, 2016).

Regarding axiology, this study viewed power as a ubiquitous aspect of the social world; thus, interactions and communication necessarily involve power (Gee, 2014; Wodak & Meyer, 2016). Language constructs power in specific interactions and serves as a means through which power is enacted and reinforced (Gee, 2014; Wodak & Meyer, 2016). Accordingly, power is inherent in all family-early educator relationships, and power differentials remain even when home visitors enter into collaborative relationships (Keen, 2007; Morrow & Malin, 2004; Spino, Dinnebeil, & McInerney, 2013). Although dominant ideologies are embedded and constructed through language, language can also resist and reshape ideologies to promote more equitable power arrangements (Wodak & Meyer, 2016). Thus, this study is committed to identifying ways in which language use can address power and promote more equitable decision-making.

Assumptions about intersubjectivity and power contribute to methodological choices described in this section. In particular, beliefs regarding the intersubjective construction of reality and knowledge necessitated data sources and analysis that attended to key features of dialogue (Gee, 2014; Wodak & Meyer, 2016). As such, detailed transcripts of talk served as the primary data source in the current study. In addition, I drew on data sources such as completed home visit paperwork and family and home visitor interviews to better understand socially-shared knowledge. The following section further details my theoretical orientation.

Theoretical Orientation

Sociocultural theory (Cole & Engeström, 1993; Cole, 1995; Lim & Renshaw, 2001) and discourse theory (Fairclough, 2016; Gee, 2014) framed this study. In its sensitivity to context and relationships, sociocultural theory is well-suited to understand family partnerships, and views language as a symbolic tool that mediates interactions (Lim & Renshaw, 2001). Relatedly, discourse theory views language use, context, and actions as linked, thereby reflecting and

constructing social practices and socially situated identities, and connecting microinteractions and macro-level ideologies (Gee, 2014; Wodak & Meyer, 2016). Combined, sociocultural and discourse theory supported understanding of how power is reflected and constructed through talk, as well as interactional, institutional, and ideological contributions to decision-making.

Sociocultural theory. Sociocultural researchers have argued that thinking and learning happen in relationship to others, rather than in isolation (Cole & Engeström, 1993). As such, sociocultural theory conceptualizes interaction as embedded within social, cultural, institutional, and historical contexts (Cole & Engeström 1993; Lim & Renshaw, 2001). These contexts are mediated by cultural practices and artifacts, particularly language (Annamma et al., 2013; Cole and Engeström, 1993; Lim & Renshaw, 2001). Sociocultural theory affords understanding of aspects of family-educator interactions integral to the current study. For example, Lim and Renshaw (2001) asserted that sociocultural theory promotes insights into family partnerships, especially interactions between educators and families from marginalized backgrounds. Further, sociocultural perspectives support understanding of cultural disconnects commonly identified as barriers to effective family partnerships (Lim & Renshaw, 2001). Rather than adopting a deficit-based model, sociocultural theory can help researchers identify family expertise, such as through funds of knowledge (González et al., 2005), or a posture of cultural reciprocity that emphasizes elucidating cultural assumptions and practices (Kalyanpur & Harry, 2012).

Collaboration takes place within a sociocultural context, and is influenced by politics, culture, and history (Ruppar & Gaffney, 2011; Wallerstein & Duran, 2010). In shaping context, sociocultural factors also contribute to family-home visitor interactions. For example, federal, state, and local policies regarding education contribute to how family-educator teams function (Ruppar & Gaffney, 2011). Mediating cultural and historical practices can be reinforced by

educational institutions (e.g., school policies and routines), and contribute to educators' expectations regarding teaching and learning, including consideration of ability and normalcy (Annamma et al., 2013) likely to shape decision-making. In addition, sociocultural perspectives support insight into ways in which historical practices can perpetuate hierarchical relationships that further marginalize individuals of color or individuals with disabilities (Trent, Artiles, Firchett-Bazemore, McDaniel, & Coleman-Sorrell, 2002), which can contribute to understanding family-home visitor power dynamics. As such, collaboration with family members from marginalized backgrounds should be considered in the context of historic exclusion and marginalization in schools and U.S. society with particular consideration of potential trust and mistrust among team members (Kalyanpur & Harry, 2012; Wallerstein & Duran, 2010).

In addition, cultural and historical practices contribute to institutional values, norms, and expectations (e.g., Cole and Engeström, 1993), which can positively or negatively contribute to collaboration (Ruppar & Gaffney, 2011; Wallerstein & Duran, 2010) through routines, policies, and procedures designated by programs. Sociocultural approaches can support identification of ways in which dominant cultural norms are embedded within institutional practices (Annamma et al., 2013; Lim & Renshaw, 2001). For example, EC programs may designate procedures that govern family-educator decision-making authority and resources (Ruppar & Gaffney, 2011; Wallerstein & Duran, 2010). Thus, sociocultural theory can uncover ideological contributions to decision-making (e.g., history, culture, politics) as well as institutional contributions (e.g., policies, protocols, resources). Moreover, sociocultural theory affords understanding of how cultural and institutional practices play a role in negotiating knowledge, priorities, and identities (Lim & Renshaw, 2001) during decision-making.

Discourse theory. While sociocultural theory supports understanding of ideological and institutional contributions to decision-making, I drew on discourse theory to consider specific ways in which such factors were enacted through language. Rather than a discrete set of skills, this approach views communication as discourse (i.e., language in social interaction). This study took the view that words spoken in context (i.e., saying) serve a function (i.e., doing) and construct identities (i.e., being). For example, when making decisions about a child's special education services, home visitors and families engage in actions (e.g., selecting goals, agreeing to services) and construct identities (e.g., knowledgeable partner). Moreover, language use reflects and constructs power as speakers engage in actions that provide or withhold social goods such as desired identities (e.g., engaged parent) or decision-making outcomes (e.g., preferred child goal, needed special education services). This framing emphasizes the contextual, sequential nature of communication, by which speakers indicate understanding of prior turns as they structure interactions and construct identities (Heritage, 2013; Wooffitt, 2005).

Language use, social context (e.g., assumptions about shared knowledge) and resultant actions (e.g., choices based on assumptions about shared knowledge) are linked (Gee, 2014). As such, discourse both reflects and constructs social practices (i.e., socially situated identities and actions; Gee, 2014; Wodak & Meyer, 2016). This is a reciprocal and recursive relationship, wherein discourse and social practices simultaneously and continuously contribute to one another. Further, discourse both reflects power within broader social context and constructs power within immediate interactions (Gee, 2014; Reisigl & Wodak, 2016; Wodak & Meyer, 2016). For example, when a home visitor begins a visit with a report on a child's current skills, this reflects dominant sociocultural and institutional beliefs about educators' specialized knowledge, as well as dominant beliefs about child development and ability (e.g., Markström,

2009, 2010, 2011). At the same time, it constructs interactional power by allowing home visitor control over conversational topics. This, too, is a reciprocal and recursive relationship, wherein discourse and social practices regarding power simultaneously and continuously contribute to one another (Reisigl & Wodak, 2016; Wodak & Meyer, 2016).

In addition to ways in which discourse reflects and constructs power, the specific nature of interactions between home visitors and parents necessitates institutional roles of professional (i.e., home visitor) and layperson (i.e., parent). Institutional setting and roles also inherently limit interactional goals and speaker contributions, which can result in conversational asymmetries (i.e., power imbalances; Heritage, 2013). Such imbalances are reflected and constructed in discourse (e.g., Cheatham & Ostrosky, 2011, 2013; Howard & Lipinoga, 2010; McCloskey, 2016; Rogers, 2002, 2003). Home visitors typically have more control of discussion topics and routines than parents, and thus are likely to have more opportunities to shape decisions. Professional roles require specialized knowledge and expertise (Skrtic, 1995), which can further contribute to asymmetrical family relationships (Howard & Lipinoga, 2010; Valle & Aponte, 2002) in the context of home visiting. Thus, discourse theory affords understanding of how home visitors and families engage in saying, doing, and being when making decisions, and how decision-making reflects and constructs power and ideological and institutional practices.

In sum, I drew on sociocultural and discourse theory to support understanding of how home visitors and parents engaged in decision-making about strengths and needs of children and families. Combining these approaches afforded consideration of how power is reflected and constructed at various levels of decision-making. In particular, this study investigated decision-making as embedded in ideological, institutional, and interactional contexts. First, to examine ideological contributions, I considered how broader social practices (e.g., family engagement,

accountability pressures) are constructed and reflected during decision-making. Second, to attend to institutional contributions, I examined how EHS policies (e.g., program philosophy) and procedures (e.g., program-required paperwork) contributed to decision-making. Finally, to investigate interactional contributions, I attended to words spoken, actions taken, and identities constructed through language (Gee, 2014). By investigating ideological, institutional, and interactional contributions to decision-making, the current study could develop deeper insight into how to promote more equitable family participation in decision-making.

Project Overview

The twofold purpose of the current study was: (1) to better understand how interactional, institutional, and ideological factors contributed to decision-making by home visitors and parents during EHS home visits, and (2) to foster home visitor reflection that could contribute to more equitable decision-making. Accordingly, the following research questions were addressed: (1) How is decision-making constructed through discourse by parents and home visitors during home visits? (2) How do decision-making structures contribute to parent participation in decision-making? (3) How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making? (4) How do home visitor and researcher co-analyses of decision-making contribute to home visitors' reflection on discourse?

Mixed Methods Design: A Rationale

Following Greene (2007), the study implemented a component mixed methods design (i.e., methods remained separate until results were integrated) to provide nuanced understanding of decision-making during EHS home visits. Such an approach was needed given the complexity of the topic, allowing for greater breadth and depth of understanding (Tashakkori & Teddlie, 2010) as well as creating opportunities to clarify or problematize findings (Greene, 2007, 2012).

Importantly, mixed methods research can unsettle the settled (Greene, 2007), which is essential to identifying and ultimately countering power relationships embedded within decision-making.

Applying recommendations for mixed methods designs that can uncover divergent perspectives and deepen understandings of complex phenomena, the current study coupled observational and interview data, and within interviews, coupled broad and specific questioning (Maxwell, 2013). Specifically, I investigated two facets of family-home visitor decision-making: (1) decision-making discourse, and (2) perceptions of decision-making (see Appendix B for an overview). Decision-making discourse was investigated through qualitative and quantitative analysis of home visit transcripts, and qualitative analysis of completed home visit paperwork and participant interview transcripts. Perceptions of decision-making were investigated through qualitative analysis of participant interview transcripts.

My purposes in mixing methods were complementarity (i.e., clarifying results from one method with those of another to enhance understanding about different facets of the same phenomenon) and initiation (i.e., problematizing results from one method with those of another to develop new understandings; Greene, 2007). By investigating quantitative (i.e., descriptive statistics of utterances) and qualitative aspects (i.e., discourse analysis) of talk, I could consider both quality and quantity of talk in relation to parent and home visitor participation in decision-making. Interpreting only one aspect may not present a complete portrayal; for example, Rogers (2002) found that although a parent's participation increased over time across IEP meetings, conference structures and language use continued to constrain parent ability to participate in educational decision-making. Thus, quantitative and qualitative findings could support initiation when findings problematized or complicated one another (Greene, 2007).

By investigating transcripts of family-home visitor talk, meeting documentation, and interview transcripts, I considered decision-making interactions in concert with participants' perceptions of decision-making. In doing so, I could achieve complementarity (Greene, 2007) by exploring the extent to which beliefs and practices (i.e., talk) informed one another. Such an approach was warranted: In a pilot study of decision-making during EI home visits, I found that although EIs intended to position parents as partners and engage in collaborative problem-solving, decisions were often ultimately dictated by professionals, which resulted in patterns of minimal parent participation in decision-making (Hancock & Cheatham, in progress). In the current study, identification of instances where beliefs and practices appeared to be in conflict or harmony could promote home visitor reflection on discourse (e.g., Schieble et al., 2015; Vetter et al., 2013). Thus, a mixed methods design was necessary to address study aims and questions.

Pilot Study

The current project built from a previous study investigating decision-making by two EIs and four parents during IDEA Part C home visits (i.e., four total home visits). Parent participants were four mothers who ranged in age from 25 to 36 years. Three parents were White, and one was African American. Parents' reported that their highest completed levels of education were high school (n = 1), some college (n = 2), and an Associate's degree (n = 1). The total size of family households ranged from two to seven members, and two parents had multiple children who participated in EI services. Three parents reported their family's annual income, which was as follows: less than $10,000 ($n$ = 2), and $30-49,000 ($n$ = 1). EI home visitors were both White women, and ranged in age from 37 to 42 years. Both EIs had Master's degrees, and reported several years of experience in their current positions (range 2 to 6 years), and total experience in early childhood (range 10 to 18 years). All parent and EI participants were English speakers.

Through analysis of home visit discourse, I found that EIs were typically constructed as experts who could advise or recommend strategies for child learning, while parents served as informants. How EIs introduced decisions and addressed options with families appeared to play an essential role in the extent to which parents participated in decision-making. When EIs open-endedly introduced the decision point, and discussed multiple strategies, parents more fully participated in decision-making, as evidenced by parents proposing strategies. However, when EIs introduced decision points within the same conversational turn in which they presented an option, and a single strategy was presented as advice, parents minimally participated in decision-making (e.g., providing token agreement). This latter approach was typical, and thus, although EIs indicated during interviews that parents were primary decision-makers, parents tended to minimally participate in decision-making.

Applying lessons learned. The current study applied lessons learned regarding data collection and analysis. First, the pilot study interviewed only EI home visitors, and only once. The current study interviewed both parents and EHS home visitors. In addition, this study interviewed home visitors twice, creating additional opportunities for member checking and reflection. Second, to facilitate more detailed reflection regarding discourse, this study engaged home visitors in analyzing short video clips of decision-making discourse. Third, to more fully consider institutional contributions to decision-making and promote more detailed home visitor reflection, this study collected and analyzed completed home visit paperwork. In the pilot study, audio-video recordings and EI interviews indicated that paperwork structured interactions. By incorporating additional interviews and elicitation strategies, as well as including paperwork as a data source, the current study investigated ideological, institutional, and interactional contributions to decision-making by home visitors and families during home visits.

Study Procedures

Next, I detail study procedures addressing (a) participants and setting, (b) role of the researcher, (c) data collection and component analysis, and (d) integrative data analysis.

Sites and Participants

Study participants included four EHS home visitors and twelve families participating in EHS services in two different programs. Family participants included 14 parents of 16 young children (ages 5 to 39 months) enrolled in EHS. See Table 1 for an overview of participants by program. Detailed demographics are presented in Table 4 (home visitors), Table 5 (parents), and Table 6 (children in EHS). Because this study aimed to obtain insight into an event (i.e., decision-making during EHS home visits) rather than generalize findings to a population, I implemented multi-stage purposive selection of participating programs, home visitors, and parents (Onwuegbuzie & Leech, 2007). In qualitative and mixed methods, sensitive application of purposive sampling techniques can support transferability of findings across similar contexts (Lincoln & Guba, 1985; Onwuegbuzie & Collins, 2007).

Table 1

Participants Overview

Home Visitor	Program	Parent	Child in EHS
Sheila	A	Destiny	Harmony
		Courtney	Brandyn
		Brandyn	
		Megyn	Maddox
		Andrew	
Jill	A	Penelope	Elizabeth
			Nathaniel
		Lyla	Quinn
		Emma	Aiden
			Helena
Desirée	B	Melissa	Caleb
		Caroline	Percy
			Rhea
		Toya	Carter
Katie	B	Kadejah[a]	Kamilah
		Meher	Tabish
		Naomi	Thomas
			Elliot

Note. Detailed demographics are presented in Table 4 (home visitors), Table 5 (parents), and Table 6 (children in EHS).
[a]Kadejah was pregnant and also enrolled in prenatal EHS services.

Site selection. In the current study, I first secured participation from administrators at the EHS program level. EHS was conceptualized as the research site for several reasons. First, EHS policies describe families as equal partners in decision-making and require parents to co-develop goals with home visitors (Office of Head Start, 2011). For example, the Office of Head Start (2011) recommends "asking families about their perceptions, perspectives, and feelings of their children and weaving that into goals that are co-developed with families" (p. 26). Second, families are presented as partners in EHS decision-making from broad program goals to specific decisions about child learning, culturally responsive teaching practices, and assessment. Third, EHS primarily serves children and families from marginalized backgrounds, particularly children and families experiencing poverty. A primary EHS enrollment criterion is that family income

meets federal poverty guidelines (i.e., $25,100 annual income for a family of four in 2018). Based on most recent annual national enrollment data, HS served 1,070,000 children from ages birth to 5-years-old and pregnant women, with 24% of those participants in EHS. Nationally, 29% of enrolled families were multilingual, with 23% speaking Spanish. Families identified their race/ethnicity as: White, 44%; Hispanic/Latino, 37%; Black or African American, 29%; multiracial, 10%; American Indian/Alaska Native, 4%, and Asian, 2%. In addition, EHS serves young children with disabilities and their families. Thus, program philosophy and policy are in alignment with study aims regarding equitable decision-making for all families, particularly those from marginalized backgrounds.

EHS services can be provided in center- or home-based models (Office of Head Start, 2017). In a center-based model, services are primarily provided directly to children in a classroom setting. In this model, EHS educators are classroom teachers, and engage in two or more home visits over the course of the year to discuss child and family strengths and needs. In this context, home visits are similar to parent-teacher conferences. In a home-based model, EHS services are provided by Family Educators (i.e., home visitors) during weekly home visits. Based on study purposes, weekly EHS home visits were identified as the targeted research venue. Thus, EHS programs that primarily provided services through a home-based model were recruited to participate. Potential sites that met recruitment criteria were identified using the online EHS Program Locator (Office of Head Start, 2019a). This resulted in identification of 16 eligible EHS programs across the state. At this level of multi-stage purposive selection, I targeted programs that were within geographic proximity to one another, and contacted four program directors to provide information about the study (see Appendix C). After two program directors provided approval for the study to take place, program recruitment ended. Table 2 presents an overview of

services provided by the participating programs to families enrolled in EHS, and Table 3 provides an overview of demographic information of children and families served by the participating programs.

Table 2

Percentages of Enrolled Families Receiving Specific EHS Family Services

Services Received	Program A[a]	Program B[b]
Emergency or crisis intervention	50.0	54.9
Housing assistance	9.9	9.2
Mental health services	8.3	7.7
English as a second language training	0	6.3
Adult education	4.7	4.2
Job training	5.7	2.1
Substance abuse prevention	2.1	4.2
Substance abuse treatment	0.5	0
Child abuse and neglect services	2.1	2.8
Domestic violence services	1.6	2.8
Child support assistance	5.3	1.4
Health education	57.3	93
Assistance to families of incarcerated individuals	1.0	0
Parenting education	44.3	92.3
Relationship or marriage education	0	0
Asset building services	3.6	3.5

Note. As reported in most recent EHS Services Snapshot.
[a]278 total children and/or pregnant women enrolled.
[b] 193 total children and/or pregnant women enrolled.

Table 3

Family and Child Characteristics as a Percentage of Program Enrollment

		Program A	Program B
Enrollment (*n*)	Total funded slots	160	114
	Total cumulative enrollment[a]	278	193
	Home-based	160	77
	Center-based	0	37
Child age	Less than 1 year old	35.3	24.4
	1 year old	24.8	27.5
	2 years old	24.1	28.0
	3 years old	0.7	8.8
	Pregnant women	15.1	11.4
Prior enrollment[b]	Second year	34.7	43.3
	Three (or more) years	22.9	20.2
Child race/ Ethnicity	White, not Hispanic or Latino	64	20.2
	White, Hispanic or Latino	8.3	35.8
	Black or African American	6.8	18.7
	American Indian or Alaskan Native	6.9	0.5
	Asian	0.4	1
	Multiracial	28.8	5.7
	Total Hispanic or Latino origin	22.5	52.8
Family primary language	English	96.4	36.3
	Spanish	0.4	45.6
	Central American, South American, or Mexican languages	2.9	0.5
	Middle Eastern or South Asian languages	0.4	8.8
	East Asian languages	0	0.5
	European or Slavic languages	0	0.5
	African languages	0	7.8
Other factors	Children with Individualized Family Service Plans	16.1	9.4
	Children experiencing homelessness	6.8	1.2
	Children in foster care	8.9	2.9

Note. Information as reported in most recent EHS Services Snapshot.
[a]Actual number of children and pregnant women served by the program throughout the entire program year, inclusive of enrollees who discontinued services during the program year and the enrollees who filled those empty places. Percentages of child and family characteristics reflect total cumulative enrollment.
[b]Child previously in EHS, for at least half of the time that classes or home visits were in session.

Program A. Program A provided a range of comprehensive educational and social services to individuals living in poverty, including EHS and HS services. Program A offered EHS services across nine counties in a predominantly rural area of the state; 100% of services

were provided through the home-based program model (EHS Services Snapshot, 2018). In the 2017-2018 program year, Program A received funding for 160 enrollment slots for children and/or pregnant women. Total cumulative enrollment was 236 children and 42 pregnant women (i.e., total number of children and pregnant women served, including any enrollees who left the program as well as new enrollees who filled empty slots). Program A provided services across a wide geographic region, and in some cases, only one home visitor provided services to an entire county. As such, I worked with the program director as a key informant to identify a specific EHS office appropriate for the study design (i.e., office employed at least two home visitors). To ensure consistency in language, the participating Office of Program A will be subsequently referred to as Program A.

Program B. Program B provided EHS and HS services across one county; 67.5% of EHS services were provided through the home-based program model (EHS Services Snapshot, 2018). In the 2017-2018 program year, Program B received funding for 114 enrollment slots for children and/or pregnant women, 77 of which were home-based. Total cumulative enrollment was 171 children and 22 pregnant women (i.e., total number served, including any enrollees who left the program as well as new enrollees who filled empty slots).

Home visitor participant selection. After I obtained approval from the directors of Programs A and B, program administrators distributed an introduction letter to all EHS home visitors via email (see Appendix D). Based on the number of home visitors willing to participate in the study, I planned to make efforts to match home visitors based on similar levels of training/education, experience, and education. At each site, two home visitors indicated an interest in participating, for a total of four home visitors. I then arranged individual informational meetings with home visitors at times convenient to them. At this time, I reviewed study details,

and they then had the opportunity to: (a) indicate whether or not they consented to participate, and (b) complete a simple demographic form (Appendix E). After two home visitors at each site provided informed consented to participate, home visitor recruitment concluded. An overview of home visitor participant demographics is provided in Table 4. As the home visitors were the primary participants in this study, I briefly introduce them in following sections.

Table 4

Home Visitor Participant Demographics

						Experience (Years)	
Program	Home Visitor	Gender	Race	Age	Highest Completed Education	Current Position	Early Childhood
A	Sheila	F	Caucasian (White)	47	CDA	5	26
	Jill	F	Caucasian (White)	53	AA, Early Education	24	26
B	Desirée	F	African American/Black	25	BS, Child and Family Development	2	5
	Katie	F	Caucasian (White)	24	BS, Social Welfare	1	5

Note. CDA = Child Development Associate. AA = Associate's degree. BS = Bachelor's degree.

Sheila (Program A). Sheila was an English-speaking, White woman in her 40s with a Child Development Associate Credential, and a Family Development Credential. Sheila had worked as a home visitor with Program A for five years, and previously ran an in-home child care center, with a total of 26 years of experience in early childhood education. At the time of the study, she had a caseload of 13 children (Sheila Interview 2). Sheila reported that all families spoke English as their primary language; eight children were White, and five were children of color (Sheila Interview 2).

Sheila described her primary role as a home visitor as providing support to families, particularly with enhancing parenting skills and accessing community resources (Sheila

Interview 1). For Sheila, her ultimate aim was to foster families' capacity to "move out of poverty" (Sheila Interview 1). Sheila identified her personal background as a primary influence on her approach to home visiting. "I grew up in poverty," she said. "I know what it's like. So, I think that helps me become a better home visitor, because I've been there; I know" (Sheila Interview 1). Sheila pointed out several shared experiences with families and children she served, such as having experienced homelessness, domestic violence, and family members with addiction, as well as having utilized resources for individuals with low incomes, such as Medicaid and benefits from the State Department for Children and Families (e.g., food assistance, child care subsidy; Sheila Interview 1).

Jill (Program A). Jill was an English-speaking, White woman in her 50s. She had an Associate's degree with a focus in early education, and had 24 years of experience in her role as a home visitor. Before becoming a home visitor, she taught for two years in Program B's HS preschool classroom. At the time of the study, Jill served 11 children from nine different families on her caseload (Jill Interview 2). She reported that all of families spoke English as their primary language; 10 children she served were White, and one was multiracial (Jill Interview 2).

For Jill, a key aspect of her role as a home visitor was to individualize program curriculum for families; this entailed balancing her knowledge of the curriculum with knowledge of specific families, and tailoring how she shared information with parents (Jill Interview 1). Jill also described past experiences as being influential on her approach to home visiting. In particular, she identified herself as previously having had low income, and struggled with finances as a new parent (Jill Interview 1). Jill noted that she previously qualified for and received different resources for families with low income, such as benefits from the Women, Infants, and Children program (Jill Interview 1). Jill also shared her own experiences of feeling

“humiliation” when trying to access such services, and emphasized the importance of empathy and taking a humanizing approach with families in her current work. “Sometimes, we make people that are in low income jump through so many hoops and we make them feel like they are less than what they are,” she said (Jill interview 1). As such, Jill saw demonstrating sensitivity to family experiences and recognizing strengths as an important aspect of her work.

Desirée (Program B). Desirée was an English-speaking African American woman in her 20s, and had a Bachelor’s degree in Child and Family Development. Desirée had two years of experience as a home visitor in Program B, and five total years of experience in early childhood. At the time of the study, Desirée reported that her current caseload was eight families (Desirée Interview 2). She served five families of color, and three White families (Desirée Interview 2). Desirée served four families who spoke a language other than English. Two families were bilingual and home visits were conducted in English; with the other families, home visits were conducted in the family’s primary language with a language interpreter.

Desirée valued the strength of her relationships with the families she served, and described her primary role as a “family friend” in contrast to her specific job title of “Family Educator” (Desirée Interview 1). She explained, “We get so connected, because I see them every week for an hour and that’s, that’s a lot of commitment” (Desirée Interview 1). Desirée reported a range of influences in her approach to home visiting, including her educational background in child development, and support from her past supervisor and current colleagues (Desirée Interview 1). In addition, Desirée was a first-time mother of a 10-month-old son. She described an interplay between her experiences as a new mother and home visitor, saying “I think that it’s actually brought a lot of learning for me” (Desirée Interview 1). Desirée shared that while her experiences as a mother sometimes contributed to how she planned activities, she also found

herself learning from parents, and considering how she might apply their suggestions to her own parenting (Desirée Interview 1). She also found that families began to rely more on her after the birth of her own child (Desirée Interview 1).

Katie (Program B). Katie was an English-speaking White woman in her 20s, with a Bachelor's degree in social welfare. She had one year of experience in her position with Program B, and she also had a semester-long practicum experience as a home visitor with a different program when completing her degree. Before beginning her current position, Katie taught preschool with HS; she had a total of five years of experience in early childhood at the start of this study. During the current study, Katie served nine families (Katie Interview 2). Katie's caseload included six families of color, and three White families. She served five families who were English-speaking, and four who were multilingual (Katie Interview 2).

For Katie, a primary purpose in her work was empowering parents to recognize the many ways they help their children to learn. She explained, "Showing [parents] that [children] don't have to come to school to learn. That learning can be done in the home and should be done in the home and that they are capable of doing that" (Katie Interview 1). In addition, Katie saw connecting families to resources as a major component of her work as a home visitor. Through these activities, Katie felt that her efforts could enhance the lives of the children and families she served. Katie described the primary influences on her approach to home visiting as linked to her professional experience. In particular, she drew on her past experience as a preschool teacher in helping parents make connections between their current efforts and later school readiness. Katie also saw her practicum experience as a home visitor as a valuable influence, noting that her experience with different colleagues and home visiting curricula gave her additional strategies in her current position. Further, Katie identified her experiences collaborating with many different

families as an influence on her home visiting style, in that these experiences provided her with a range of different strategies to individualize for the children and families she served.

Parent participant selection. After the four home visitors were selected to participate, I provided them with an information letter to share with all the families they served whose visits took place using spoken English (see Appendix F). This study focused on visits conducted in spoken English, because the presence of language interpreters changes the nature of family-educator interactions (e.g., Howard & Lipinoga, 2010; Lo, 2008; Schoorman et al., 2011). However, bilingual parents whose visits were conducted in spoken English were invited to participate. Because all parent participants were enrolled in EHS, their families met some or all EHS enrollment requirements: (a) Families either had income level at or below federal poverty guidelines; (b) or children were in foster care, homeless, or eligible for public assistance; (c) or children were eligible for services under IDEA (Head Start Performance Standards, 2016). Home visitors supported efforts to represent the range of family variation among their caseloads regarding (1) race/ethnicity, and (2) child disability status by sharing information with all eligible families. Cultural background was likely to contribute to decision-making, based on what is known about discourse norms (Cazden, 2001; Corson, 1995; Gee, 2007) and culturally bound perceptions of parenting, teaching, and ability (Kalyanpur & Harry, 2012). Further, emphasis on parent participation in EI/ECSE decision-making (e.g., DEC, 2014; IDEA, 2004) merited consideration of families with children with disabilities.

Based on established family-school communication routines, parent information letters were distributed by home visitors to parents whose visits were conducted in spoken English during a weekly home visit. When families expressed an interest in participating, the home visitor contacted me, and I scheduled a time to attend a regularly occurring home visit. Prior to

the beginning of the home visit, I reviewed study details with parent(s), and they then had the opportunity to: (a) indicate whether or not they consented to participate, and (b) complete a simple demographic form (Appendix G). After three families served by each home visitor provided their informed consented to participate, parent recruitment concluded.

A total of 14 parents from 12 families attended the observed home visits, and Table 5 presents an overview of family and parent demographics. All participating parents were children's primary caregivers. During two home visits, the mother and father both attended; in the other 10 visits, only the mother attended. For the 12 participating families, family structure included two-parent (n = 6), single-parent (n = 4), and multigenerational (i.e., parents and grandparents lived together; n = 2). Participating families had between one and seven children in their households. Most families (n = 9) reported that they had prior experience with EHS through previous enrollment of an older child or children. For almost all families (n = 11), their primary language was English; one parent was a bilingual Arabic and English speaker, and indicated that her family's primary language was Arabic. Parents' reported race included White (n = 8) and African American/Black (n = 3). Three parents identified themselves as multiracial (African American/Black and White). Parent age ranged from 22 to 40 years. Parents reported a range of completed education, including some high school (n = 3), high school degree (n = 4), some college (n = 5), Associate's degree (n = 1), and Bachelor's degree (n = 1). At the time of the study, parents indicated that they were stay at home parents (n = 2), college students (n = 3), or otherwise employed (n = 5). In addition, one parent was currently seeking employment.

Table 5

Family and Parent Demographics

Family				Parent(s) Participating in Observed Home Visit					
Total adults[a]	Total children[b]	Prior EHS experience[c]	Primary language	Name	Gender	Race	Age[d]	Highest completed education	Occupation
3	4	Y	English	Destiny	F	Multiracial African American/Black & Caucasian (White)	25	High school	Unemployed
4	5	Y	English	Courtney	F	Caucasian (White)	28	Some high school	Stay at home parent
				Brandyn	M	Multiracial African American/Black & Caucasian (White)	35	Some high school	Not reported
2	1	N	English	Megyn	F	Caucasian (White)	29	High school	Waitress
				Andrew	M	Multiracial African American/Black & Caucasian (White)	31	High school	Not reported
2	4	Y	English	Penelope	F	Caucasian (White)	24	Some college	Stay at home parent
1	3	Y	English	Lyla	F	Caucasian (White)	40	Bachelor's	Paraeducator
2	2	N	English	Emma	F	Caucasian (White)	22	Some college	Certified Nursing Assistant
1	2	N	English	Melissa	F	Caucasian (White)	28	Some college	Student
2	4	Y	English	Caroline	F	Caucasian (White)	30	Some high school	Not reported
1	7	Y	English	Toya	F	African American/Black	37	High school	Student
2	3	Y	English	Kadejah	F	African American/Black	30	Associate's	Certified Medication Aide
2	3	Y	Arabic	Meher	F	African American/Black	32	Some college	Language Interpreter
1	4	Y	English	Naomi	F	Caucasian (White)	27	Some college	Student

Note. F = female. M = male.
[a]Total adults in household. [b]Total children in household. [c]Parent reported that other children previously participated in EHS services. [d]Age in years.

Child characteristics. Due to the study's focus on parent-home visitor discourse and decision-making, the children enrolled in EHS were not considered participants in the study. However, the characteristics of these children necessarily shaped aspects of home visits through activities designed to promote individual children's development, and discussion of children's current progress, strengths, and needs. Table 6 presents an overview of child demographics. In the 12 participating families, 16 children were currently enrolled in EHS services. At the time of the study, one parent was pregnant and also enrolled in EHS prenatal services. Most families had one enrolled child (n = 8), while some (n = 4) had two enrolled siblings. Of the children, six were female, and 10 were male. Children's race included White (n = 10) and African American/Black (n = 3). Parents indicated three children were multiracial (African

American/Black and White). Children's ages ranged from 5 to 39 months. Children who are experiencing poverty, such as those who qualify for EHS, are at a higher risk for disabilities and developmental delays (e.g., Peterson, Mayer, Summers, & Luze, 2010). Two children of participating families also received IDEA Part C Early Intervention services. In addition, one child received physical therapy related to health complications and premature birth. The length of time in which children had been enrolled in EHS varied: Home visits completed during the current program year ranged from 8 to 33, and the estimated total visits completed per child ranged from 8 to 77.

Table 6

Child Demographics

		Child					Completed Home Visits	
Program (Home Visitor)	Parent	Name	Gender	Race/ethnicity	Age (months)	Special education or related services	Current program year	Estimated total
A (Sheila)	Destiny	Harmony	F	Multiracial African American/Black & Caucasian (White)	23	N/A	21	77
	Courtney Brandyn	Brandyn	M	Multiracial African American/Black & Caucasian (White)	16	N/A	21	52
	Megyn Andrew	Maddox	M	Multiracial African American/Black & Caucasian (White)	15	N/A	20	45
A (Jill)	Penelope	Elizabeth	F	Caucasian (White)	12	N/A	19	44
		Nathaniel	M	Caucasian (White)	24	Part C Infant-Toddler Services	9	74
	Lyla	Quinn	F	Caucasian (White)	22	Part C Infant-Toddler Services	19	61
	Emma	Helena	F	Caucasian (White)	36	N/A	8	8
		Aiden	M	Caucasian (White)	8	N/A	8	8
B (Desirée)	Melissa	Caleb	M	Caucasian (White)	6	Physical therapy	16	31
	Caroline	Percy	M	Caucasian (White)	5	N/A	31	35
		Rhea	F	Caucasian (White)	28	N/A	31	35
	Toya	Carter	M	African American/Black	22	N/A	33	69
B (Katie)	Kadejah[a]	Kamilah	F	African American/Black	39	N/A	25	35
	Meher	Tabish	M	African American/Black	19	N/A	29	35
	Naomi	Thomas	M	Caucasian (White)	35	N/A	32	32
		Elliot	M	Caucasian (White)	16	N/A	32	32

Note. N/A = not applicable.
[a]Kadejah was pregnant and also enrolled in prenatal EHS services.

Setting

Program A was based in Albion, a small city of approximately 10,000. This office served children and families across Albion County, which had a population of approximately 17,000 in the most recent census. In this rural county, many residents were employed in manufacturing or grain farming; the county had more than 600 farms. According to the most recent census, residents of this county were primarily White (88.4%), with smaller proportions of residents who were African American or Black (5%), Hispanic or Latino (3.1%), and multiracial (2.6%). In the most recent census, 14.3% of persons were experiencing poverty, and 1.4% of residents spoke a primary language other than English.

Program B provided services to children and families across Baker County, the most populous county in the state (approximate population 540,000). The program was based in Bridgeport, the second most populous city in the state, with a population of 170,000 according to the most recent census. Baker County was primarily suburban, and major area employers included a national telecommunications company, as well as large school districts and a community college. According to the most recent census, residents of this county were primarily White (80%), with smaller proportions of residents who were African American or Black (5%), Hispanic or Latino (7.7%), and multiracial (2.5%). In the most recent census, 5.3% of persons were experiencing poverty, and 11.3% of residents spoke a primary language other than English.

Home visits. While home visiting is a relatively common mode of service delivery in early childhood, models for home visiting are variable, and home visits serve a variety of purposes (e.g., Peterson et al., 2007). In the home-based model implemented by the participating programs, home visits are required by federal standards, and serve as the venue where families and home visitors carry out decision-making (Office of Head Start, 2011). Federal EHS

standards specify that the purpose of home visits is to "promote secure parent-child relationships and help parents provide high-quality early learning experiences" to ultimately support children's development and promote school readiness (45 C.F.R. §1302.35(a)).

While there are some differences in the ways in which Program A and B implemented home visiting, federal standards specify that EHS home visits should take place weekly and be at least 90 minutes long; a minimum of 46 visits per year should be completed with each enrolled family (45 C.F.R. §1302.22(c)). Federal standards further specify that all home visits should be:

> planned jointly by the home visitor and parents, and reflect the critical role of parents in the early learning and development of their children, including that the home visitor is able to effectively communicate with the parent, directly or through an interpreter. (45 C.F.R. §1302.35(b))

In addition, home visits are required to address (a) developmentally appropriate child-focused learning experiences, (b) strategies that promote parents' abilities to support their child's development, (c) strategies that promote the home as a safe and responsive environment, and (d) follow-up with families to discuss learning between visits, address concerns, and inform future strategies (45 C.F.R. §1302.35(c)).

Within this structure, the format, location, and attendees of a visit may vary based on specific needs or planned activities. Accordingly, the types of decisions made during visits are likely to vary based on the particularities of visits. For example, an initial home visit is likely to take place in the home, and involve more explanation about program structure than later visits. During this type of visit, decision-making may be more formal and involve setting child and family goals. In contrast, for a child with many health needs, a visit may take place at a doctor's office during a regularly scheduled appointment, and the home visitor may provide encouragement for the parent to ask previously prepared questions. During a visit such as this, decision-making may involve the parent and other professionals determining a course of action

(e.g., deciding whether or not to adjust child's medication). At other times, home visits may center on formal evaluation of child strengths and needs, such as through the administration of a standardized assessment. In these cases, decision-making may involve identification of strategies to address identified child needs. In the current study, observed visits all took place at the family's current place of residence and were attended by children's primary caregiver(s) and the home visitor. Eleven visits took place in parent or grandparent homes, and one took place in a shelter for survivors of domestic violence. Although grandparents were occasionally present and briefly interacted with home visitors, they did not engage in home visit activities alongside parents. Observed visits centered on implementation of parent-child activities as the primary visit component, such as creating a book about identifying feelings. Thus, decision-making was likely to involve selecting or individualizing strategies related to these activities, such as determining how to use the feelings book in future interactions with the child.

Federal standards also specify that EHS programs must implement a "research-based curriculum that delivers developmentally, linguistically, and culturally appropriate home visits" (45 C.F.R. §1302.35(a)). In addition to monitoring curriculum implementation, home visitors are required to assess children's strengths and needs through formal and informal assessment to inform individualized planning and home visiting strategies (45 C.F.R. §1302.33(b)). Thus, during home visits, home visitors utilize program paperwork to document curriculum implementation as well ongoing observations of child and family progress. At the time of the current study, Program A implemented the curriculum *Growing Great Kids* (Great Kids Inc., 2010). Program B implemented the Parents as Teachers curriculum *Born to Learn* (Parents as Teachers, 2006). Both programs utilized the Florida State University's (2017) prenatal

curriculum *Partners for a Healthy Baby*. More details regarding specific implementation of home visit curricula used by Program A and B will be addressed in Chapter 4.

Role of the Researcher

As a former early educator and HS teacher who conducted twice-yearly home visits, I experienced challenges when attempting to facilitate shared decision-making, such as tensions between required paperwork and being responsive to families. Further, as a White, middle-class, English-speaking professional, my identities were often privileged in family interactions. In negotiating such tensions, I worked to share power by listening to and acting on family priorities. As a researcher, these experiences contribute to my commitment to equitable decision-making.

Similarly, it is important to acknowledge my power as a researcher, and ways in which my identities and perspectives are likely to be privileged in participant interactions, which could contribute to imposing critique or deficit-oriented views of participants (Bang & Vossoughi, 2016; Kinloch & San Pedro, 2014; Paris & Winn, 2014). As such, interviews were designed to create opportunities for researcher and participant co-analyses of data, which could result in expanded understandings (Kinloch & San Pedro, 2014; Birt, Scott, Cavers, Campbell, & Walter, 2016; Hoskins & White, 2012). As Hoskins and White (2012) described, such collaborative dialogue was valuable in examining discourse and the interconnected nature of individual behaviors and social practices. This approach aligned with study assumptions regarding language as a social practice and knowledge as intersubjective (Kinloch & San Pedro, 2014).

The current study considered how ideological and institutional factors afforded and constrained decision-making and contributed to unfolding interactions. In purposefully attending to broader context, this study could avoid deficit-oriented interpretations of participants (Bang &

Vossoughi, 2016). Following Bang and Vossoughi (2016), such an approach reflected critical historicity and could ultimately support identification of practices that promote equity.

Data Collection and Component Analysis

Following from my conceptual framework and research questions, the current study examined three data sources: (1) audio-video recordings of home visits, (2) completed home visit paperwork, and (3) audio recordings of parent and home visitor interviews. Discourse analysis of home visit talk served as the primary method (see Appendix H). Prior to interviews, relevant documents (e.g., program policies, enrollment materials) were reviewed to gather data regarding institutional expectations, and refine interview guides. The following sections detail each data source and procedures for component analysis (i.e., methods stayed separate until results were integrated; Greene, 2007). Table 7 outlines data sources by research question.

Table 7

Primary and Secondary Sources by Research Question

	Research question	Data Source			
		Audio-video recordings of home visits	Completed home visit paperwork	Audio recordings of parent interviews	Audio recordings of home visitor interviews
1	How is decision-making constructed through discourse by parents and home visitors during home visits?	Primary source			
2	How do decision-making structures contribute to parent participation in decision-making?	Primary source	Secondary source		
3	How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making?	Secondary source	Secondary source	Primary source	Primary source
4	How do home visitor and researcher co-analyses of decision-making contribute to home visitors' reflection on language use?				Primary source

Audio-video recordings of home visits. Home visits were audio-video recorded to provide information regarding: (1) How is decision-making constructed through discourse by parents and home visitors during home visits? (2) How do decision-making structures contribute to parent participation in decision-making? (3) How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making? Transcripts of recordings were used to analyze home visit talk. Although in entirety, home visits were approximately 60 to 90 minutes in duration, audio-video recordings for study purposes ranged from 45 to 82 minutes in duration.

Transcription procedures. Audio-video recordings of home visits were iteratively transcribed for detail regarding what was said and how it was said by participants (Hepburn & Bolden, 2013; Wooffitt, 2005). First, I utilized audio-video recordings to document home visit discussion topics, the speaker who initiated the topic, and duration of time spent on the topic audio-video. Next, I applied the definition of decision-making (i.e., incremental activity resulting in commitment to future actions; Dall & Sarangi, 2018) to guide identification of decision-making sequences. I then created an utterance-by-utterance verbatim transcription (i.e., what was said) for each identified decision-making sequence. Children were not considered participants, and their utterances were not transcribed. Instead, child speaking turns were recorded with child pseudonym and a blank space. I then added further transcription details to identified decision-making sequences to provide information regarding how words were spoken (Hepburn & Bolden, 2013; Wooffitt, 2005). In particular, I documented overlapping talk, which can provide information about turn-taking, timing, and the sequential nature of utterances (Hepburn & Bolden, 2013; Wooffitt, 2005). I also transcribed change in speed, such as latching and elongation of sounds, which can provide data about speaker emphasis as well as turn-taking

(Hepburn & Bolden, 2013). Intonation details were then added to capture speakers' indications of continuing (low-rising intonation) or complete speaking turns (rising or falling intonation), which can provide further information regarding turn-taking (Hepburn & Bolden, 2013; Wooffitt, 2005). Finally, following Hepburn and Bolden (2013) silence between utterances was timed to the nearest tenth of a second, which can provide data regarding hesitation, agreement, and disagreement. The audio program Audacity (Version 2.1.3; 2017) was used to time silences. In addition, I documented salient nonverbal actions (e.g., completing paperwork) to provide additional context. Adding fine-grained details to transcripts is estimated to take 10 hours per hour of audio recording (ten Have, 1999). Table 8 presents transcription conventions, and Appendix I provides more details regarding transcription. In the current study, 39, 239 total utterances were transcribed.

Table 8

Transcription Conventions

	Code	Meaning
Overlap	Karen: Ok, //so// Beth: //We// usually	Overlapping or simultaneous responses enclosed within double slashes
Latching	=	No gap between speaking turns
Intonation	,	Low-rising intonation, like a continuation
	.	Falling intonation, like a conclusion
	?	Rising intonation, like a question
Pauses	(.)	Micropause; a pause less than 0.2 seconds
	(0.5)	Pause in seconds
Laughter	<hh>	Laughter tokens
Volume	ALL CAPITALS	Increased volume
Pacing	He has u:h the normal kid tantrums	Lengthening of syllable
Comment	((to child))	Researcher comment
Omission	[…] [information about omission]	Lines of transcript omitted

Note. Adapted from Atkinson & Heritage (1984) and Hepburn and Bolden (2013).

Component analysis: Discourse analysis of transcripts. Methods from discourse analysis (Gee, 2014) and conversation analysis (Wooffitt, 2005) were applied to qualitatively analyze transcripts of home visit talk. First, I deductively identified decision-making structures following Collins et al. (2005). Beginning data analysis with top-down pattern identification is well-suited to transcripts of talk (Erickson, 2004), and understanding overall structure of talk supplements analysis of individual speaking turns (Heritage, 2013; Wooffitt, 2005). I then engaged in turn-by-turn analysis of decision-making sequences to inductively identify patterns (e.g., Collins et al., 2005; Ijäs-Kallio et al., 2011). Particular attention was paid to how participants initiated topics and managed speaking turns, and how conversational asymmetries (i.e., power imbalances) were constructed through talk (Heritage, 2013). Finally, interpretations of talk were considered through Gee's (2014) framework of saying, doing, and being.

Component analysis: Quantitative analysis of transcripts. Quantitative analysis investigated frequency counts of utterances by participant, and frequently combined words. First, frequency counts of participants' utterances were calculated using the word count function in Microsoft Word. Utterances were defined as audible verbalizations, including completed words, partial words (e.g., s-, mo-) and verbal noises (e.g., um, mmhm). Continuous laughter was counted as one utterance (e.g., "haha" = 1 utterance). Overlapping speech was included in frequency counts, while unintelligible speech was not. Descriptive statistics were analyzed to identify quantitative patterns of participation (i.e., who speaks more). Second, to identify frequently combined words, I followed procedures from Mautner (2016) and used the software Voyant Tools (Sinclair & Rockwell, 2016) to identify and analyze commonly combined words (i.e., collocates). Collocates can provide data regarding expectations embedded in discourse

(Mautner, 2016), such as attitudes associated with particular decisions (e.g., educators' affirmation of choice to evaluate child for disability; Hjörne, 2005).

Completed home visit paperwork. After home visits, copies of completed paperwork were collected to address the following research questions: (2) How do decision-making structures contribute to parent participation in decision-making? (3) How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making? Completed paperwork served as program documentation that home visits took place, and included information related to federal performance standards such as the home visit length and attendees. Paperwork also documented planning for visit topics (i.e., parent-child activity) and contained space for home visitors to detail observations during the visit, as well as parent comments, thereby providing data regarding home visitor interpretation of parent comments and decisions made during the visit. In addition, paperwork had a place to note plans for upcoming visits; a copy of paperwork was provided to parents at the conclusion of home visits to serve as a record of what happened, and a reminder for future plans. Samples of completed paperwork are provided in Appendix J.

Component analysis: Qualitative analysis of paperwork. Qualitatively, completed home visit paperwork was analyzed using inductive and deductive codes to identify themes (Bowen, 2009; Rodwell, 1998; Saldaña, 2016). Paperwork was iteratively and inductively coded using document analysis procedures described by Bowen (2009). Similar codes were clustered into increasingly refined mutually exclusive categories to identify categories (Bhattacharya, 2017; Saldaña, 2016). Next, code labels and definitions were developed, using language from the forms to stay close to the data (Charmaz, 2006). Deductively, the study's conceptual framework was

applied to identify interactional, institutional, and ideological contributions to decision-making. Thus, identified themes contextualized and complicated analysis of home visit discourse.

Audio recordings of parent and home visitor interviews. In-depth individual interviews (Bhattacharya, 2017) were conducted with parents and home visitors to address the following questions: (3) How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making? (4) How do home visitor and researcher co-analyses of decision-making contribute to home visitors' reflection on discourse? Interview questions drew from prior literature (e.g., Cheatham & Ostrosky, 2011, 2013; Etscheidt et al., 2012) and a pilot study (Hancock & Cheatham, in progress).

Parent interviews. Parents were individually interviewed by phone as soon as possible following the completed visit (see Appendix K for interview guide). Interviews provided information regarding participants' backgrounds, including experiences with and expectations for decision-making (i.e., ideological factors). In addition, interviews provided an opportunity to discuss perceptions of the observed visit and decision-making processes. Although 14 parents from 12 families attended the observed home visits, 11 parents from 11 families chose to complete parent interviews. Parent interviews ranged from 12 to 39 minutes in duration.

Home visitor interviews. As focal participants, home visitors were interviewed in person twice (see Appendix L for interview guides). First, home visitors were interviewed as soon as possible following the completion of all observed home visits to provide information regarding participants' backgrounds, including experiences with and expectations for decision-making (i.e., ideological contributions). In addition, home visitors were invited to describe current practices, identifying struggles or successes. Home visitors were also asked to identify any aspects of decision-making that they would like to review during the next interview.

The second interview took place after initial transcription and initial interview and discourse component analyses are complete, and focused on researcher and home visitor co-analyses of decision-making. Following recommendations for video analysis with educators (e.g., Kang & van Es, 2018; Tekkumru-Kisa & Stein, 2017; van Es et al., 2014), this interview was anchored by viewing short video clips of decision-making during the observed home visits conducted by that participant; transcripts of clips were provided. Six video clips (two per home visit) were selected based on several criteria. First, possible clips were identified based on saliency and representativeness of depicted interactions, keeping in mind preliminary findings regarding discourse patterns for the individual home visitor as well as across all home visitors. Second, efforts were made to select clips that presented home visitor strengths as well as possible areas for improvement. Finally, because decision-making is an incremental process (Huisman, 2001) that can be explicit or implicit (e.g., Hitzler & Messmer, 2010), selection of clips took into consideration the extent to which clips depicted aspects of decision-making that could potentially be identified by home visitors, such as offering choices or finalizing a course of action.

Using questions designed to promote reflection (Etscheidt et al., 2012), home visitors were asked to describe and reconstruct what happened in the clips, focusing on how discourse contributed to participation and decisions made. After home visitors interpreted videos, I pointed out areas of alignment or differing views with my own analyses (van Es et al., 2014). Home visitors were also asked to share thoughts on the reflection process and current goals for communicating with families during home visits. As such, the interview provided opportunities for addressing accuracy and utility of interpretations (Birt et al., 2016; Koelsch, 2013; Madill & Sullivan, 2017). Home visitor interviews ranged from 50 to 77 minutes in duration.

Component analysis: Qualitative analysis of transcripts. Following a constructivist approach to analysis, interview transcripts were iteratively and inductively coded (Rodwell, 1998). First, interviews were transcribed verbatim. Second, transcripts were unitized by breaking statements into the smallest unit of analysis independently understood; units may range from a word to multiple paragraphs, but each required no additional explanation (Rodwell, 1998). Similar codes were clustered into increasingly refined mutually exclusive categories to identify categories (Bhattacharya, 2017; Saldaña, 2016). Next, code labels and definitions were developed, using participant language to stay close to the data (Charmaz, 2006). When examining between-category relationships (Saldaña, 2016), the conceptual framework was introduced to allow integration across sources. Thus, interview themes contextualized and complicated analysis of home visit discourse.

Iterative Integrative Analysis

Following mixed methods analysis procedures described by Smith (1997), warranted assertions about findings were developed across all data analysis methods, using both qualitative and quantitative data. First, assertions were inductively proposed based on repeated, in-depth review of component analyses. Next, to establish warrants for each assertion, confirming and disconfirming evidence from each data source were evaluated, resulting in adopting, refining, or eliminating assertions as necessary. Through the warranting process, assertions were iteratively adjusted, with a goal of reaching compelling and diverse evidence to support each claim. As discussed further below, analytic memos and visual representations documented this process and supported trustworthiness of interpretations (Smith, 1997; Saldaña, 2016).

Trustworthiness

Cho and Trent (2006) identified transactional and transformational validity as primary approaches to enhancing trustworthiness in qualitative research. Transactional approaches emphasize accuracy, while transformational validity focuses on potential for change resulting from research, such as participant reflection (Koelsch, 2013, Madill & Sullivan, 2017). In the current study, I implemented a range of strategies to promote transactional and transformational validity aligned with this study's purposes: (1) visual representations, (2) memoing, (3) triangulation of sources, (4) disconfirming evidence, (5) peer debriefing, and (6) ongoing member checking. Each strategy is discussed below.

Visual Representations

To promote transactional validity, I documented analysis through visual representations such as concept maps (Bhattacharya, 2017; Saldaña, 2016) and participation structures for home visit talk (see Figures 1-6). Visuals can enhance inductive analysis by illustrating relationships between theory, literature, and findings (Bhattacharya, 2017). Further, mapping can uncover tensions (Bhattacharya, 2017), and enhance member checking (Madill & Sullivan, 2017) in alignment with this study's mixed methods purpose of initiation (Greene, 2007).

Memoing

A second strategy to enhance study trustworthiness, memoing, addresses transactional and transformational validity. I wrote memos throughout iterative data analysis to create a transparent record of decisions. Further, memos can facilitate thinking regarding data analysis (Bhattacharya, 2017; Maxwell, 2013), and as such, can prompt reflexivity associated with transformational validity (Madill & Sullivan, 2017).

Triangulation

Another approach furthering rigor is triangulation of methods, sources, and participants. This study applied multiple methods (i.e., quantitative and qualitative analysis of transcripts) to analyze multiple data sources (i.e., home visits audio-video recordings, completed paperwork, interview audio recordings) across multiple participants. Analyzing multiple sources afforded consideration of to what extent different evidence supports the same conclusion (Maxwell, 2013; Miles, Huberman, & Saldaña, 2014). Further, analyzing multiple sources supported understanding different aspects of a phenomenon (Flick, 2002; Maxwell, 2013). The current study addressed multiple facets of decision-making by analyzing communication behaviors during visits (i.e., transcripts of home visit talk, completed paperwork) and participant experiences (i.e., perceptions of decision-making).

Disconfirming Evidence

This study also adopted strategies to identify disconfirming evidence. Employing multiple data collection methods was well-suited to uncover divergent perspectives that problematized understandings (Greene, 2007; Maxwell, 2013). Thus, during analysis I sought out inconsistent findings. In particular, analysis of home visit transcripts included identification of atypical sequences, which could enhance understanding of typical patterns by addressing what happened when conversations did not proceed as expected (Potter & Wetherell, 1987).

Peer Debriefing

A fifth strategy to enhance trustworthiness was peer debriefing sessions, wherein I met with impartial colleagues to discuss progress and findings (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005; Lincoln & Guba, 1985). In addition to bi-weekly meetings with my advisor, I met regularly with a doctoral candidate peer to discuss data collection and analysis.

These discussions supported and challenged my interpretations, deepening reflexivity and promoting transparency and clarity.

Ongoing Member Checking

In addition to the previously described strategies, I embedded ongoing member checking during data collection and analysis. Multiple opportunities for member checking promoted contextualizing and challenging findings, addressing transactional and transformational validity (Birt et al., 2016; Cho & Trent, 2006; Madill & Sullivan, 2017). To address transactional validity within interviews, I informally and formally asked participants about interpretation accuracy. Informally, I reviewed interpretations using strategies such as summarizing. Formally, I invited home visitors to reflect on proposed interpretations. To further address transformational validity, the second home visitor interview focused on co-analyses of discourse.

Conclusion

The current study was an in-depth, mixed methods study that integrated multiple data sources and analysis methods. By coupling analysis of communication behaviors in transcripts with participant experiences and expectations reported in interviews, the study aimed to deepen understanding of the complex phenomenon of decision-making by families and home visitors during EHS home visits. By engaging home visitors in discussion and analyses of decision-making, anchored by viewing videos of their practice, the study aimed to foster reflection that could contribute to enhancing communication and decision-making. Consideration of interactional, institutional, and ideological contributions to decision-making afforded insights that can promote efforts for more equitable decision-making in EC/ECSE.

Chapter 4: Results

The twofold purpose of the current study was: (1) to better understand how interactional, institutional, and ideological factors contributed to decision-making by home visitors and parents during EHS home visits, and (2) to foster home visitor reflection that could contribute to more equitable decision-making. Following mixed methods analysis procedures described by Smith (1997), the results presented are based on iteratively developed, warranted assertions that had compelling and diverse evidence regarding decision-making, an incremental process that takes place through discourse (i.e., language in interaction) when home visitors and families engaged in implicit or explicit commitments to future action. In this chapter, I present results by research question.

Decision-Making Structures

In this section, I present results related to the research question: *How is decision-making constructed through discourse (i.e., language in interaction) by parents and home visitors during home visits?* I first contextualize home visit decision-making by addressing key features of home visits and decisions. I then outline decision-making structures for each type of identified decision, illustrating structures with excerpts from transcripts of the observed home visits.

Contextualizing Decision-Making

In the following sections, I contextualize home visit decision-making by discussing key features of observed home visits and identified decisions. I first outline the overall structure of home visit talk, highlighting potential opportunities for decision-making across different home visit components. Next, I summarize identified types of decisions made during home visits.

Overall structure of home visits. Across both Programs A and B, observed home visits followed a structure with five primary components (see Figure 1). Although the structure was

flexible, visits typically proceeded in the following order: (1) opening, (2) discussion of community resources, (3) parent-child activity, (4) assessment, and (5) closing. Each component will be discussed in more detail below.

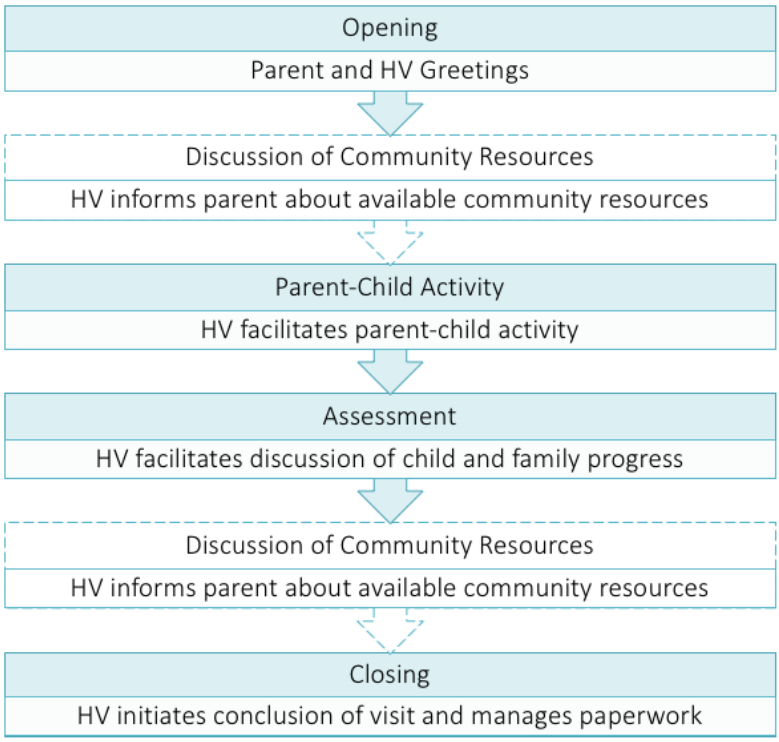

Figure 1. Overall structure of home visits. HV = home visitor.

Opening. In the first home visit component, home visitors and parents greeted one another and made small talk as the home visitor entered the home. In the current study, decision-making during this component was atypical. However, during one observed visit, parents initiated discussion of a pressing concern at the outset of the visit, resulting in decision-making.

Discussion of community resources. In the next home visit component, home visitors informed parents about available community resources, such as upcoming food drives and available scholarships. Parents and home visitors also discussed ongoing programs for children and families with low income, such as the Women, Infants, and Children (WIC) program, utility cost reduction, and food assistance (i.e., food stamps). When discussion of community resources,

a common opportunity for decision-making was whether or not parents intended to use the resource. If a parent indicated interest in the resource, additional decisions might be made about how to access the resource, such as who would submit required application materials. As illustrated in Figure 1, discussion of community resources typically took place at one of two points during observed home visits. During some visits, resources were discussed after the visit opening; in other visits, resources were discussed prior to the visit closing.

Parent-child activity. In the third home visit component, home visitors facilitated a parent-child activity designed to address child development and learning. The topic of these activities were typically selected in the prior visit, and related to program curricula as well as EHS and program standards. Parent-child activities during observed visits addressed a variety of child learning objectives and included art, book-making, reading, and games. During parent-child activities, a common opportunity for decision-making involved future implementation of strategies associated with the activity. For example, if a parent and child made a sensory bag during the activity, the parent might accept or resist home visitor suggestions for how to use the bag in future interactions with their child. Another opportunity for decision-making arose when parents initiated discussion of their child or family's strengths and needs, particularly when there was an absence of other home-visitor talk. For example, during a silence while a parent cut out materials for a parent-child art activity, and a home visitor looked at her computer, the parent shared concerns about her son's sleep schedule.

Assessment. In the fourth home visit component, home visitors utilized standardized assessments, ongoing observations, and EHS or program-specific documents to facilitate assessment of child and family progress, strengths, and needs. Several opportunities for decision-making were identified within this visit component. For example, when parent and home visitor

assessment of a child's progress indicated an area of need, home visitors might suggest a strategy to practice an associated skill. In turn, parents accepted or resisted the suggested strategy. When ongoing observation indicated that children or families were making progress on previously established goals, another decision-making opportunity occurred: Parents and home visitors evaluated whether a goal was complete, and potentially select a new goal.

Closing. In the final home visit component, home visitors and parents signaled the conclusion of the visit. Home visitors completed visit documentation and obtained parent signatures, and parents received an electronic (Program A) or paper copy (Program B) of documentation. Decision-making was often finalized or reiterated through documentation as home visitors recorded next steps. In addition, home visitors coordinated details about upcoming visits, such as topic, location, date, and time.

Identified decision types. A total of 215 decision-making sequences were identified across the 12 observed home visits. Decisions took place at various points in the overall structure of home visits, and addressed a range of topics. In particular, three different types of decisions were identified: (1) child-focused, (2) family-focused, and (3) logistical. First, child-focused decisions related to individual children's strengths and needs. These decisions involved future actions intended to be carried out by the parent(s) in tandem with the child, such as selecting strategies to encourage a child to identify his emotions, or brainstorming how to encourage a child to eat new foods. A total of 126 child-focused decisions were identified. Second, family-focused decisions related to strengths and needs of family members other than the child (e.g., strengths of entire family unit, needs of father). These decisions involved future actions intended to be carried out by adult family members. While children were sometimes beneficiaries of such decisions, they were not integral to decision implementation. Examples included deciding how to

adjust a family's food budget, or determining how to follow up on a parent's submitted job applications. A total of 60 family-focused decisions were identified. Third, logistical decisions related to coordination of future EHS-related activities, particularly upcoming home visits and EHS parent-child playgroups. These decisions addressed details such as selecting time, date, and location of the next home visit. A total of 29 logistical decisions were identified.

Table 9 presents identified decisions by type across each home visit. The total number of decisions identified in each observed visit ranged from seven to 33. The total number of identified decisions by type across home visits was as follows: child-focused, four to 25; family-focused, two to 11; and logistical, zero to four. Table 10 provides a summary of identified decisions by type and home visitor. The total number of decisions facilitated by each home visitor by type was as follows: child-focused, 19 to 56; family-focused, eight to 23; and logistical, four to 10. The total number of all identified decisions facilitated by each home visitor ranged from 46 to 74.

Table 9

Identified Decisions by Type across Home Visits

				Decision Type			
Home Visitor	Program	Parent	Child in EHS[a]	Child Focused	Family Focused	Logistical	Total
Sheila	A	Destiny	Harmony	10	6	3	19
		Courtney	Brandyn	8	5	2	15
		Brandyn					
		Megyn	Maddox	10	4	1	15
		Andrew					
Jill	A	Penelope	Elizabeth	25	4	4	33
			Nathaniel				
		Lyla	Quinn	19	2	2	23
		Emma	Aiden	12	2	4	18
			Helena				
Desirée	B	Melissa	Caleb	16	3	4	23
		Caroline	Percy	4	2	1	7
			Rhea				
		Toya	Carter	3	9	4	16
Katie	B	Kadejah	Kamilah	7	11	0	18
		Meher	Tabish	8	4	3	15
		Naomi	Thomas	4	8	1	13
			Elliot				

[a]Some parents (i.e., Penelope, Emma, Caroline, Naomi) had multiple children enrolled in EHS.

Table 10

Summary of Identified Decisions by Type and Home Visitor

		Decision Type			
Home Visitor	Program	Child Focused	Family Focused	Logistical	Total
Sheila	A	28	15	6	49
Jill	A	56	8	10	74
Desirée	B	23	14	9	46
Katie	B	19	23	4	46

Identified Decision-Making Structures

In this section, I outline decision-making structures for child-focused, family-focused, and logistical decisions, illustrating structures with representative excerpts from transcripts of observed home visits.

Child-focused decisions. When decisions focused on children's strengths and needs, two different decision-making structures were identified: (1) institutional, and (2) emergent. Institutional decision-making was initiated by home visitors and involved program documentation and requirements. While it may have been possible for a parent to raise a topic associated with program requirements, in the current study, no such instances were identified. These decisions were typically facilitated through paperwork designed to document a process between home visitors and parents, such as setting child goals or reporting observations of child progress. In addition, decisions linked to standardized assessment of child development were institutionalized. In contrast, emergent decision-making was initiated by either home visitors or parents and did not involve program-related documentation or requirements. Rather than being driven by paperwork, emergent decisions often began when home visitors or parents described what they noticed children doing in the moment. In addition, emergent decisions resulted from parent reports of prior observations of their child.

Institutional decision-making. In alignment with Collins et al.'s (2005) findings regarding doctor-patient decision-making, institutional decision-making that addressed children's strengths and needs typically followed the following trajectory of incremental phases: (1) home visitor initiates assessment, (2) home visitor and parent assess child progress or needs, (3) home visitor introduces decision point and offers strategy, (4) parent accepts or resists strategy, and (5) home visitor concludes decision-making sequence. This structure is illustrated below in Figure 2,

and each phase is further described below with an ongoing example from a representative transcript. The transcript excerpt is continuous unless otherwise noted, and presented in sections to illustrate each decision-making phase.

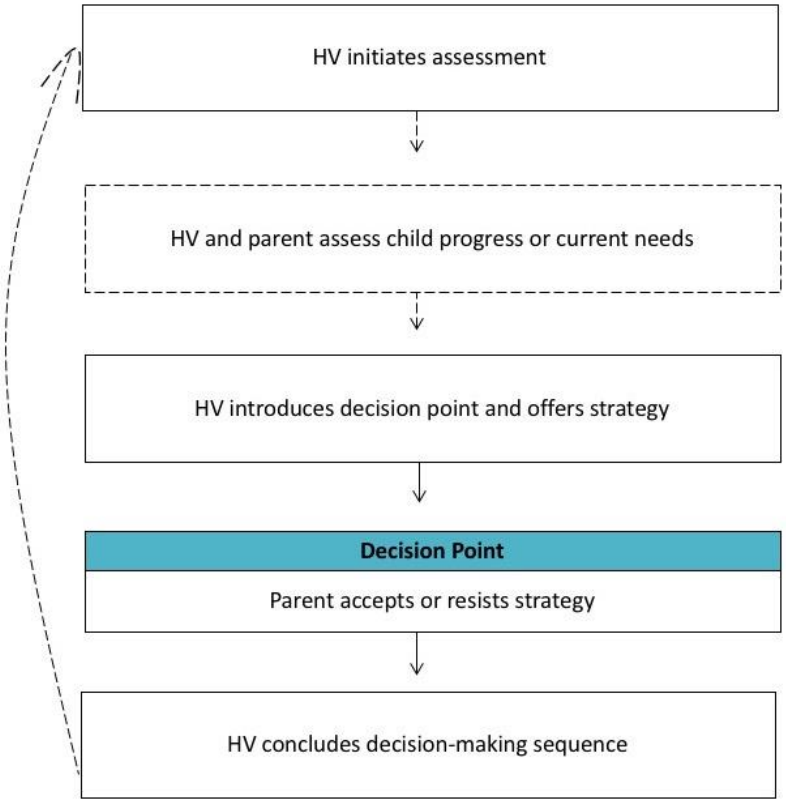

Figure 2. Structure for institutional child-focused decisions. HV = home visitor.

Home visitor initiates assessment. The first phase of decision-making, initiating assessment, aligned with what Collins et al. (2005) described as introducing the decision-making sequence, and took place when the home visitor introduced a topic that laid conversational groundwork for home visitor and parent assessment of child progress or needs. This typically occurred when home visitors asked open-ended questions related to program-required materials, such as standardized assessments or home visit curricula. For example, in the following excerpt, home visitor Desirée initiated assessment of child Carter's developmental skills based on an item in the Child Observation Record (COR; High/Scope, 2002) regarding the extent to which

children distinguish themselves from others. One indicator of this objective is "child spontaneously identifies self in a mirror or photograph" (p. 3). Desirée first asked Toya (parent) about an abbreviated version of the indicator (line 1) and then provided further details, echoing language from the COR (lines 3-4).

1 Desirée: is he um identify himself in the mirror?
2 (0.7)
3 Desirée: never seen him do that so I didn't know if you, like does he say that's me or
4 Carter, or point at himself when he looks in the mirror
5 (0.3)
6 Toya: //um//
7 Desirée: // ((to child)) thank you.//
8 (1.2)
9 Desirée: ((to child)) thank you.

Desirée provided time for Toya to respond (line 5), and Toya hesitated, replying "um" (line 6). Desirée briefly interacted with Carter as she continued to wait for a response (lines 7-9), and the conversation then moved to the next phase of decision-making (see below).

Home visitor and parent assess progress or needs. Next, home visitors and parents engaged in assessment of child needs and progress. Following Collins et al. (2005), this decision-making phase provides needed details that ultimately allowed professional recommendations to be made about appropriate courses of action. During collaborative decision-making, this phase established parents' perspectives and priorities, whereas during unilateral decision-making, it was likely that only professional's opinions were shared (Collins et al., 2005).

In the transcript excerpt below, after Desirée initiated assessment about whether Carter identified himself in the mirror, Toya stated that she was unsure (line 1), but her son did look at himself in the mirror (line 3). Desirée restated her lack of knowledge (line 4), and Toya again indicated that she was unsure (line 5). Toya then suggested that she could facilitate the skill so

Desirée could observe it (line 7). When Desirée indicated her interest in this (line 9), Toya went to get the needed materials.

1 Toya: I don't know.
2 (0.8)
3 Toya: //he looks at his self.//
4 Desirée: //never seen it before//
5 Toya: I don't know.
6 Desirée: okay.
7 Toya: you wanna see if he does it
8 (0.3)
9 Desirée: yeah.
10 Toya: I got a little //mirror//
11 Desirée: //got a mirror// okay
12 Toya: hold on. I'll bring it down

As presented below, after Toya returned with the hand mirror, she offered the mirror to Carter and asked him, "who is that?" (line 1) and "who is it?" (line 3). When Carter did not clearly respond, Toya narrowed her questions for Carter (lines 6, 8). After Toya's attempts, Desirée shared a general assessment that Carter was not yet demonstrating the skill, softening the statement with laughter and framing it from Carter's perspective (lines 12, 14). Desirée then attempted to facilitate the child skill (line 16). When Toya gave a directive to her son (line 18), Desirée acted as Carter, modeling the correct response (line 22). After an additional attempt (line 31) and extended wait time (line 34), Desirée restated her assessment, laughing and framing the assessment as Carter's own point of view (lines 33-49).

1 Toya: who is that?
2 (2.6)
3 Toya: who is it?
4 (2.8)
5 Carter:
6 Toya: is that you?
7 Carter:
8 Toya: what's your name?
9 (2.0)
10 Toya: Carter.
11 (1.7)

12 Desirée: <hh> he's like I don't know, this handsome fella in this mirror.
13 (0.8)
14 Desirée: <hh>
15 (2.3)
16 Desirée: is that me?
17 (0.7)
18 Toya: say me?
19 (1.6)
20 Desirée: <h> (0.6) <hh>
21 (2.5)
22 Desirée: me. (0.5) Carter.
23 Carter:
24 (0.5)
25 Desirée: yeah you.
26 (0.9)
27 Toya: uh huh
28 (1.0)
29 Desirée: <hh>
30 (1.0)
31 Desirée: who is that?
32 (2.9)
33 Desirée: <hh>
34 (4.2)
35 Desirée: he's like I don't know.
36 Carter:
37 Desirée: that's two of me
38 Carter:
39 Desirée: <hhhh>
40 (2.9)

Following this determination that Carter was not yet identifying himself in the mirror, the conversation continued to the next phase of the sequence presented below.

Home visitor introduces decision point and offers strategy. Following assessment of child strengths and needs, home visitors introduced a decision point, presenting a specific opportunity for a decision (Collins et al., 2005). As the discussion between Desirée and Toya about Carter's ability to distinguish himself from others continued (see below), Desirée recommended that Toya continue practicing this skill with Carter. By presenting the strategy in the same turn as the decision point (line 1, below), the strategy was constructed as advice rather than as one of

multiple options from which the parent could choose. The unilateral nature of the home visitor's recommendation was furthered by Desirée's word choice—she phrased it as a directive (i.e., imperative) rather than with conditional words (e.g., might, could) to signal a range of possibilities.

1 Desirée: start doing it more often //and see if he//

After the home visitor introduction of the decision point and strategy (i.e., continue practicing mirror activity), the conversation continued as presented below.

Decision point. In this phase of the decision-making sequence, parents indicated acceptance or resistance to home visitors' proposed strategies, both of which took a range of forms. For example, parents sometimes directly indicated acceptance or described plans to implement the strategy in the future (e.g., Cheatham & Ostrosky, 2011; Heritage & Sefi, 1992). To illustrate, in the exchange below, Desirée introduced the decision point and strategy (line 1), and Toya quickly indicated her acceptance of the strategy, interjecting her response (line 2) into Desirée's description. Toya's use of present (I am) rather than future tense (e.g., I will) positioned herself as committed to carrying out the strategy, and she stated that she was already doing so. Her falling intonation also signaled the definitive nature of her ongoing commitment (i.e., she already does this). Although Toya's assertion that she was already implementing the home visitor's recommended strategy may have indicated resistance, or suggested the need to address further strategies, Desirée continued her prior turn by providing more details about what to look for (line 3), indicating that she understood Toya's statement as a commitment to future implementation of the strategy.

1 Desirée: start doing it more often //and see if he//
2 Toya: //I am.//
3 Desirée: you know starts to, oh it's me in the mirror or Carter.
4 Desirée: ((to child)) look. (0.6) who is that?

This decision-making sequence then continued to the final phase of the trajectory (see below).

Concluding decision-making sequence. Concluding a decision-making sequence involved finalizing a course of future action (Collins et al., 2005). This may entail explicit discussion of next steps, or decision-making may be concluded as a new topic is initiated. In the case of Desirée and Toya, decision-making concluded when Desirée introduced a new discussion topic. In the observed home visits, institutional decisions were also finalized through paperwork.

Variation on institutional decision-making. As illustrated above in Figure 2, home visitors sometimes omitted assessment of children's progress or needs, and decision-making proceeded to the next phase. In these instances, the decision-making sequence was as follows: (1) home visitor initiates assessment, (2) home visitor introduces decision point and offers strategy, (3) parent accepts or resists strategy, and (4) home visitor concludes decision-making sequence. Below, this variation is illustrated in discussion between Sheila (home visitor) and Destiny (parent) regarding how Destiny could establish routines for her daughter. The transcript excerpt is continuous, but presented in sections to illustrate each decision-making phase.

Home visitor initiates assessment. As previously described, home visitors initiated assessment of child progress or needs by introducing a discussion topic. Here, Sheila provided Destiny with a handout to facilitate their discussion of routines for school readiness (line 1). In this case, the curriculum-provided handout may have suggested that the decision was already made—that Destiny would implement the activity described on the handout with her child.

1 Sheila: so this is routines?
2 Destiny: ((to child)) you takin //pictures?//
3 Sheila: //for school// readiness
4 (0.8)

The conversation then proceeded to the next phase as presented below.

Home visitor introduces decision point and offers strategy. Rather than engaging in discussion about how Harmony currently follows routines at home (i.e., assessing child's progress or needs), Sheila moved to introduce the decision point and offer a strategy by describing an activity (lines 1-2). While Sheila suggested there was some flexibility in when Destiny might carry out the activity, her phrasing assumed that the activity would be completed (lines 1-2). By combining the introduction of the decision point and strategy, Sheila did not need to invite discussion of multiple strategies. Instead, she provided further recommendations about how Destiny might complete the activity and use it to benefit Harmony. Destiny did not initially respond to Sheila's description of the activity, and interacted with her older daughter, perhaps indicating resistance to the home visitor's recommendations.

1 Sheila: so um this is for you to do, at some point in time you don't have to do it right at
2 time
3 Sheila: ((to child)) oh
4 Sheila: um, (0.6) so //what,// what you do each day.
5 Destiny: // ((to child)) uh oh//
6 (1.1)
7 Sheila: so:, (0.8) and with who you do it. (0.6) so in the morning times? so it's like
8 making your own self a schedule? and you can keep it and you can hang it up?
[… Destiny interacts with child]

Continuing the discussion (see below), Sheila then provided additional recommendations about creating a visual schedule (lines 1-3, 5-7). Destiny continued to respond to her daughters (lines 10, 16). After this aside, Sheila expanded her description about visual schedules, providing additional details about children's knowledge of routines (lines 17-21). Sheila explicitly stated the optional nature of the visual schedule, using conditional language and rising intonation to further signal that this was a choice saying, "so it's an ideal for maybe that you know, maybe you'd like to try with them?" (lines 19-20). Sheila's word choice indicated the expectation that

while creating visuals might be optional, it was expected that Destiny complete the activity in some way by “at least” documenting her schedule (line 20).

1 Sheila: some tricks that I learned when I did child care? is that I would put up (0.9)
2 analog and digital times,
3 Sheila: so if you have a little wall you can put up, like just a little clock //the kids can//
4 Child: // //
5 Sheila: help you make a clock. you put eight o’clock, breakfast time and then you put
6 underneath breakfast and then take a picture of them eating, so (0.9) it gives you,
7 it gives the kids
8 Child:
9 (0.5)
10 Destiny: you eat?
11 Sheila: you eat.
12 Sheila: it gives //the kids,//
13 Destiny: //<hh>//
14 Sheila: they recognize the schedule by the pictures and that helps them learn how to tell
15 time. but when, //they:’re//
16 Destiny: //((to child)) such a (googly)//
17 Sheila: when they’re about nine ten months anyway they already are starting to know the
18 difference between daytime and nighttime, um and because of the routines that
19 parents have already set up, so it’s an ideal for maybe that you know, maybe
20 you’d like to try with them? but I would at least write everything down because
21 writing things down makes it mo:re real.

After Sheila described the strategy, decision-making moved to the next phase (see below).

Decision point. During the decision point, parents accepted or resisted the strategy previously introduced by the home visitor. Destiny provided general agreement that writing things down “helps” (line 2). Sheila affirmed this, and pointed out an additional benefit, that a written schedule provides adults with reminders (lines 3-4).

1 Sheila: um
2 Destiny: it helps.
3 Sheila: yes, and it helps to remind us, you know because, you know you get to might be
4 my age, //you forget things.//
5 Destiny: // ((to child)) °what you doin?°//
6 Sheila: so I have to write down things a lot. so.

While Destiny did not provide explicit commitment to carrying out the activity with her daughter, the nature of curriculum and provided handout allowed for the activity to be treated as

"homework" that could be assigned to families. Thus, Sheila could treat the decision as one that was already made, and move to conclude the decision-making sequence (see below).

Home visitor concludes decision-making sequence. In this example, the decision-making sequence concluded as the home visitor introduced a new topic of discussion.

Emergent decision-making. Emergent decision-making was in general alignment with Collins et al.'s (2005) decision-making trajectory, as well as institutional decision-making regarding children (see Figure 2). However, two key differences with Collins et al.'s (2005) results were identified (see Figure 3). First, home visit decision-making could begin with either home visitor or parent initiation. Second, decision points could be introduced by either home visitors or parents. Representative examples are presented below to highlight these features of emergent decision-making. Transcript excerpts are continuous, but presented in sections to illustrate each decision-making phase.

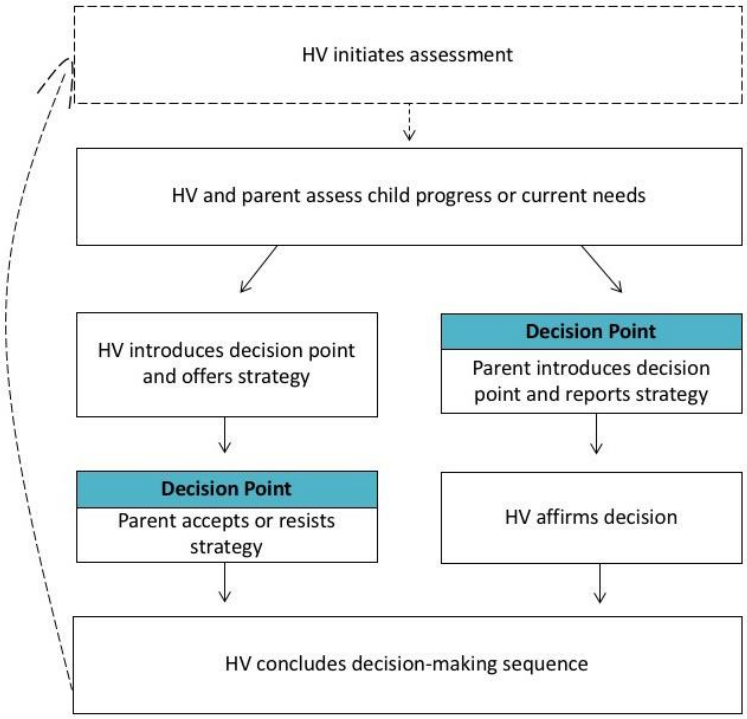

Figure 3. Structure for emergent child-focused decisions. HV = home visitor.

Home visitor and parent assess progress or needs. The following example illustrates how decision-making proceeded when a parent initiated emergent decision-making by assessing her child's developmental needs (see Figure 3). In this example, Jill (home visitor) began to introduce a decision-making sequence regarding the curriculum area of "basic care" and the topic of child nutrition (lines 1-2). Parent Lyla minimally responded (line 3), and Jill began to ask a question (line 4). Lyla interjected, and moved to establish a different decision-making sequence by initiating assessment of her daughter's fine motor skills (lines 5-6). There was a conversational preference to continue talking on the established topic (e.g., Wooffit, 2005). Thus, Lyla had to do additional conversational work to introduce her own topic, which she accomplished by framing her interjection as a question and using rising intonation (line 5). When Jill reflected on this interaction during co-analysis, she shared that nutrition was a sensitive topic for Lyla, which may have contributed to Lyla's interest in establishing her own topic (Jill Interview 2).

1	Jill:	alright. (1.5) um, (1.1) so. th- this week we're on basic care, is what we're talking
2		about. (0.7) and so, (0.7) I know you know a lot about nutrition already.
3	Lyla:	mm hm.
4	Jill:	and so. (1.9) um, (1.0) //what's//
5	Lyla:	//can// I ask, there's one thing I would like (0.3) for her?
6		(0.4) um, (0.6) is the: like, (1.3) fine motor of stringing, a //bead// onto a string,
7	Jill:	//mm hm//

After Lyla initiated her own decision-making sequence, the conversation proceeded (see below).

Lyla began to provide more information to bolster her request by describing her own previous observation of her daughter Quinn's skills at an EHS parent-child playgroup (line 1). After establishing when the socialization had taken place (lines 4-7), Lyla specified her concern, describing how her daughter's visual impairment might affect her ability to accomplish the common early childhood task of stringing beads (lines 8-9). Lyla noted that another aspect of

Quinn's development, depth perception, was currently unknown (line 10). Throughout, Jill used "mm hms" to encourage further elaboration (line 2), and offer agreement (lines 5, 11, 12).

1 Lyla: because when I did one of the early, the socializations I attended at the Y?
2 Jill: mm hm?
3 (0.6)
4 Lyla: was it last //week or this week//
5 Jill: //mm hm//
6 Lyla: //I don't remember//
7 Jill: //yeah, last week//
8 Lyla: life is crazy. and um, (0.5) I realized how difficult it would be for Quinn to like
9 put a pipe cleaner through a a bead because of //just having// one eye for vision,
10 and the other you know, and (0.4) w- we don't know her depth perception but=
11 Jill: //mm hm//
12 Jill: =mm hm=

After Lyla described her concern about Quinn's abilities related to visual motor coordination, the conversation continued to the next phase (see below).

Parent introduces decision point and offers strategy. In this phase, parent Lyla introduced the decision point, stating her interest in addressing these skills with her daughter (line 1), which built from her initial initiation of the decision-making sequence. Lyla's use of latching to quickly reestablish her prior turn (see above) and elongation of several sounds in s:omething: (line 1) appeared to indicate emphasis of the decision point.

1 Lyla: =that's s:omething: (1.0) I would like to focus on too is
2 (1.3)

After Lyla's statement, the conversation moved to the next phase, the decision point (see below).

Decision point. As previously described, during the decision point, parents accepted or resisted strategies presented by home visitors. Because this decision-making sequence was initiated with a request from Lyla to address "fine motor of stringing, a //bead// onto a string," a strategy to promote Quinn's development had already been established. As Collins et al. (2005) noted, sometimes a decision can appear to be already made from the outset. Thus, the discussion

between Lyla and Jill focused on specific opportunities for Quinn to practice the skill of stringing. Jill first suggested that the family attend an upcoming socialization (i.e., playgroup) where stringing would be embedded within other activities (lines 1-2, 4). Lyla minimally affirmed this suggestion (line 5). Jill then used conditional language to depict attending the socialization as one option, and offered to bring the specific materials Lyla previously described for use at home (lines 7-9). Lyla again minimally affirmed the suggestion (line 11), and then asked about the time of the socialization (line 13), which may have suggested her interest in attending. Jill then further described the playgroup, noting that there would be an opportunity to use beads, the materials Lyla initially mentioned (lines 18-23).

1	Jill:	um, this next socialization which is tomorrow (2.0) has a lot of um, (0.7) pull
2		toys?
3	Lyla:	mm hm
4	Jill:	and we're stringing things on there.
5	Lyla:	okay.
6	(0.6)	
7	Jill:	um, (0.4) so that might be a good one, but I can bring pipe cleaners and, (0.9)
8		shoelaces and (0.3) different size of beads. (1.2) um, for you to have at home too,
9		to practice with.
10	(1.1)	
11	Lyla:	kay.
12	(0.6)	
13	Lyla:	what time is it again?
14	Jill:	five.
15	(1.4)	
16	Lyla:	>okay.<
17	(3.7)	
18	Jill:	so. um (0.9) yeah we'll have beads there. (0.8) and then we'll have um (2.3) u:m
19		(3.5) we're doing little um like (1.4) can lids?
20	Lyla:	mm hm
21	Jill:	to string through there.
22	(1.3)	
23	Jill:	um? and then pie tins.
24	(0.5)	
25	Lyla:	mm kay
26	Jill:	cause then we'll string those on there. and then (0.8) pull, pull toy.
27	Lyla:	>okay?<
28	Quinn:	

After discussing these options to implement Lyla's request, the conversation moved to the final phase of decision-making, concluding (see below).

Home visitor concludes decision-making sequence. In concluding the decision-making sequence, parent Lyla described her view of her daughter as capable (line 2), and restated that she did not know her daughter Quinn's current skills in this area (lines 2-3). Lyla connected her interest in practicing the skill to herself, saying "you know me" to preface her desire to "get right on that" and address her daughter's needs (lines 3, 5). Ultimately, the decision-making concluded as home visitor Jill introduced a new discussion topic.

1	Jill:	//and I//
2	Lyla:	//I mean I figure// she'll figure out (0.9) quickly, I just don't know how much of a
3		you know struggle that will be for her. and so I just kinda, you know me wanna
4	Jill:	mm hm=
5	Lyla:	=get right on that and, you know

This decision-making was emergent in that it built from Lyla's prior observation of her daughter rather than institutionally set topics such as implementing curriculum. Although this decision could have become an institutional goal by linking it to program requirements or documentation (e.g., establishing fine motor skills as the topic of the next visit, setting a new child development goal), these actions did not take place during the observed visit. In addition, visit documentation did not record this discussion (Lyla paperwork).

Home visitor initiates assessment. The following example illustrates a variation of emergent decision-making, and depicts how emergent decision-making proceeded when the home visitor initiated assessment and introduced the decision point (see Figure 3). Sheila (home visitor) talked with Andrew and Megyn (parents) about their son Maddox's communication. An opportunity for emergent decision-making arose when Sheila initiated discussion about sign language (lines 1-2). While the broader topic of communication was related to program

curriculum, the specific topic of sign language was not specified by the curriculum or other program documents (e.g., parent handouts). Thus, this interaction represented emergent decision-making. Sheila's use of the word "yet" (line 2) suggested the family would teach sign language if they had not already done so.

1 Sheila: um it gives them another way to start communicating. have you taught him any
2 sign language yet?
3 (0.7)

The conversation then proceeded, as presented below.

Home visitor and parent assess progress or needs. Continuing the excerpt discussed above, in this phase of decision-making, Megyn quietly stated that they had not taught their son sign language (line 1). At the same time, Andrew questioned the strategy, restating "sign language?" with rising intonation (line 2). Sheila affirmed that teaching sign language to young children was possible (line 3). She then began to provide more detail, and Andrew interjected with description of his son's current skills (line 4) as a counterpoint. Sheila reiterated the possibility of teaching sign language, using elongation multiple times to provide emphasis (o:h ye:s:, line 6). Andrew then began interacting with Megyn (line 7). Sheila began to close the specific topic of whether or not it was possible to teach sign language (line 8). Andrew started to speak, but stopped (line 9), and there was a silence (line 10), which further allowed Sheila to treat this phase of decision-making as complete.

1 Megyn: //°(no we haven't)°//
2 Andrew: //sign language?//
3 Sheila: mm hm. oh yeah //babies//
4 Andrew: //he still// can't point yet.
5 Megyn: ((to child, unintelligible))
6 Sheila: o:h ye:s:
7 Andrew: is he havin a?
8 Sheila: //s:o:.//
9 Andrew: //he's//
10 (1.3)

Although Andrew appeared skeptical of teaching sign language, the conversation proceeded (see below).

Home visitor introduces decision point and offers strategy. Sheila then introduced the decision point and a strategy in the same conversation turn (line 1). Perhaps in response to the father's skepticism, she used "maybe" to frame the recommendation as a possibility (line 3). However, Sheila did not address the broader question of whether or not the family intended to teach sign language as part of the decision.

1 Sheila: EAT. ((models sign for eat))
2 (0.9)
3 Sheila: so maybe teach him eat. and more.

Decision point. At this point, Megyn responded to Sheila (line 1), acknowledging the offered strategy, but not offering specific commitment to carry it out, and the father did not talk any more on this topic.

1 Megyn: kay.
2 (0.5)

The conversation then proceeded to concluding, as presented below.

Concluding decision-making sequence. In concluding decision-making, Sheila acknowledged Andrew's prior comment about Maddox's skills, and restated the possibility of teaching sign language, "even though" he was not yet pointing (line 1). Sheila then used general statements about child development to bolster her recommendation, pointing out that children much younger than 15-month-old Maddox "can do" a variety of signs (line 7). During this part of the conversation, Andrew turned his attention to his son (line 3, line 6), and did talk any further on the topic. After restating specific signs that the family could implement with Maddox (line 7), Sheila rephrased the decision point, using rising intonation and conditional language (might) and qualifying (maybe some of those) to further highlight the possibility for Megyn and

Andrew to make a decision (lines 8-9). This restatement might have functioned as a way to confirm the parents' interest in implementing the strategy. In subsequent turns, the parents did not verbally respond to the home visitor. In not responding, Megyn and Andrew resisted the offered strategy. The conversation ultimately continued as Sheila introduced a new topic of discussion related to the parent-child activity to be implemented in the visit.

1	Sheila:	babies? <h> (0.6) even though y- he's not pointing yet?
2	(0.8)	
3	Andrew:	// ((to child)) c'mon boy.//
4	Sheila:	//babies//
5	(0.9)	
6	Andrew:	((to child)) r:::
7	Sheila:	at nine months of age, ten months of age can do more. (1.1) thank you. (1.1) eat.
8		(0.8) so:. um, so maybe some of those might be some of the things that you might
9		start teaching him?

Family-focused decisions. In addition to child-focused decisions, parents and home visitors also made decisions about the strengths and needs of the family unit or family members other than the child (e.g., parent). Two different decision-making structures were identified for these family-focused decisions: (1) institutional, and (2) emergent. First, institutional decision-making was initiated by home visitors and involved program documentation and requirements. Institutional family-focused decisions were facilitated by home visitors through paperwork designed to document a process between home visitors and parents, such as setting family goals or participating in required health visits. Second, emergent decision-making was initiated by either home visitors or parents and did not involve program documentation or requirements. Rather than being driven by the completion of paperwork, emergent decisions often began when home visitors or parents described recent or ongoing family actions.

Institutional decision-making. As illustrated in Figure 4, institutional family-focused decisions typically followed the structure of emergent child-focused decisions. However,

institutional family-focused decisions were always initiated by home visitors. In addition, decision-making followed a different trajectory depending upon whether home visitors or parents introduced the decision point. When home visitors introduced the decision point, parents then accepted or resisted the strategy, and the conversation proceeded to conclude the sequence. When parents introduced the decision point and reported a strategy they intended to use, home visitors typically acknowledged the decision, and the sequence then concluded. However, at other times, the conversation moved directly from parent introduction of decision point and reporting of strategy to conclusion of the decision-making sequence. In the following sections, representative examples are presented to illustrate these structures. Transcript excerpts are continuous, but presented in sections to illustrate each decision-making phase.

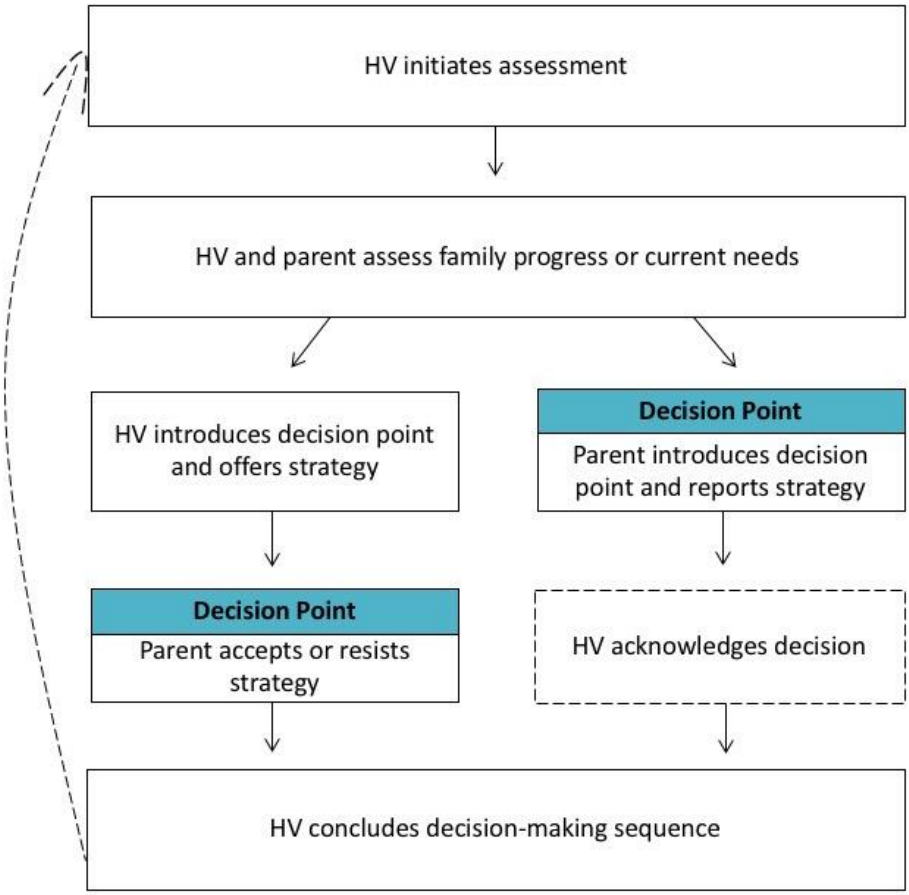

Figure 4. Structure for institutional family-focused decisions. HV = home visitor.

Home visitor initiates assessment. In this example, Sheila (home visitor) discussed employment with Destiny (parent). This decision-making was institutional in that Destiny's previously established family goal involved Destiny seeking employment. This goal was documented on her home visit paperwork (Destiny paperwork). Sheila initiated assessment of Destiny's progress on her employment goal by inquiring about whether Destiny completed any job applications in the past week (line 1).

1 Sheila: °did you:? fill any applications last week°
2 (0.9)

After Sheila initiated this assessment of progress on Destiny's employment goal, the conversation proceeded to the next phase (see below).

Home visitor and parent assess progress or needs. In this phase, Destiny described her progress and application for a position at McDonald's (line 1). She then shared information about an employment contact (lines 1, 3, 6). Sheila acknowledged Destiny's reports (lines 2, 4).

1 Destiny: McDonald's and I have to call Missy Smith back. today's Wednesday?
2 Sheila: mm hm.
3 Destiny: Missy will be back tomorrow
4 Sheila: kay
5 (0.7)
6 Destiny: at the vet center

After Destiny's description of progress, the conversation continued as presented below.

Parent introduces decision point and reports strategy. In this phase, Destiny introduced the decision point and reported her intended strategy in the same conversation turn (line 1). In this case, her plan was to call her employment contact. Sheila acknowledged the plan (line 3), and in lines 4-5 Destiny shared additional plans about the McDonald's application (i.e., waiting to hear back).

1 Destiny: so I'm gonna call, today and tomorrow.
2 (0.6)

3 Sheila: °kay.°
4 Destiny: and then Andre said David will tell me something by the end of the day today at
5 McDonald's so.

Destiny said "so" with final intonation, indicating possible conclusion of the topic (e.g., Bolden, 2006). Further, as she had addressed both applications, the conversation proceeded (see below).

Home visitor concludes decision-making sequence. In this case, Sheila next initiated a new topic, signaling the sequence's completion.

Home visitor initiates assessment. The following example illustrates decision-making trajectory when home visitors introduced the decision point (see Figure 4). In this example, Katie (home visitor) and Kadejah (parent) discussed how Kadejah could provide documentation of prenatal appointments, which supported EHS health requirements. Katie initiated assessment of Kadejah's ability to document her past appointment (line 1-2). When Kadejah indicated hesitation with rising intonation and elongation (line 4), Katie rephrased her question (line 6).

1 Katie: u:m? did you get? like a paper copy from your um (0.5) prenatal visit, saying
2 that you went, or what they did or anything
3 Katie: okay.
4 Kadejah: u:m?
5 (0.6)
6 Katie: did they give you //anything from that//

The conversation then continued to the next phase as presented below.

Home visitor and parent assess progress or needs. In this phase, Kadejah described the materials she had (line 1). Her tentative phrasing and rising intonation suggests that she was unsure whether this would fulfill Katie's request. Katie clarified whether Kadejah had sonogram pictures (line 3), and Kadejah affirmed she did (line 4).

1 Kadejah: //the sonogram// pictures?
2 (1.2)
3 Katie: did you get the sonogram pictures
4 Kadejah: mm hm
5 (0.6)

After establishing that Kadejah could document her appointment, the conversation proceeded.

Home visitor introduces decision point and offers strategy. In this phase, home visitor Katie introduced a decision point and strategy in the same conversational turn by suggesting that Kadejah text her a photo of the documentation (line 1).

1 Katie: do you want to text me a picture of them

The conversation then proceeded to the next phase, the decision point (see below).

Decision point. The next phase began as Kadejah and Katie simultaneously spoke: Kadejah acknowledged Katie's suggestion (line 1) at the same time Katie provided explanation of why she was requesting documentation (line 2). Katie then responded "okay cool," indicating that she interpreted Kadejah's response as a commitment to carry out the strategy (line 2). After an aside about a different doctor's appointment, Katie raised a different possibility for documentation, a card provided by the doctor's office (line 3). Kadejah indicated that she was unsure (line 6), and Katie rephrased her question (line 7). Kadejah then stated she did not have this type of documentation, and Katie summarized the exchange (line 9).

1 Kadejah: //mm hm//
2 Katie: //just to// show that you went, okay cool.
[…discuss other doctor appointment]
3 Katie: do you have the card saying all the different ones the times you've gone yet
4 (0.3)
5 Katie: //>did they already because<//
6 Kadejah: //I don't know//
7 Katie: weren't they, they didn't give that to you right, at first
8 Kadejah: //uh uh//
9 Katie: //>they haven't given<// it to you, okay
10 (0.3)

After establishing that Kadejah was willing to text a photo of the sonogram, and that no other documentation was available, Katie moved to the final phase of decision-making (see below).

Home visitor concludes decision-making sequence. In this phase, Katie finalized the course of future action, restating her request for Kadejah to text the sonogram photo (line 1). Kadejah indicated her willingness to do so (line 2), and Katie restated that the purpose of her request was to provide program documentation (line 3). Kadejah began to initiate conversation about the card that Katie previously requested (line 4) and inquired about a way to get comparable information (line 6). However, Katie did not respond. The conversation ultimately moved on when Katie initiated a new topic, indicating that Kadejah providing the sonogram photo would fulfill Katie's request.

1 Katie: yeah just text me a picture of the sonogram
2 Kadejah: okay
3 Katie: picture and then, (0.6) we can count that
4 Kadejah: they don't give you those.
5 (1.6)
6 Kadejah: what just ask them for a print out?

Emergent decision-making. As illustrated in Figure 5, emergent family-focused decisions followed the same trajectory as institutional family-focused decisions with one distinction. Emergent decisions could be initiated by home visitors or parents, whereas home visitors always initiated institutional decision-making. Demonstrating the same structure as institutional decision-making, when home visitors introduced the decision point, parents accepted or resisted the strategy, and the sequence proceeded to conclude. When parents introduced the decision point and reported a strategy they intended to use, home visitors acknowledged the decision, and the conversation proceeded to concluding the sequence. At other times, the conversation moved directly from parent introduction of decision point and reporting of strategy to concluding the sequence. In the following sections, representative examples are presented to illustrate these structures. Transcript excerpts are continuous, but presented in sections to illustrate each decision-making phase.

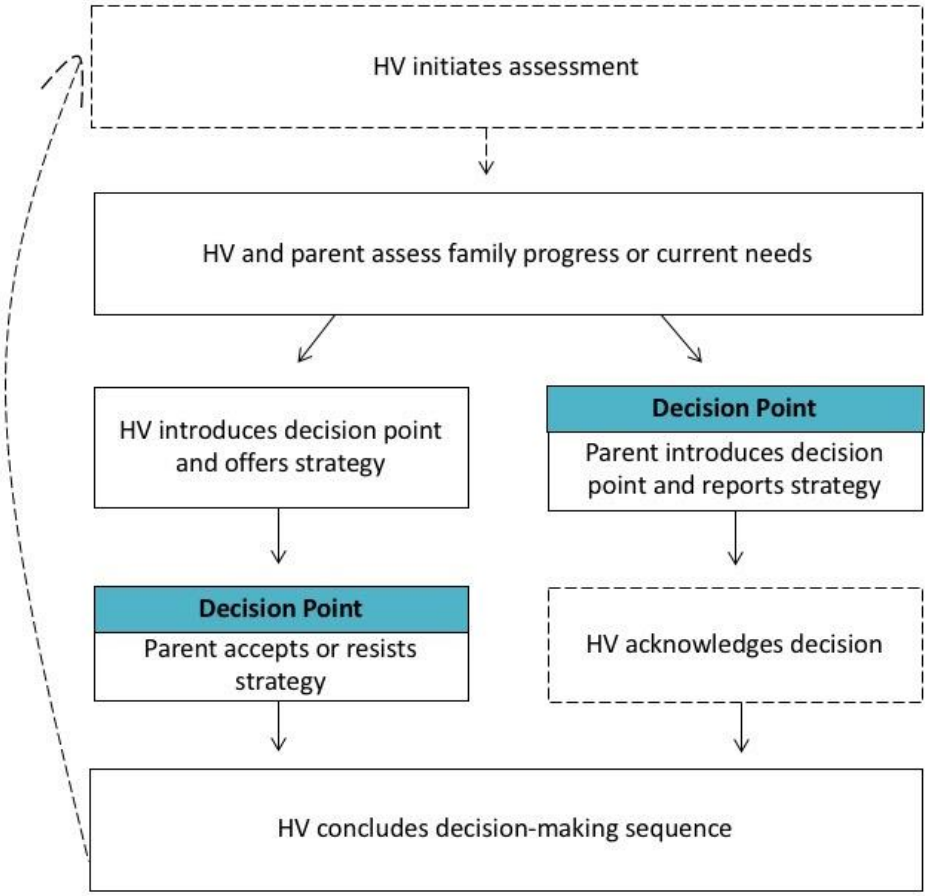

Figure 5. Structure for emergent family-focused decisions. HV = home visitor.

Parent and home visitor assess progress or needs. The follow example illustrates how emergent decision-making proceeded when parents initiated assessment of family needs. In this example, Katie (home visitor) and Meher (parent) discussed the need to take safety precautions to ensure Meher's son Tabish could not access a coat closet. While standing near the closet, Meher initiated assessment of the family's current needs (line 1). By creating additional emphasis, her increased volume may further indicate her concern. Meher then provided details about the need to address the issue, stating the Tabish had previously locked himself in the closet (line 1). Meher further indicated her concern, stating "thank God we are here" (line 2). By mentioning that she and Katie previously discussed this issue, Meher grounded her concern in prior talk. This conversational move may also indicate Meher's interest in addressing the issue

(i.e., Meher continues to be concerned). Katie interjected with "yeah" (line 2), acknowledging their prior discussion.

1 Meher: I DON'T WANT him to touch it, cause I told you that //day// he lock himself,
2 thank God we are here.
3 Katie: //yeah//

By referencing Katie's prior knowledge of the event, Meher did not need to further assess the issue of safety, and the conversation proceeded to the next phase of decision-making (see below).

Home visitor introduces decision point and offers strategy. In this case, Katie introduced a decision point and strategy in the same turn, asking Meher if she would like locks for the closet (line 1). At the same time, Meher and a child simultaneously spoke (lines 2-3).

1 Katie: //DID YOU WANT// like locks for it cause we have, some of those
2 Meher: // ((to child)) (what do you think) //
3 Child: // //
4 (1.7)

The conversation moved to the next phase, the decision point (see below).

Decision point. After Katie offered to provide locks for the closet, Meher accepted the strategy, saying "that's a good idea" (line 1). When Katie began to speak at the end of Meher's statement (line 2), Meher reiterated her acceptance of the strategy (line 3). Katie then began to discuss how she would provide the locks to Meher, suggesting that she could leave the locks with a staff member who would see Meher next week (lines 5-6). Katie confirmed Meher's interest in the plan (line 13), and Meher restated her primary interest (that Tabish not be able to access the closet, line 16). Katie then initiated discussion of another way to provide the locks (line 27).

1 Meher: ah I think that's //a good idea//
2 Katie: //I don't//
3 Meher: yeah.
4 Katie: okay.
[… interact with child]

5 Katie: I can give them um (1.3) since I won't be here next week to Molly? //she// does
6 Meher: //mm//
7 Katie: all the nutrition and everything and runs like the medical and the dental days=
8 Meher: =uh huh=
9 Katie: =so I can give it to her so //she can give it to you when// you go
10 Meher: //yeah yeah, mm//
11 (0.4)
12 Meher: yeah, //okay//
13 Katie: //>if you're okay// with that<, okay
14 (0.7)
15 Katie: cause we have //some of those//
16 Meher: //he will not be able// to open it, <h> yes
17 Katie: yes <hh>
18 Meher: <hhh>
19 Katie: yes
20 (2.5)
21 Meher: // ((to child)) Insha?//
22 Katie: //or// (0.8) what ti- do you usually get home at like four thirtys
23 (0.5)
24 Katie: //or// are you here during the day at all?
25 Meher: //um//
26 Meher: >yeah yeah yeah< yeah.
27 Katie: I might be able to run it by on Thursday
28 Meher: okay, yeah.
29 Katie: tomorrow //though I have a lot <hhh> going on. but//
30 Meher: // ((unintelligible)) >yeah yeah yeah it's okay, it's okay<//
31 Katie: maybe Thursday I might text you and see and I can run them over too
32 Meher: okay //yeah that's// fine
33 Katie: //just so//
34 Katie: to avoid
35 Meher: //yea:h yeah //don't want//
36 Child: // //
37 Katie: //this happening//
38 Meher: yeah

Having established Meher's acceptance of both the strategy (i.e., installing locks) and potential timeline (i.e., dropping off the locks Thursday), Katie proceeded to the final phase (see below).

Home visitor concludes decision-making sequence. In this phase, Katie finalized the course of action by restating the potential timeline (lines 1-2). This restatement also moved to conclude the decision-making sequence. Meher again confirmed her acceptance, and the sequence ended as Katie introduced a new topic of discussion.

1 Katie: that might be, yes okay. Thursday I'll contact so then if you'll do that during the
2 //day//
3 Meher: //okay,// all right.

Home visitor and parent assess progress or needs. The following example illustrates how emergent family-focused decision-making proceeded when a parent introduced the decision point. In this discussion, Melissa (parent) talked with Desirée (home visitor) about recent health problems. Melissa initiated assessment of her current health by mentioning her ongoing headache, using an extended pause to emphasize the prolonged nature of her headache (line 1). Melissa and Desirée then engaged in assessment of Melissa's current needs. Desirée offered sympathy (line 2), and Melissa described her current pain (lines 3, 5). Desirée restated her sympathy (line 6). After a short pause, both Melissa and Desirée moved to further assess the nature of the headache. Melissa began to further describe the headache's origin (line 8). At the same time, Desirée asked for more details about the headache (line 9). Melissa did not explicitly answer Desirée's question, continuing her description of how the headache began (line 11). Melissa then shared that she had gone to the doctor's office and received a diagnosis and prescription (lines 18, 21-23). With a sigh and the sarcastic comment "joy" (line 25), Melissa signaled displeasure with her current situation. Desirée offered a quiet laugh (line 24) and a sympathetic "o:h" (line 26), then affirmed Melissa's sarcastic "joy" (line 27). Melissa noted that she had followed the doctor's orders (line 29), but her pain increased (lines 36-37). As a result, she received a new prescription (lines 37-38).

1 Melissa: I don't know, I've had the same headache for like (1.3) ten days now //so//
2 Desirée: //e:w//
3 Melissa: I'm good. //everything// hurts.
4 Desirée: //really?//
5 Melissa: yeah.
6 Desirée: I'm sorry.
7 (0.6)
8 Melissa: cause //first I pulled//

9 Desirée: //is it a migraine?//
10 (0.4)
11 Melissa: I pulled, a muscle in the back of my neck.
12 Desirée: o:h.
13 (1.3)
14 Melissa: and uh, I don't know how I did it.
15 (0.5)
16 Desirée: mm
17 (0.5)
18 Melissa: I didn't do anything abnormal, so then I went to the doctor's last Tuesday.
19 Desirée: mm hm
20 (0.4)
21 Melissa: and uh, (1.2) they're like oh yeah you pulled a deep muscle, I was like okay, well
22 (0.8) what can I do? well we're gonna give you this steroid you can take twice a
23 day and I was like ((sighs))
24 Desirée: °<h>°
25 Melissa: //kay.// joy.
26 Desirée: //o:h.//
27 Desirée: right.
28 (0.4)
29 Melissa: so then I did that.
30 (0.7)
31 Melissa: and I went back (1.0) Friday because (0.5) his appointment. (0.8) or yeah, my
32 appointment actually not his.
33 Desirée: mm hm
34 Melissa: for a physical on my knee
35 Desirée: yeah
36 Melissa: she was like oh well that hasn't helped? and I was like no:. (0.5) I was like it's
37 just gotten worse. (0.6) so then they did a stronger steroid (1.5) and that's kinda
38 helped and
39 (0.7)

After engaging in extended description of her health, drawing on reports of her visits to the doctor's office, Melissa moved to the next phase of decision-making (see below).

Parent introduces decision point and reports strategy. In this phase, Melissa introduced the decision point. She was told that if she did not feel better by a certain time, she would be prescribed a muscle relaxer in addition to a steroid, which would require Melissa to stop breastfeeding her son (lines 1-2). Melissa framed the decision point as whether or not she would follow up on these medications. After a pause that provided emphasis (line 4), Melissa reported

her strategy, which she framed as avoiding the need to stop breastfeeding by stating, “m:: I think I’m magically better now” (line 5). Melissa’s use of the word “magically” suggested her intent to decline regardless of her current state. As Melissa began to report her strategy, Desirée signaled her belief that being required to stop breastfeeding was undesirable (line 6).

1 Melissa: she said, if it’s not better by Tuesday, (1.1) call me and we’re gonna put you on
2 a muscle relaxer and a steroid but you’re gonna have to pump and dump and I was
3 like
4 (1.0)
5 Melissa: //m::// I think I'm magically better now.
6 Desirée: //n:o.//

Having established what decision was to be made (i.e., whether to pursue medication) and Melissa’s intended strategy (i.e., not to pursue medication), the discussion moved on as presented below.

Home visitor acknowledges decision. As Melissa had already made clear her intended decision when she reported her strategy, the discussion moved to home visitor acknowledgement of the decision. Desirée restated the decision to decline the new medication (line 1), and she and Melissa laughed (lines 2-5). Melissa then emphasized the “magic” nature of her recovery drawing out the word with multiple elongations (line 6). Desirée acknowledged the rationale behind the decision, stating “can’t. waste. milk.” (line 7). Her use of final intonation following each word in the phrase created additional emphasis and presented the choice as definitive, which Melissa affirmed (line 8). Melissa next reported a possible compromise suggested at the doctor’s office—that she feed her son with her previously pumped breastmilk that had been frozen (line 10). Desirée initiated dismissal of this suggestion (line 11), and Melissa echoed Desirée’s word choice, drawing out “bu:t” (line 12). Desirée then concluded the dismissal, stating, “no thanks” with quicker pacing (line 13). Melissa described how upsetting it would be for her to dispose her breastmilk, and Desirée acknowledged these emotions (line 15).

1 Desirée: right, //yeah no thanks//
2 Melissa: //<hhhhh>//
3 Desirée: <hhhhh>
4 Melissa: <h> I-
5 Desirée: <hh>
6 Melissa: ma:gi::c //<hh>//
7 Desirée: //can't.// (0.5) waste. milk.
8 Melissa: exactly.
9 Desirée: <hhh>
10 Melissa: and she's like well, I know you have a fr- a deep freezer full I was like, this is true
11 Desirée: yeah, but
12 Melissa: bu:t
13 Desirée: >no thanks.< <hhhh>
14 Melissa: think I would cry if I literally watched everything //go down the// dr<h>ain
15 Desirée: //ri:ght.//

After Desirée acknowledged Melissa's decision not to pursue further medication, the conversation proceeded to the final stage of decision-making (see below).

Home visitor concludes decision-making sequence. In this phase of decision-making, Desirée and Melissa finalized the course of action. Desirée reiterated that being unable to breastfeed was undesirable (lines 1, 3), and Melissa restated her disinterest in wasting breastmilk (line 4). Subsequently, the conversation moved on when Desirée initiated a new discussion topic.

1 Desirée: yeah, that's a no no.
2 (0.6)
3 Desirée: no no no.
4 Melissa: >yeah. no.<

Logistical decisions. In addition to child- and family-focused decisions, parents and home visitors made logistical decisions during the observed EHS home visits. Logistical decisions involved coordination of upcoming EHS-related activities, such as future home visits and parent-child playgroups. These decisions addressed details such as selecting time, date, and location of the next home visit. As such, logistical decisions typically followed a different trajectory than child- and family-focused decisions (see Figure 6). Because logistical decisions tended to identify very specific future plans (e.g., time of next home visit) or confirm previously

established plans (e.g., continue reoccurring schedule), it was not necessary to establish the need to make such decisions through extended introduction of decision-making sequence and joint assessment of progress or needs.

Logistical decisions were always initiated by home visitors, and typically facilitated through paperwork. In particular, details of the upcoming home visit were documented and left with families as a reminder of the next appointment. As illustrated in Figure 6, the typical structure of a logistical decision was as follows: (1) home visitor introduces decision point, (2) home visitor and parent assess options, (3) decision point, and (4) home visitor concludes decision-making sequence. In some cases, the second phase of decision-making (i.e., home visitor and parent assess options) was omitted, and decision-making proceeded from introduction of the decision point to the decision point. The following sections illustrate these two variations on logistical decision-making through representative examples identified in the current study. Transcript excerpts are continuous, but presented in sections to illustrate each decision-making phase.

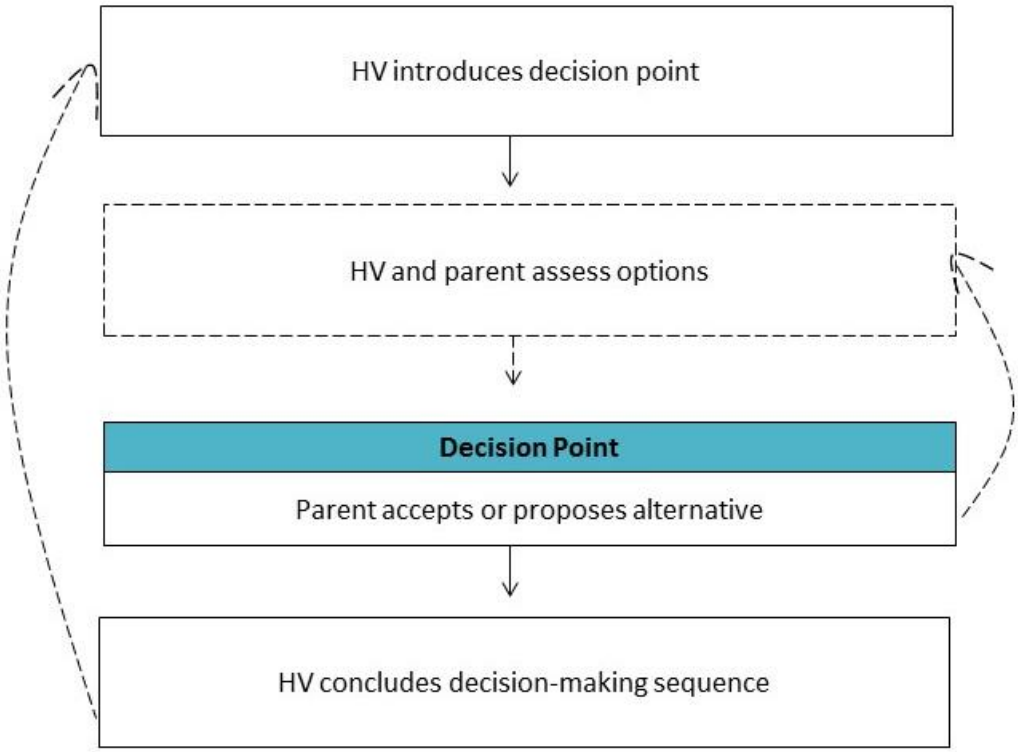

Figure 6. Structure of logistical decisions. HV = home visitor.

Home visitor introduces decision point. This example illustrates the full sequence of logistical decision-making, in an exchange between Jill (home visitor) and Penelope (parent) to schedule their upcoming home visit. Jill introduced the decision point by asking Penelope when she would like to meet (line 1), then waited (line 2) for Penelope's response.

1 Jill: alright, so when do you wanna meet next week?
2 (1.1)

The conversation then moved to the next phase of logistical decision-making, assessing options (see below).

Home visitor and parent assess options. In this phase, Jill and Penelope considered different scheduling possibilities. First, Penelope suggested that they meet at the same time next week (line 1). Jill looked at her calendar, and then confirmed the date (line 4). Penelope interacted with her son (line 6). After a pause (line 7), Jill suggested an adjustment—coming at a

different time (line 8). Jill's elongation (to:) followed by a 1.5 second pause before proposing the alternative may indicate hesitation in modifying Penelope's suggestion. Jill's use of the word "or" and rising intonation signaled that her proposal was an option, and there was a decision for Penelope to make (e.g., Collins et al., 2005). After an extended pause (line 9), Penelope offered an alternate proposal, and suggested that a previously established appointment where Jill would provide transportation to the dentist's office could serve as their visit (line 10). Jill then combined their suggestions (lines 11-12).

1 Penelope: u::h same time?
2 ((Jill flips through calendar))
3 (10.0)
4 Jill: alrighty, that's the thirteenth.
5 (1.0)
6 Penelope: ((to child)) no:.
7 (0.7)
8 Jill: or do you want me to: (1.5) come at two?
9 (2.6)
10 Penelope: we could make the dental thing our appointment?
11 Jill: I could come at two on (1.0) Fri:day and then we can visit a little bit before we go
12 to the dentist.
13 (0.5)

After discussing these multiple options, the conversation then moved to the decision point.

Decision point. In the decision point, Penelope accepted Jill's suggestion, first stating "yeah we could" (line 1), and then after a long pause, affirming the value of the plan (line 3).

1 Penelope: yeah we could p- >hold on< (0.7) work out
2 (3.2)
3 Penelope: sounds like it might work out a little bit better.
4 (0.8)

With Penelope having provided acceptance of one of the options, decision-making proceeded.

Home visitor concludes decision-making sequence. In this phase, Jill verbally confirmed that the visit had been scheduled (line 1). Ultimately, the conversation moved on as Jill wrote in her calendar, and Penelope interacted with her children.

1 Jill: °kay.°

Home visitor introduces decision point. The following example illustrates how logistical decision-making proceeded when the conversation moved directly from introducing the decision point to the decision point itself (see Figure 6). In this excerpt, Katie (home visitor) and Meher (parent) discussed upcoming EHS medical and dental screenings for Meher's son. Katie utilized a yes-no question regarding previously established times for the appointments (lines 1-2).

1 Katie: and then you're still fine with having his dental appointment that day, at nine am
2 and then the medical appointment at nine //fifteen//

As Katie's question functioned as a confirmation of the scheduled appointments (e.g., Heritage & Robinson, 2006), the conversation directly proceed to the decision point.

Decision point. In the decision point, Meher indicated her continued acceptance of the appointments (line 1). Her final intonation and overlap as Katie finished her question (see above), may further indicate the definitiveness of her acceptance.

1 Meher: //yes.//

With Meher having confirmed her acceptance of the appointments, the conversation moved on.

Home visitor concludes decision-making sequence. In concluding the decision-making sequence, Katie verbally indicated her understanding that Meher and her son would attend the scheduled appointments (line 1). After a pause (line 2), Katie signaled that she was finalizing this decision by writing it on Meher's home visit paperwork (line 3), and stated that she would provide a reminder to Meher closer to the appointments (lines 3-4). Meher acknowledged Katie's statements, and the conversation moved on as Katie introduced a new topic of discussion.

1 Katie: okay, cool.
2 (1.1)
3 Katie: °let's° write that do:wn? and I will probably text you on Friday to remind you of
4 that one.
5 Meher: yes, yes

Summary

In the preceding sections, I addressed the research question: *How is decision-making constructed through discourse (i.e., language in interaction) by parents and home visitors during home visits?* In answering this question, I described key features of the overall structure of observed home visits and identified decisions. Across both programs and all participating home visitors, the 12 observed home visits typically proceeded in the following order: (1) opening, (2) community resources, (3) parent-child activity, (4) assessment, and (5) closing. In the current study, 215 decision-making sequences were identified that addressed future actions regarding children (i.e., child-focused decisions), families (i.e., family-focused decisions), and EHS events (i.e., logistical decisions). The type of decision contributed to variations in how decision-makings sequences were structured. However, all decision-making generally involved the following phases, in alignment with Collins et al.'s (2005) decision-making trajectory: (1) home visitor initiates assessment, (2) home visitor and parent assess progress or needs, (3) home visitor or parent introduces decision point, (4) parent accepts, resists, or reports decision, and (5) home visitor concludes decision-making sequence. In addition, differences in decision-making structures were identified when decisions were institutional (i.e., linked to program requirements and paperwork), or emergent (i.e., linked to current or past observations). In particular, parents sometimes initiated assessment and introduced decision points during emergent decision-making.

Parent Participation in Decision Making

In this section, I present results related to the second research question: *How do decision-making structures contribute to parent participation in decision-making?* Findings are based on qualitative and quantitative analysis of transcripts of 12 audio-video recordings of home visits, as well as qualitative analysis of paperwork completed during each home visit. Findings are

presented in relation to Gee's (2014) conceptualization of discourse as saying, doing, and being. That is, words used by speakers (i.e., saying) convey a purpose (i.e., doing) and construct speaker identities (i.e., being). Although saying, doing, and being are interconnected and simultaneously present in discourse, for organizational purposes I separately address each.

Saying: Amount of Talk and Participation Structures

Across the observed home visits, characteristics of words spoken (i.e., saying; Gee, 2014) provided information about parent participation in decision-making. In the following sections, I address amount of talk, frequently used phrases and utterances, and home visit participation structures.

Amount of talk. Utterance counts (see Table 11) demonstrated the extent to which home visitors and parents talked during identified decision-making sequences. As children were present during home visits, utterances were categorized as either directed to an adult (i.e., parent or home visitor) or to a child. Talk directed to children typically indicated parent or home visitor response to a child's immediate needs (e.g., soothing a crying infant). However, talk directed to a child was sometimes used to assess children's progress or needs (e.g., encouraging child to demonstrate a skill), resist proposed solutions (e.g., interacting with child rather than responding), or conclude decision-making sequences (e.g., initiating a new topic of discussion). Although talk directed to a child served a variety of functions within decision-making, the primary means through which decisions were made was through talk directed to home visitors or parents. Thus, in the results presented below, I focus on talk directed to adults.

As presented in Table 11, across both programs, home visitor talk directed to parents was variable, and constituted 32.15% to 68.65% of talk (M = 48.67%). Variability was identified across programs and home visitors, though it appeared that there was slightly more home visitor

talk in Program A. Home visitor utterances in Program A ranged from 32.15% to 68.65% of talk (*M* = 51.89%). In Program B, home visitor utterances ranged from 36.94% to 64.48% of talk (*M* = 45.45%). Home visitor talk to parents averaged across observed home visits was as follows: Sheila (Program A), 46.47%; Jill (Program A), 57.31%; Desirée (Program B), 43.29%; and Katie (Program B), 47.62%. In addition, each home visitor was found to have at least one visit wherein utterances directed to parents constituted the majority of visit talk, ranging from 55.56% to 68.65% of talk.

Parent talk directed to adults included utterances directed toward the home visitor and/or their partner when multiple parents were present. This talk was also variable, and constituted 5.31% to 56.81% of utterances during decision-making (*M* = 39.42%). The parents with the lowest percentage of utterances, Andrew (5.31% of talk) and Brandyn (15.23% of talk), were not present for the full duration of their home visits. For example, Brandyn took his older daughter to the bus stop while the home visit continued without him. Of parents who were present throughout the duration of the observed home visit, talk directed to other adults constituted 16.05% to 56.81% of talk. Overall, it appeared that there was more parent talk in Program B. In Program A, talk by parents present throughout the duration of the home visit ranged from 16.05% to 37.30% of talk (*M* = 31.20%), whereas in Program B, parent talk ranged from 25.42% to 56.81% (*M* = 47.64 %)

Table 11

Percentages of Utterances by Participants During Home Visit Decision-Making Sequences

Visit	Home Visitor	% Utterances (*n*)		Parent	% Utterances (*n*)	
		Directed to Parent(s)	Directed to Child		Directed to Adult [a]	Directed to Child
1	Sheila	49.61 (2080)	3.03 (127)	Destiny	34.51 (1447)	12.85 (539)
2	Sheila	32.15 (781)	3.46 (84)	Courtney	36.93 (897)	10.13 (246)
				Brandyn [b]	15.23 (370)	2.10 (51)
3	Sheila	57.66 (2172)	5.84 (220)	Megyn	25.94 (977)	4.11 (155)
				Andrew [b]	5.31 (200)	1.14 (43)
4	Jill	49.06 (3111)	8.72 (553)	Penelope	36.49 (2314)	5.72 (363)
5	Jill	54.21 (2299)	2.43 (103)	Lyla	37.30 (1582)	6.06 (257)
6	Jill	68.65 (1835)	13.47 (360)	Emma	16.05 (429)	1.83 (49)
7	Desirée	37.37 (1641)	4.49 (197)	Melissa	55.09 (2419)	3.05 (134)
8	Desirée	55.56 (215)	0 (0)	Caroline	42.64 (165)	1.81 (7)
9	Desirée	36.94 (963)	2.84 (74)	Toya	56.81 (1481)	3.41 (89)
10	Katie	38.65 (1274)	4.16 (137)	Kadejah	55.04 (1814)	2.15 (71)
11	Katie	64.48 (1565)	7.29 (177)	Meher	25.42 (617)	2.80 (68)
12	Katie	39.73 (988)	6.15 (153)	Naomi	50.86 (1265)	3.26 (81)

[a]Indicates utterances directed to home visitor or other parent, in the case of Courtney/Brandyn and Megyn/Andrew. For all other parents, indicates utterances directed to home visitor.
[b]Not present for entire duration of home visit.

Frequently used phrases and utterances. I followed procedures described by Mautner (2016) and used Voyant Tools (Sinclair & Rockwell, 2016) to analyze commonly combined words (i.e., collocates) across all identified decision-making sequences. The three most commonly combined phrases identified were "mm hm" (n = 260), "yeah yeah" (n = 118), and "don't know" (n = 102). Following Bavelas, Coates, and Johnson (2000), "mm hm" and "yeah yeah" are typically categorized as a type of minimal listener response that does not convey narrative content and does not interrupt the speaker, also known as back channel responses. Bavelas et al. (2000) further described these as generic in that the same response would be appropriate across many contexts. In contrast, specific listener responses are tightly connected to what the speaker is saying in the moment, such as echoing a speaker's gesture or phrase, or supplying an appropriate phrase when a speaker pauses (Bavelas et al., 2000). Back channel responses have been found to play a role in co-constructing talk and interactional roles such as speaker and listener (Bavelas et al., 2000; Simon, 2018; Tolins & Fox Tree, 2014). However, the minimal nature of content contained within back channel responses does not appear appropriate for further collocate analysis. Thus, I further investigated back channel responses through frequency counts.

When examining the most frequent utterances used by home visitors and parents across all decision-making sequences (see Table 12), back channel responses were relatively frequent. For home visitors, five of the most common utterances spoken across home visits aligned with the Bavelas et al. (2000) definition of back channel responses (yeah, mm, hm, okay, oh), whereas for parents, two of the most common utterances aligned with the definition (yeah, mm). While the frequency and variety of back channel responses used by home visitors may suggest that they

spent a significant of time as listeners, on average, parents had fewer utterances directed to adults than home visitors (parents, *M* = 39.42%; home visitors, *M* = 48.67%).

Table 12

Most Frequent Utterances by Home Visit Participant

	Home Visitor (*n*)	Parent (*n*)
1	um (347)	like (317)
2	yeah (226)	yeah (275)
3	like (220)	just (161)
4	mm (219)	don't (149)
5	hm (191)	know (135)
6	okay (176)	it's (119)
7	know (142)	gonna (106)
8	just (120)	cause (92)
9	oh (119)	he's (83)
10	it's (117)	mm (83)

In contrast to "mm hm" and "yeah yeah," the identified collocate "don't know" is not a back channel response. The collocate search identified 102 co-occurrences of these utterances. Across these, the predominant pattern of usage was don't know preceded by different subjects (i.e., I, you, they, we; *n* = 94). The most typical construction was "I don't know." In the majority of cases, "don't know" was spoken by parents (*n* = 63) rather than home visitors (*n* = 31). Other researchers investigating use of don't know in everyday conversation have pointed out that it is not always indicative of an actual cognitive state of not knowing, and may serve a variety of interactional functions (Drew, 1992; Hutchby, 2002; Potter, 1996). For example, during sensitive conversations, speakers sometimes follow a statement of known information (i.e., statement of fact) with the phrase "I don't know" to indicate that they do not have a stake in the delicate issue being introduced (e.g., Potter, 1996). In addition, speakers may use "I don't know" when responding to questions to establish that something did not seem worthy of attention or notice at the time (e.g., Drew, 1992). Further, "don't know" can also function to demonstrate resistance by not providing a specific answer (Hutchby, 2002).

In the current study, it appeared that parents typically used the phrase “I don’t know” to qualify their talk, and make their statements appear less absolute. In doing so, parents created an opportunity for home visitors to validate their statements, as in the example below where Megyn (parent), responded to home visitor Sheila’s question about her son, “how you gonna teach him to be more confident? (2.2) and less fearful: in new situations.” In her response, Megyn used “I don’t know” three times (lines 1, 8, 11). In each case, the phrase preceded more specific description of her strategies or observations. In alignment with Drew (1992), Megyn may have used “I don’t know” to signal that her current strategies were not noteworthy, and thus may not be an appropriate answer to Sheila’s question. In addition, Megyn may have been using “I don’t know” to manage the delicate situation of direct questioning about her parenting (e.g., Potter, 1996). Sheila validated the responses through back channel responses (lines 4, 8), and ultimately evaluated Megyn’s response as appropriate, stating “good” (line 14).

```
1   Megyn:   I think (.3) to be, more confident I don’t know? I like to, well of course always
2            uplift him and tell him good things he does, //and stuff// so he feels like he likes to
3   Sheila:                                                  //mm hm?//
4   Megyn:   do good and he feels like he is doing things right.
5   (0.8)
6   Megyn:   and then (5.3) he’s already, like an attention hog so I kinda just let him be like
7            that //I mean// eventually it might run into problems but I'd rather him be outgoing
8   Sheila:     //mm hm//
9   Megyn:   //and at least// like, I don’t know, I'm glad he’s not like super shy: whenever (0.5)
10  Sheila:  // ((to child)) yeah//
11  Megyn:   anyone else is around and clingy, like he’ll (0.8) meet new people and he’ll, (0.6)
12           I don’t know, he seems comfortable (0.8) with his self.
13  (0.5)
14  Sheila:  °good.°
```

As this example illustrates, parents utilized the phrase “I don’t know” to manage how they shared information with home visitors.

In contrast, home visitors typically used “I don’t know” to indicate that they did not know an answer, or to defer to parents. In some cases, home visitors did so in response to parent

questioning. However, home visitors predominantly utilized this phrase to indirectly question parents. For example, one home visitor used this approach to introduce a food drive saying, “I don’t know if you participated in it last year or not” (Penelope home visit). This strategy was commonly used during decision-making about community resources, and may have served as a way for home visitors to manage the sensitive nature of talk about family finances. For example, one home visitor described income requirements for the Low Income Energy Assistance Program by pointing to a handout and saying, “so um I don’t know if you’re less than that, um for the year but it, this this pays up to two hundred dollars on gas” (Emma home visit). Thus, rather than directly asking if parents qualified for a resource or had used it in the past, home visitors constructed an indirect question, allowing parents more flexibility in how much information they would like to disclose in their response. In addition, home visitors embedded a rationale for introducing the topic by prefacing their comments with “I don’t know.”

Participation structures. As described in response to the first research question, identified decisions were found to address a range of topics, and decision focus appeared to play a role in the structure of decision-making. As a result, child-focused, family-focused, and logistical decisions each had slightly different decision-making structures. However, all decision-making generally involved the following phases, in alignment with Collins et al.’s (2005) identified decision-making trajectory: (1) home visitor initiates assessment, (2) home visitor and parent assess progress or needs, (3) home visitor or parent introduces decision point, (4) parent accepts, resists, or reports decision, and (5) home visitor concludes decision-making sequence. Thus, home visitors primarily managed each phase of decision-making. The exception to this was the decision point itself, wherein parents overtly or tacitly indicated acceptance or resistance

of a strategy, and in the case of family-focused decisions, sometimes reported their intended future actions.

In addition, the nature of decision-making was found to contribute to differential participation structures. When decisions were driven by completion of documentation (i.e., institutional), they were always initiated by home visitors. In contrast, when decisions were emergent and not linked to program paperwork, they were initiated by either home visitors or parents. During institutional child-focused decisions, only home visitors were identified to introduce decision points and offer strategies. However, during emergent child- and family-focused decisions, parents also introduced decision points.

Doing: Initiating Assessment and Introducing Decision Points

Across the observed home visits, characteristics of actions taken through language (i.e., doing; Gee, 2014) provided information about parent participation in decision-making. In particular, how home visitors and parents initiated assessment of progress and introduced decision points contributed to different patterns of parent participation. When home visitors used confirmatory questions to initiate assessment, parents were unlikely to provide information beyond the requested confirmation (e.g., Heritage & Robinson, 2006). By initiating assessment in this way, home visitors created a context wherein it appeared the decision was already made, and conversation proceeded to the home visitor introducing the decision point and offering a strategy. In addition to these specific features of decision-making, turn-taking is designed such that it is conversationally simpler for speakers to agree rather than disagree, as well as socially preferred (e.g., Pomerantz, 1984). Thus, the presentation of a decision as already made through confirmatory questioning contributed to a structure wherein parents ultimately accepted strategies suggested by home visitors. As a result, parents and home visitors did not engage in

problem-solving or brainstorming a range of strategies. Instead, conversational structures created a context where it appeared expected that parents accept the first—and only—strategy offered by home visitors.

As depicted in Figures 3-5, during emergent child-focused decisions, and institutional or emergent family-focused decisions, parents sometimes initiated assessment of progress or needs. Parents generally initiated such assessment by reporting about their child or family, thereby creating an opportunity to engage with home visitors in assessment of needs and progress. In addition, during emergent decision-making, parents could introduce a decision point and report strategies they intended to use in the future. Similarly to home visitors, parents typically combined introducing the decision point with discussion of a strategy (i.e., reports of decisions). In doing so, they did not invite further discussion of their decisions, and so in these circumstances as well, parents and home visitors did not engage in problem-solving or brainstorming. The following examples highlight differences in decision-making structures and parents' resulting participation. Each example addresses children's progress with potty training, a topic raised across several home visits.

Home visitor initiation of assessment. In the example below, Desirée (home visitor) initiated assessment of a child's progress on a previously established goal with Caroline (parent). In this example of institutional decision-making, Desirée utilized confirmatory questioning (line 1). Caroline responded with a qualified yes, saying "yeah, for the most part" (line 3). Desirée indicated that Caroline's response functioned as an affirmative response by evaluating the goal as complete, and suggesting that a new goal be set (line 4). Caroline did not directly respond, and the conversation moved on as a new topic was introduced.

1 Desirée: um, is she good with potty training now? like
2 (0.4)

3 Caroline: yeah, for the most part.
4 Desirée: okay. cause we can make a new goal, next week. (0.7) I realized you wanted her
5 to (1.0) accomplish potty training? and I feel like she's there so.

In this case, Desirée's confirmatory questioning created a context wherein Caroline minimally participated in assessing her daughter's progress. It appeared that the decision had already been made by Desirée (i.e., the goal was complete), and Caroline's statement allowed Desirée to confirm the decision despite Caroline's attempt to qualify her daughter's progress.

In contrast, the following example illustrates parent participation after a home visitor open-endedly initiated assessment of potty training with a parent. Although parents participated in a different manner after open-ended home visitor initiation of assessment than after home visitor confirmatory questioning, the overall parent contribution to decision-making was also minimal. In the excerpt below, Sheila (home visitor) open-endedly initiated assessment of potty training with Destiny (parent) during a sequence of emergent decision-making (line 1). Destiny responded with a general evaluation of progress (line 3). Sheila echoed this statement but framed it as a request for more information through rising intonation (line 5). At the same time, Destiny began to provide details based on recent observations (lines 6-7). Sheila started to affirm the progress but stopped (line 8); she completed her evaluation after Destiny finished her speaking turn (line 10). Destiny further contextualized Sheila's evaluation by providing additional details (line 11). After a pause, Destiny and Sheila simultaneously spoke. Sheila restated her evaluation (line 13), and Destiny began to share more details, that her daughter might be afraid of the potty chair (line 14). Sheila next asked for further elaboration (line 15). When Destiny provided rationale for her interpretation (lines 16-17), Sheila did not respond for 1.5 seconds, and then introduced a new topic of discussion. As a result, the implicit decision was that Destiny should continue as usual.

1 Sheila: how's potty training?
2 (1.5)
3 Destiny: gettin better,
4 (0.3)
5 Sheila: //gettin better?//
6 Destiny: //she came in// yesterday. (0.5) and she peed on the floor but (0.6) she tried
7 //to pee// in her potty chair.
8 Sheila: //hey//
9 (0.7)
10 Sheila: we're getting closer.
11 Destiny: we just didn't pee till we stood up.
12 (1.3)
13 Sheila: //getting close//
14 Destiny: //I think she's kind of// scared of her <h>potty <h>chair
15 Sheila: <h>why?=
16 Destiny: =she'll only sit on it for so long and when she sits on it her face is like okay what
17 is this?
18 (1.5)

In this case, open-ended initiation of assessment (line 1) and Sheila's further questioning (line 4) resulted in Destiny sharing multiple observations of her daughter. At the same time, the interaction created opportunities for Sheila to affirm and evaluate progress. While Destiny provided information that might have led to tailoring potty training strategies (e.g., daughter's possible fear), Sheila did not further address the topic, suggesting that she did not interpret those behaviors as meriting further discussion, and that Destiny should continue as she had been. Thus, although open-ended initiation of assessment resulted in the parent providing more details about child progress, the parent primarily functioned as an informant, and the home visitor maintained control of the assessment and the interaction by determining when to move on. As such, parent participation in decision-making remained minimal.

Parent initiation of assessment. In the following sequence of emergent decision-making, Courtney (parent) initiated assessment of her son's potty training with Sheila (home visitor) and her partner Brandyn. Courtney began by reporting an observation of her son (line 1). Sheila positively evaluated the report, directing her response to the child (line 3), and Courtney

qualified his progress (line 4). Sheila indicated that she still interpreted his progress as acceptable (lines 5, 9). Courtney then initiated discussion of the strategy she had been implementing, having her son watch a music video about potty training (line 10). Courtney offered to show Brandyn and Sheila the strategy (line 11), and Sheila indicated interest (line 12). After observing as the child watched the video, Sheila minimally affirmed the strategy, saying “whatever works” (line 24), which she restated in her next turn (line 26). Courtney linked her son’s engagement to prior observations through the present tense, stating “he does this when he’s on the potty” (line 27). After continuing to observe the child, Sheila restated her general affirmation (line 29).

1 Courtney: and he sat on the potty for ten minutes yesterday.
2 (0.3)
3 Sheila: ((to child)) you did? (0.3) ((claps)) woo oo=
4 Courtney: =he didn’t do anything=
5 Sheila: =well,
6 (0.3)
7 Courtney: but
8 Brandyn: ope, you gotta give him
9 Sheila: //at least// he’s sitting
10 Courtney: //I found//
11 Courtney: I gotta show Daddy this one too, I found a potty song. (0.4) that he (0.2) l:oves.
12 Sheila: what potty song? there's a potty song?
13 Child:
14 Courtney: //it’s got, it’s from//
15 Brandyn: // ((to child)) really? now I can’t put you down// cause I made the mistake of
16 picking you up?
17 Courtney: Elmo?
18 (3.6)
19 Brandyn: ((to child)) aha?
20 Courtney: wanna show La La your potty song?
21 Child:
22 Courtney: it’s like his jam.
23 Sheila: <hhhhh>
[… Courtney plays video on her cell phone; adults observe child as he watches video]
24 Sheila: hey, whatever works.
25 Christine: <hhh>
26 Sheila: if that works, you know, God bless.
[… adults continue to observe child watching video]
27 Courtney: he does this when he’s on the potty.
28 (2.0)

29 Sheila: hey if it //works, it works.//
30 Brandyn: //yeah, I'm watchin.//

Thus, the structures of emergent decision-making supported Courtney in initiating assessment of her son's progress through description of her past observation. In addition, Courtney created an opportunity for her home visitor to observe her son's engagement and validate the strategy. In this sense, the nature of emergent decision-making provided more opportunities for Courtney to meaningfully participate in decision-making about her son by setting the discussion topic and facilitating observation of her son's progress. While Sheila positively acknowledged the child's progress, she did so in a vague way that maintained distance from Courtney's selected strategy (i.e., music video). In repeatedly stating, "whatever works," Sheila recognized the successful outcome without attributing it to Courtney's strategy selection, suggesting that the strategy may not have been preferred by the home visitor. This tension illustrates how although parents may have more actively participated during emergent decision-making about their child, home visitors continued to demonstrate power in these interactions by evaluating progress and potentially validating parents' strategies.

The tension between Courtney's approval of her strategy and Sheila's hesitancy continued, and the conversation proceeded in an atypical fashion, demonstrating how once a decision was reported, it was expected for the decision to be treated as complete. In addition, the predominant pattern was for home visitors to affirm parents' decisions about their child, which they often did by discussing their related knowledge of child development. In doing so, home visitors simultaneously validated parents' choices and established their own expertise. In the excerpts below, the home visitor drew on her knowledge to recommend an additional strategy, but provided only minimal acknowledgement of the parent's reported decision. In turn, the parent resisted the home visitor's suggestion by not verbally responding to the recommendation.

Having shared details of her son's current progress and created an opportunity for others to observe the current strategy, Courtney had set the stage to introduce the decision point and report her intent to continue implementing the strategy. Thus, Courtney began to introduce the decision point by describing her process of identifying the strategy. In doing so, she mentioned that she initially looked for a book (lines 1-2). Sheila began to inquire about the family's use of Program A's web application that allowed home visitors to send video books to families (line 3). Courtney briefly responded (line 4). When Sheila acknowledged the answer (line 5), Courtney used latching to extend her prior turn and return to her description of her intended strategy; she then indicated that the music video met the same need as a book (line 6). Sheila returned to the topic of the book, and recommended a specific book for the family (lines 9-10). There were markers of possible discomfort in her turn, suggesting that providing a recommendation was not expected after a decision was reported. Sheila used rising intonation with "um?" to begin her turn and then paused before offering her book recommendation. Sheila paused and provided rationale for her recommendation (lines 9-10), and ended her turn with laughter, another indication she might be trying to manage possible awkwardness (e.g., Edwards, 2005). Courtney did not respond, and interacted with her son regarding the video (lines 13-14), further suggesting that she was satisfied with her current strategy. A lengthy pause ensued (line 15).

1 Courtney: I was looking for a book, so he could sit there and watch it while he was on the
2 potty
3 Sheila: is your Learning Genie working?
4 Courtney: no.
5 Sheila: okay=
6 Courtney: =and he uh, (1.3) he found this one, //and that was it.//
7 Brandyn: //<hhh> like the// air freshener.
8 (0.7)
9 Sheila: um? (.) even fire fighters go to the potty, there's your book. (0.4) it's a really cute
10 book. <h>
11 Courtney: //he://
12 Sheila: //<h>//

13 Courtney: ((to child)) is it over? all gone.
((video continues to play))
14 Courtney: oh there's Elmo.
15 (3.1)

Next, Sheila directed the conversation to assessment of readiness for potty training (line 1), and Courtney interjected to affirm that her son was demonstrating the skill described by Sheila (line 2). After a long pause (line 3), Sheila elaborated the sequence of progress for potty training (lines 4-5). At the same time, Courtney began to offer information about the video, but stopped as Sheila completed her turn (line 6). Courtney then quickly added details about how her son was demonstrating readiness for potty training (line 7). After an extended pause (line 8), Sheila indicated that the child's current skills could be in alignment with her description (line 9), and Courtney reasserted his skills (line 10). Another silence ensued as Sheila typed on her computer (line 11), and Courtney responded to a verbalization from her son (line 13). Sheila reinitiated discussion of the program's web application (line 15), and moved to restate her recommendation of the picture book which could be accessed through the application (lines 19-20, 22). Sheila used multiple elongations and rising intonation, which suggests potential awkwardness of offering the recommendation after a decision was reported, particularly after Courtney had not responded to the initial offer. Again, Courtney did not respond, and interacted with her son (line 21).

1 Sheila: as, as soon as they can start communicating potty, //is when they're ready//
2 Courtney: //he says potty.//
3 (2.7)
4 Sheila: s:o //first we learn the words,// then we set on the potty, and then we wai:t and
5 then eventually he'll get to where he's going=
6 Courtney: //at the beginning of it he says//
7 Courtney: =he hasn't learned the words yet but he grabs himself.
8 (3.8)
9 Sheila: tells you he's got to go? //huh//
10 Courtney: //and he does,// he does say potty.
11 (6.2) ((Sheila typing))

12 Child:
13 Courtney: ((to child)) daddy went downstairs.
14 (3.2)
15 Sheila: is that the phone that your Learning Genie is on?
16 Courtney: no it's on the other one.
17 Sheila: mm kay.
18 (2.0)
19 Sheila: mm: so: if you will look it up? (0.3) and rea:d even:: firefighters
20 //use the potty//
21 Courtney: // ((to child)) nope.// nope? that's concrete floor.
22 Sheila: if you will find it? and then that one you can read to him?

The sequence above was atypical in that Sheila provided a recommendation after Courtney reported her decision. However, the normative pattern was for home visitors to affirm parents' decisions about their child, which they often did by connecting decisions to home visitor knowledge of research or child development, a conversational move which both validated parents' choices and established home visitors' expertise, actions which Sheila also attempted to carry out through her talk in the above interaction.

These examples of how conversations proceeded when home visitors and parents initiated assessment of child progress demonstrate ways in which home visitors continued to maintain control over decision-making despite various types of parent participation. By initiating institutional decision-making sequences about children with confirmatory questions, home visitors depicted decisions as already made, and created a context wherein parents' primary action was to provide agreement. When home visitors open-endedly initiated assessment during emergent decision-making, parents contributed more details about child progress, but their primary action was to provide requested information, supporting home visitor assessment of child progress. During emergent decision-making, parents sometimes initiated assessment topics and facilitated observations of child behavior. In addition, parents sometimes introduced decision points and reported their own decisions. Such actions contributed to opportunities for more

meaningful parent participation in decision-making about their child. Yet, home visitors could draw on expertise and overall control of talk to evaluate parents' decisions.

Regardless of whether parents or home visitors initiated assessment or introduced decision points, the normative pattern was to present a single strategy. As indicated in the conclusion of Sheila and Courtney's conversation, decision-making was not expected to address multiple options. As a result, parents and home visitors did not typically engage in exchanges that involved sharing and building on one another's knowledge to reach a mutual decision.

Being: Parents as Competent, Knowledgeable Caregivers

How parents participated in decision-making also involved identities constructed through language (i.e., being; Gee, 2014). Building from characteristics of words spoken and action taken through language, parents typically positioned themselves as competent, knowledgeable caregivers. Although home visitors often validated these identities, as home visitors positioned themselves, they also used language in ways that complicated parents' attempts to position themselves as competent and knowledgeable. In the following sections, representative examples from transcripts highlight three common strategies utilized by parents during home visits that contributed to identity constructions as competent, knowledgeable caregivers: (1) initiating assessment, (2) reporting decisions, and (3) resisting home visitor recommendations.

Initiating assessment. Parents initiated emergent assessment of their child and family's needs and progress, setting decision-making sequences in action. By initiating topics of discussion, parents demonstrated their knowledge of what constituted "appropriate" topics during a home visit. Further, parents employed these initiations to indicate priorities, demonstrating their perspective of what constituted notable aspects of child or family progress or

need. Two primary approaches to parent initiation of assessment were identified across observed home visits: (1) describing prior observations, and (2) facilitating home visitor observations.

The first strategy was parent description of prior observation of their child, such as when Courtney stated, “and he sat on the potty for ten minutes yesterday” (Courtney home visit). Similarly, Kadejah initiated assessment of her daughter’s language skills by reporting, “that’s what they’ve been calling her this week, the echo” (Kadejah home visit). To further illustrate, Meher described her son's literacy skills to home visitor Katie: “We have two books story books and in one of them there is a ball. a picture of a ball and he keeps opening opening the, the book and saying ball. ball” (Meher home visit). This initiation ultimately led to Katie engaging with the child as she attempted to observe the skill. In addition, Katie later documented Meher’s observation as an example of the child’s problem-solving skills, writing, “turning pages in book to find ball picture” (Meher paperwork). Meher’s prior observation of Tabish positioned her as a knowledgeable and competent caregiver, a parent who created opportunities for her son to develop skills by providing books, noticed his skills, and understood what behaviors were worthy of sharing with her home visitor. Katie’s interaction with Meher complicated this positioning. Katie treated Meher’s observation as valid by acting on it. In addition, Katie acknowledged the observation by later documenting it to complete an aspect of home visit paperwork required by the program (i.e., parent report of developmental skills; see Appendix J for paperwork format). However, in seeking to facilitate a demonstration of the skill, Katie may have suggested that her own assessment of the skill was needed to validate Meher’s observation. Further, Katie reinterpreted Meher’s description as an observation of cognitive rather than language development on the paperwork. Katie’s documentation thus became more aligned with her observation of the child rather than Meher’s. When describing prior

observations, parents tended to use final intonation, depicting the initiation as a definitive report. In not phrasing their openings as questions, parents did not position themselves as seeking advice or information; rather, they set the stage to inform home visitors about their intents.

A second identified approach to parent initiation of assessment was parents' facilitation of home visitor observation. This approach also contributed to parents' positioning themselves as competent, knowledgeable caregivers. As parents directed home visitor attention to a specific skill to initiate further discussion of child progress or needs, they indicated their priorities and understanding of what constituted noteworthy skills or progress. For example, Toya told her son, "c'mon so you can show Desirée we've been working on our counting. come on" (Toya home visit). Similarly, Kadejah encouraged her daughter to demonstrate a new skill saying, "oh show Ms. Katie what you started doing this week" (Kadejah home visit). Another example of this approach was Melissa's pointing out her son's verbalization to her home visitor, saying "see? It does sound like mama" (Melissa home visit). This resulted in her home visitor Desirée providing multiple affirmations of Melissa's observation such as, "it is, he's saying it. exactly, oh my goodness. I love it" (Melissa home visit). In addition, this initiation resulted in opportunities for Melissa to model how she encouraged her son's verbalizations, as well as further describe past efforts. After prompting from Melissa later in the conversation, Desirée also documented this skill on the family's home visit paperwork, writing "mama" as an example of language development (Melissa home visit paperwork). Thus, Melissa's initiation of assessment successfully positioned her as a competent, knowledgeable caregiver. Her efforts were verbally validated by her home visitor and documented in visit paperwork, as they represented an example of an observation required by the program (i.e., parent report of developmental skills; see Appendix J for paperwork format).

Reporting decisions. Another way in which parents positioned themselves as competent, knowledgeable caregivers was by reporting decisions to home visitors. Collins et al. (2005) identified presentation of decisions in the style of reporting news or information as a characteristic of unilateral decision-making, as this discursive strategy tended to result in minimal collaborative exchange between speakers. By presenting decisions to be made about their child or family as news or information rather than topics open for discussion, parents indicated confidence in their knowledge and skills as parents.

For example, in the following exchange, Melissa (parent) and Desirée (home visitor) discussed the eating habits of Melissa's six-month old son Caleb. Earlier in the home visit, Desirée initiated assessment of Caleb's eating by asking "how's the um, feeding with solids going." Melissa shared that Caleb enjoyed sweet potatoes, but her most recent offering—bananas—had been unsuccessful. In the excerpt below, the topic of eating came up again as Desirée interacted with Caleb (lines 1-2, 4-8). Melissa mentioned bananas (line 9), and Desirée acknowledged the prior discussion (line 10). After a pause, Melissa began to report her decision about feeding Caleb, but stopped (line 12). At the same time, Desirée further elaborated the content of the prior conversation, directing it toward Caleb and indicating that she did not know why he responded the way he did (lines 13-14). In doing so, Desirée positioned herself as a learner. Next, Melissa used latching to extend her prior turn, and reported her decision to offer bananas again later that day (line 15). She used conditional language to tentatively phrase her decision. Desirée affirmed this statement (line 17), and Melissa further described the bananas she had available, which were designed to be "testers" (lines 19-20, 23). Desirée again positioned herself as a learner by asking what testers were (line 21), and Melissa explained (line 23). Desirée then validated Melissa's reported decision by connecting it to other recommendations

regarding feeding (lines 25-26, 28). Although Desirée drew on outside knowledge to do so, she kept the nature of the link vague by stating, “yeah they always say” (line 25). Melissa minimally acknowledged Desirée’s explanation (lines 27, 29), and did not indicate it was new information to her, which further contributed to positioning Melissa as knowledgeable about feeding.

1 Desirée: you put all your fingers in your mouth.
2 Desirée: are they yummy?
3 Melissa: mm hm.
4 Desirée: oh man. what they taste like?
5 (0.7)
6 Desirée: yep sweet potatoes?
7 (0.4)
8 Desirée: //<hhhh>//
9 Melissa: //he’s// like I'm sure they still taste like bananas.
10 Desirée: o:h yeah.
11 (1.0)
12 Melissa: cause //we still//
13 Desirée: //those are// good, buddy. I don’t know how you don’t like those sweet
14 things.=
15 Melissa: =I still have bananas //out,// so I might try them again,
16 Desirée: //<hh>//
17 Desirée: yeah.
18 (0.6)
19 Melissa: cause they’re just the little (0.8) these little, tester ones so. (0.5) they’re teeny
20 tiny=
21 Desirée: =the what?
22 (0.3)
23 Melissa: the little testers, like //fruit testers//
24 Desirée: //o:::h// okay.
25 Desirée: yeah they always say like to try it three times, just to see if they’ll (0.9) you know
26 the first time is, it’s something new.
27 Melissa: mm hm.
28 Desirée: the second time o:kay? ma:ybe.
29 Melissa: mm hm.

Although Melissa tentatively framed her decision to reoffer bananas to her son, it was the only strategy discussed, and supported by the specific materials she had available. This approach was generally validated by home visitor Desirée (line 17), and then linked to other known information about feeding (lines 25-26, 28). In turn, Melissa acknowledged what was known

about feeding (lines 27, 29). As a result, Melissa positioned herself as a competent and knowledgeable parent, which was reinforced as Desirée positioned herself as a learner.

In another example of how parents positioned themselves as competent and knowledgeable by reporting decisions, Caroline (parent) reported a family-focused decision to Desirée (home visitor). Desirée initiated the decision-making sequence by referring to prior discussion about the family's housing (lines 1-2). Desirée positioned herself and Caroline as partners, asking "what did we allot" (line 1). Caroline reported a decision that was counter to what she and Desirée had previously discussed (lines 3-4). Caroline continued Desirée's use of first person plural, but employed it to indicate her and her spouse rather than her and Desirée, as indicated by the specific actions she described (e.g., we pay a little bit more). Desirée responded "oh that's nice" (line 5). Here, "oh" functioned as a change-of-state token that indicated Caroline's report was new information to Desirée (e.g., Bolden, 2006; Heritage, 1984, 2002). After a pause, Caroline said "so" with final intonation, indicating possible conclusion of the topic (e.g., Bolden, 2006). Desirée next asked for details about the decision (line 9), and Caroline provided additional information (lines 10, 11). Caroline then shared the family's larger goal, moving next spring (line 12), which Desirée affirmed. The conversation subsequently moved to a new topic as Desirée initiated interaction with the children.

1 Desirée: so what did we allot, for you to break your lease, if you guys end up finding a
2 house
3 Caroline: actually we chose an option where we pay a little bit more a month where we just
4 have to give a sixty day notice we don't have to pay any fees or //anything//
5 Desirée: //oh that's// nice.
6 (1.4)
7 Caroline: so.
8 (1.1)
9 Desirée: how long'd you extend it, did you just do like a //year//
10 Caroline: //we did a twelve// month, yeah.
11 (1.4)
12 Caroline: and then, (0.7) hopefully in the late spring we'll be able to move.

13 Desirée: yeah.

By reporting her decision regarding family housing as news, Caroline positioned herself as a competent, knowledgeable caregiver capable of making her own decisions. Further, Caroline subtly distanced herself from Desirée's initial depiction of the housing decision as involving Caroline and Desirée, and instead emphasized the decision as one made by Caroline and her spouse. Desirée's response indicated that the decision was news to her (line 5), and she provided verbal support of the option Caroline selected as well as her description of her family's broader goal. In doing so, Desirée acknowledged and reinforced Caroline's identity construction.

Resisting. Another way in which parents positioned themselves as competent, knowledgeable caregivers was by resisting strategies recommended by home visitors. However, it was typically expected that parents acknowledge and/or accept the first strategy home visitors recommended. To resist home visitor recommendations, parents drew on their previous experience as parents and their specific knowledge of their child to resist certain strategies presented by home visitors. In the following sequence, Emma (parent) resisted a recommendation from Jill (home visitor) by referencing her experience raising her older daughter. Although Emma resisted the recommendation, Jill made multiple attempts to convince her about the merit of the strategy, demonstrating how home visitors can continue to draw on their power and expertise, even when parents state disinterest in a presented strategy.

Jill initiated decision-making by noting that Emma's eight-month-old son was within the expected age range for beginning to drink from an open cup (line 1). Jill used rising intonation, framing the statement as a confirmatory question. After a silence, Jill asked if Emma "let him drink from an open cup" (line 3). This question design presumed that the child could drink from a cup, based on his age and developmental expectations. Emma indicated that she did not let her

son use an open cup (line 4). Jill acknowledged hesitation in transitioning to an open cup, describing the thought as “scary,” presumably as it would be a messy learning experience requiring additional work for parents (line 6). In responding, Emma did not address this fear, instead stating “I really don’t do that yet” (line 8). Emma expanded by drawing on experience with her older daughter (line 10). Jill acknowledged Emma’s response (line 11). After a pause, Jill provided a rationale for the recommendation that contained an embedded assumption about when Emma would begin weaning her son, suggesting a desire to reestablish Jill’s own expertise and convince the parent in the merit of the strategy (lines 13-15). Emma did not respond, and after a silence, Jill restated the overall purpose of the recommendation in another attempt to convince the parent of the strategy’s value (line 17). Emma again drew on her prior experience, restating that she did not use this approach (line 19) but her daughter transitioned “just fine” (line 21). Jill responded “hm did she?” (line 22). Emma did not respond, and Jill suggested an explanation for the success, that the daughter was a “go getter” (line 24). Jill mitigated her response by directing it toward the child, and then rephrased it as a confirmatory question (line 26). Jill then used the child’s response to verify her statement (line 28). After an extended silence, the conversation moved on as Jill introduced another topic.

1	Jill:	um this is the age that he: also begins to start drinking from a cup?
2	(1.8)	
3	Jill:	and um, (1.3) so do you ever let him drink from an open cup?
4	Emma:	no.
5	(0.8)	
6	Jill:	it’s a scary thought itn’t it.
7	(1.1)	
8	Emma:	I really don’t do that yet.
9	(0.6)	
10	Emma:	//I didn’t// with Helena, I let her get older before I started stuff like that.
11	Jill:	//okay.//
12	(1.5)	
13	Jill:	um (1.0) the reason f:or encouraging him to drink, start drinking from a cup is so
14		that he’s ready when you start to wean him from the bottle at twelve months. so

15 that way he's used to drinking from a cup.
16 (1.1)
17 Jill: um, (0.5) it'll make it a lot easier.
18 (0.6)
19 Emma: with her I didn't.
20 (0.5)
21 Emma: took her bottle from her one day? and just fine.
22 Jill: hm did she?
23 (1.0)
24 Jill: ((to child)) that's cause you're such a go getter.
25 (0.9)
26 Jill: ((to child)) you're a go getter aren't you Helena?
27 Child:
28 Jill: hm yeah?

In this example, Emma referenced her past success weaning her daughter as a means to discount the recommendation of offering her son an open cup at this time, thereby positioning herself as a competent, knowledgeable parent. Jill made multiple attempts to persuade the parent to implement her recommendation, and lightheartedly attributed the parent's prior success to the child's personality rather than parent's methods. While Jill did not press Emma to commit to offering her son a cup, she also did not validate Emma's stated plan to wait. In addition, Jill framed the impetus for decision-making and the rationale for her recommendation as definitive, grounding them in assumptions about children's developmental milestones. Jill did not initiate further discussion of Emma's past success or current plans (e.g., when she might begin weaning). Thus, while Emma utilized her past experience to resist Jill's recommendation, Jill's positioning of her own expertise countered Emma's, ultimately allowing Jill to dismiss Emma's decision.

In the following excerpt, Meher (parent) drew on specific knowledge of her son Tabish to resist recommendations from home visitor Katie, thereby asserting her competence as a parent. Earlier in the conversation, Katie initiated institutional decision-making regarding Tabish's previously set child development goals. Katie and Meher had established that one goal was complete, and another goal would be continued. Katie referenced the continuing goal (the bed

one, line 1) and turned the discussion to identifying a new goal to replace the one that was complete (lines 1-2). Katie framed this as a yes-no question. After a pause, Katie added onto her description, perhaps in an attempt to clarify (line 3). Next, Meher declined to add a new goal (line 6). Thus, Katie's use of a yes-no question to initiate this sequence created an opportunity where it was possible for Meher to easily decline setting another goal for Tabish. In this sense, Meher did not need to resist, but could choose how to participate in program requirements. However, Katie qualified Meher's statement with "not right now" (line 7), leaving the possibility open to create another goal in the future, which would align with institutional priorities (i.e., the expectation was for each child to have two goals rather than one). When Meher confirmed this (line 8), Katie stated "sounds good" (line 9). At the same time, Meher began to explain her rationale, drawing on expectations for typical development (line 10). Meher indicated some hesitation with pauses as she began to make this claim, but concluded with final intonation. Katie agreed that Tabish "does a very good job" (line 11), and Meher agreed (line 12). Katie then pointed out a strength (line 13), and Meher again agreed (line 14).

1 Katie: is there anything else with the bed one that y- or anything at all that you want
2 to add for him?
3 (1.6)
4 Katie: for working on
5 (3.0)
6 Meher: no. not really.
7 Katie: not right now, //okay//
8 Meher: //yeah?//
9 Katie: //sounds good.//
10 Meher: //because I// think (0.7) um (1.5) Tabish in his age he's doing fine.
11 Katie: mm hm, yeah he does a very good job.
12 Meher: yeah.
13 Katie: he is very social,
14 Meher: yeah.
[… Katie looks through folder for paperwork]

In declining to set a goal, Meher drew on knowledge of Tabish as well as general expectations about child development, and Katie supported Meher's claims, particularly regarding Tabish's social skills.

The conversation continued (presented below) as Katie provided a recommendation to promote Tabish's language development, although she did not attempt to link it to the process of formal goal-setting (line 1). In this exchange, Meher demonstrated resistance by continuing to highlight her knowledge of her son. Although Tabish was simultaneously learning Arabic and English in his bilingual household, neither Katie nor Meher addressed this aspect of his language development during this interaction. Meher quickly acknowledged Katie's recommendation using latching (line 2), and stated that Tabish had already "started" to talk (line 4). Katie generally agreed with Meher's statement (line 5), but expanded discussion of his current skills (line 7), indicating that Meher's interpretation of her son's talk was likely different from Katie's original recommendation (i.e., encouraging child to talk is different than spontaneous speech).

After an aside with Tabish's sisters, Meher drew on an observation of her son that countered the notion of his speech being sporadic. She reminded Katie that they had previously discussed an occasion wherein Tabish spoke in a full sentence (line 9). Katie acknowledged this past discussion (line 10), and Meher specified that Tabish was not speaking discernable words but using sounds in patterns similar to speech (line 12). Katie restated Meher's description (line 15), and Meher agreed (line 16). Although her phrasing was vague, Katie again indicated that Tabish's current skills were different then her original recommendation (line 17). Next, Meher interacted with Tabish, pointing out his attempts to communicate in the moment, providing additional justification for her resistance (lines 18-20). Katie acknowledged Meher's observations by engaging with Tabish (line 21). She then began to close the sequence by

interpreting his behavior (lines 24, 26). Although Meher framed Tabish's attempt to communicate as a request (line 19), Katie described it as receptive language (know, listening; lines 24, 26). Thus, both parties used observation of Tabish to further their claims.

1 Katie: I think with him the big thing right now is encouraging him to talk=
2 Meher: =yeah=
3 Katie: =too <h>
4 Meher: and he started.
5 Katie: cause //he is,//
6 Meher: //yeah//
7 Katie: yes he's starting to //say// words here and
8 Meher: //yeah//
[… Katie interacts with older siblings]
9 Meher: and I told you that //day he said// like a a a full sentence.
10 Katie: // ((to child)) very nice//
11 Katie: yes, I think you did.
12 Meher: yeah, but it's not, it's not like a word but (0.6) the, like I don't know mmno
13 Katie: yeah
14 Meher: like this
15 Katie: mm hm. you can tell that he's like saying //things with his inflection//
16 Meher: //yeah. yeah, yeah//
17 Katie: but it's not really like, it's more just
18 Meher: ((to Tabish)) what. more?
19 Meher: I think he's saying more.
20 Meher: ((to Tabish)) come.
21 Katie: ((to Tabish)) more?
22 (1.1)
23 Meher: ((to Tabish)) more.
24 Katie: he's like I know you're talking //about me over// there <hhh> he's like I'm
25 Meher: //yeah//
26 Katie: listening.

In this sequence, Meher drew on specific knowledge of her son to resist Katie's recommendation, providing examples from past observations that depicted his language skills as established. In doing so, Meher positioned herself as a competent, knowledgeable caregiver who was aware of her child's progress as well as language development skills. Katie acknowledged Meher's observations, but subtly indicated that her recommendation was different from what Meher described. In doing so, she positioned herself as a competent, knowledgeable professional

(i.e., her recommendation was in fact appropriate). By keeping the distinction vague between the differences in her and Meher's diverging descriptions of skills, Katie created a context wherein both descriptions could remain accepted, supporting both of their efforts at positioning themselves as knowledgeable and competent.

Summary

Quantitative and qualitative analysis of home visit talk suggests that parent participation in decision-making about their child and family was nuanced. Overall, decision-making structures were managed and controlled by home visitors. Yet during emergent decision-making, parents sometimes took the lead in initiating decision-making sequences. Further, parents also introduced decision points and reported strategies they intended to carry out to home visitors, stating their plans as news and information rather than requesting home visitor input. However, during institutional decision-making, parents were passively positioned by home visitors' talk, and primarily acted by providing agreement to strategies recommended by home visitors. Parents worked to position themselves as competent, knowledgeable caregivers during both institutional and emergent decision-making as they drew on knowledge of their child and family to initiate decision-making, report decisions, and resist recommendations. Home visitors' attempts to position themselves as competent and knowledgeable sometimes complicated parents' positioning. When tensions arose, home visitors allowed parent reports or decisions to stand, but often used paperwork to document their own rather than parents' observations and priorities.

In the current study, the normative pattern for decision-making was for a single strategy to be presented and accepted, regardless of whether parents or home visitors presented the strategy. Thus, it appeared that decision-making was not expected to involve discussion of multiple options. In the observed home visits, decision-making did not proceed beyond

identification of a strategy and address how to individualize a strategy for the specific child or family. As a result, parents and home visitors did not typically engage in exchanges that involved sharing and building on one another's knowledge to reach mutual decisions.

Institutional and Ideological Contributions to Decision-Making

In this section, I address the following research question: *How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making?* Findings are based on qualitative analysis of transcripts of 12 audio-video recordings of home visits, completed home visit paperwork, and transcripts of individual interviews with parents and home visitors. In answering this question, I identified two themes: (1) dominance of institutional priorities, and (2) importance of self-reliance.

Dominance of Institutional Priorities

Across all observed home visits, institutional decision-making was prioritized by home visitors as they introduced conversation topics and determined what aspects of discussion to document, and parents typically responded to these priorities. This prioritization arose from the fact that program-dictated paperwork and curricula created the overall structure of home visits through the identified components of opening, community resources, parent-child activity, assessment, and closing. Moreover, program materials typically governed specific aspects of community resources, parent-child activity, assessment, and closing. As a result, institutional priorities guided home visit talk and ultimately, decision-making. The dominance of institutional decision-making was embedded in three aspects of home visiting further discussed below: (1) making progress visible, (2) curricula and limited choices, and (3) paperwork and text-talk link.

Making progress visible. During interviews, home visitors' descriptions of decision-making further demonstrated the dominance of institutional decision-making. When discussing

decision-making, all home visitors shared details and examples related to institutional decisions, particularly child development goals and family partnerships goals. Katie described goal-setting about children as "the most obvious" example of decision-making, in that it necessarily led to identifying and carrying out strategies to work toward meeting the goal (Katie Interview 1). She further explained: "I think that that's a tangible one that parents can see more immediately" (Katie Interview 1). As a result of goal-setting, home visitors could routinely ask parents about progress, and ultimately identify incremental success. For example, another home visitor explained that a successful decision was "any goal that they set where you see progress […] So, moving forward with any decision or goal that a parent wants where you see forward movement, that's success" (Jill Interview 1). Similarly, home visitors indicated that completion of standardized assessments supported decision-making processes about child development, particularly when such assessments made child progress over time visible. Because the structures of institutional decision-making necessarily resulted in discussion of and identification of progress, this type of decision-making was constructed and reinforced as the primary type of decision-making that took place during home visits.

Although home visitors reported that home visit plans did not always follow anticipated agendas, they indicated that other types of decision-making took place in response to immediate needs, characterizing these episodes as responses to "crisis" (Jill Interview 1; Sheila Interview 1). However, in addition to circumstances that required immediate intervention, emergent decision-making was observed to take place across all observed home visits. Emergent decision-making was not identified to be documented by home visitors as part of paperwork, regardless of topic or time spent on these exchanges. As a result, parents and home visitors did not have a record of such decision-making, which may make it more difficult to follow up on these

decisions during future visits. If the institutional nature of routinely setting and assessing child and family goals helped make progress visible for home visitors and families, progress related to emergent decision-making may have been invisible, furthering dominance of institutional priorities and decisions.

Curricula and limited choices. During institutional decision-making related to program curricula, home visitors frequently offered parents a range of choices regarding implementation of specific strategies. However, the choices themselves were typically limited and narrow. Moreover, the choices were dictated by curricula. In providing parents a set of explicit but limited choices, home visitors may have over-interpreted the extent to which parents participated in decision-making. For example, Jill (home visitor) offered Emma (parent) the limited choice of whether she would like to engage in a parent-child activity in that moment or later (lines 22-23). The activity itself, and the strategies embedded within it were dictated by the curriculum and not open for negotiation (lies 6-11; 17-20). In Program A, this same approach was utilized to assign parents "homework" regarding further implementation of strategies related to activities.

1 Jill: so I have a game that's called free fall. (0.7) and um what it (1.9) does is it, (0.8)
2 is he starting to throw things off his tray?
3 (1.4)
4 Emma: well yeah, like when he sits there with his toys and stuff. he'll throw any thing.
5 (2.7)
6 Jill: and so, the free fall game is, um talks about (1.1) um, (2.5) to help with learning
7 about cause and effect, (0.5) and to learn to use his hands as tools, to teach the
8 meaning of words such as (0.7) drop. (0.3) down, up, pull, bounce. (0.6) and to
9 practice the four steps of success, (0.7) which is get his attention, show him how
10 to do it. (0.5) wait for him to do it. and then (0.3) um, praise him for his efforts.
11 (1.1) so. it um (3.6) talks about (0.9) on his (1.3) uh oh
((item falls off table, Emma retrieves it))
12 (3.2)
13 Emma: there.
14 (1.3)
15 Jill: thank you.
16 (3.2)
17 Jill: so you'd have ribbon, and you'd tie? the ribbon onto a toy. and so if his chair if

you put it like right over so that, (0.5) and then you would tie this on (0.9) there. (0.8) tie it on to the toy<then onto the chair and then let him, when he throws it overboard teach him how to pull it back up.

(1.7)

Jill: and so. (0.4) um, (1.6) we can try that if you want. (0.5) or, I can leave this with you for you to try.

(1.5)

Emma: I'll just try it later.

Jill: okay. (0.6) so it's called the fre- the free fall. (0.8) um so, (1.8) it's a great time to teach him those words.

Similarly, home visitors offered parents a range of options regarding upcoming visits by listing curriculum topics, as in the following example: "would you like basic care, cues and communication, social and emotional, physical and brain development? any of those categories work for you next week?" (Destiny home visit). While parents could select from a range of options, the choices were necessarily limited by the nature of the curriculum. In the exchange below, Sheila (home visitor) used confirmatory questioning to initiate decision-making about the upcoming visit (line 1). When Courtney confirmed this choice (line 2), Sheila's response indicated that the specific topic of the visit (i.e., singing) was already dictated by the curriculum (line 3). Courtney attempted to share about how her son's singing (line 4), but Sheila did not respond, and parent Brandyn asked about for clarification (line 5). Courtney again attempted to discuss her son's singing (line 6), and Sheila responded to Brandyn, restating the designated visit topic (line 7). Courtney attempted for a third time to provide information about her son's singing, this time sharing more specific details (line 8). Brandyn and Sheila continued to talk about the general visit topic, and Courtney's initiations were never responded to, suggesting that information about the child's current skills was not needed to plan or tailor the activity.

1 Sheila: u:m? you want to continue with cues and communication?
2 Courtney: yeah.
3 Sheila: oh we're gonna sing next week, oh yay I get //to sing.//
4 Courtney: //he sings.//
5 Brandyn: >I'm sorry what?<

6 Courtney: he does.
7 Sheila: we'll get to sing next week.
8 Courtney: he copies //his sissies//
9 Brandyn: //oh I gotta be here// for that one.
10 Sheila: <hhh> you'll <h>be <h>here <hhh>

In Program B, other materials similarly contributed to decisions that involved a limited set of options. For example, Katie (home visitor) presented "Read to Succeed" by providing a handout to Meher (parent). In her description of the program, Katie used rising intonation several times, and used the modal verb "can" in depicting how to participate, such as "every time that you guys read together you can check off a box?" These choices suggest an intent to frame the family's participation as optional. After describing the program, Katie drew on observations of the child's interest in reading to introduce the decision point (lines 7, 11, 13). Meher acknowledged the program (line 12). Katie then presented a range of participation options (e.g., have child put a sticker or checkmark; lines 13-14, 16-17). Although Katie used word choice and intonation to present participation as optional, she did not explicitly ask about Meher's willingness to participate. Instead, a range of participation options were presented, framing overall participation as expected but the specific nature of participation (i.e., how to complete the form) as flexible.

1 Katie: um I had brought this I think a while ago but I was just bringing them out to
2 everybody again? (0.4) um so this is our read to succeed program? so in this one
3 (0.4) you, every time that you guys read together you can check off a box? and
4 then when you check all of them off, then you can return it to me and I can bring
5 you guys a book.
6 (0.5)
7 Katie: so now that he's getting a little //older,// a little more interested
8 Meher: //mm//
9 (0.6)
10 Meher: //okay//
11 Katie: //you know// in books and finding things, (0.4) that might be //something//
12 Meher: //okay//
13 Katie: um you guys can do. you can let him if he wants to, like put a sticker on it or
14 something? //you know like he's excited or make//
15 Meher: //ah like a good idea//

Katie: a little mark if he wanted to, or however. or you could just do it if you wanted to, either way. so.
Meher: okay.
Katie: I thought that might be something that you guys might want to get into, just cause it's nice, we have so many //different books that we can//
Meher: //yeah, yeah.//
Katie: you know the hard cover ones, nicer ones. um (0.6) big ones, little ones. °all kinds of things.°

Despite parent participation in these decisions being highly restricted by program curricula or requirements, both home visitors and parents indicated during interviews that parents were primary decision makers. However, this framing focused on the fact that parents made the ultimate decision rather than home visitors, rather than acknowledging possible constraints to decision-making. In addition, it was likely that home visitors interpreted parents' passiveness as acceptance rather than resistance to decision-making. For example, Sheila (home visitor) described her role as follows:

> I don't make any decisions; parents do. Um, they need to make those decisions. I never want to have power over a client; I want to share that power with them and teach them how to advocate for themselves, but never would I make the decision for them. It just doesn't happen. (Sheila Interview 1).

However, when asked about decisions regarding selection and individualization of strategies for children, Sheila indicated that program curriculum set topics, provided information, and presented recommendations. At the same time, the ultimate choice remained with parents. As Sheila explained, "But you're still the parent and you get to make the choice. We just kind of, we show them and we encourage them to do it but they get to make those decisions" (Sheila Interview 1). Parents echoed these statements as they described their role in decision-making, such as one parent who identified herself as the "boss" of decisions (Destiny Interview). However, parents also indicated that curriculum dictated aspects home visits, at times resulting in repetition of content despite parents' prior knowledge (Penelope Interview).

Paperwork and text-talk link. The dominance of institutional decision-making was also demonstrated in the link between program paperwork and home visit talk, a connection that Markström (2009) described as a text-talk link. The close relation between program curriculum, documentation, and home visit talk in Program A is exemplified in the following transcript example. Program A's home visit agenda had a section labeled "Discussion" (see Appendix J). The home visitor completed this section for Megyn and Andrew's home visit writing, "The role of dads growing compassionate children" (Megyn & Andrew paperwork), a topic dictated by the program curriculum. During the visit, Sheila initiated conversation as follows:

1 Sheila: o:h, so. (1.1) we get to talk about the roles of dads. (1.5) so. (1.3) and other males
2 and growing? compassionate children.

Home visitors' descriptions of influences of their work further supported the notion that paperwork contributed to decision-making. For example, one home visitor described paperwork as both a "big influence" and a "big requirement" (Desirée Interview 1).

In Program B, the primary portion of home visit documentation completed during home visits was titled "Parent Observations (completed by parent/guardian)" (see Appendix J for an example). This section contained space for parents to share observations about their children in four aspects of development. Each section had a more general label that was followed by a parenthetical description with more specialized vocabulary regarding developmental domains, such as "Feeling (social)" and "Moving (motor)." Thus, home visitors and parents in Program B typically engaged in discussion of parent observations of their child during the visit closing. This talk was initiated by home visitor questioning such as "alright, what types of things did you notice him doing toda:y?" (Melissa home visit). Home visitors interpreted parent responses and determined how to categorize them, such as when a home visitor explained that a parent's

description of a child moving a chair to reach a desired object was more aligned with cognitive rather than motor development (Meher home visit).

Home visitors sometimes drew on parent reports that had been shared prior in the visit and documented them. One parent signaled her anticipation of this discussion by concluding a report of child behavior with the statement, “so that’s what she been doing this week, too” (Kadejah home visit). During the visit closing, her home visitor referenced this prior report as she completed this section of the paperwork, saying “you said, I put down that she’s been copying what other people say for her social one” (Kadejah home visit). During this time, home visitors shared their own observations of children, which they also recorded. While documentation was sometimes linked to descriptions of child behavior that took place during emergent decision-making, paperwork was designed to document observations of child behavior rather than strategies families planned to implement. In Program A, home visitors also documented observations of children, although they did not specifically solicit parent reports.

Immediately below the Parent Observations section of Program B paperwork was a large box titled “What I would like to work on (Family Engagement/Activity/Goals).” In four of the six observed visits with Program B, this section was left blank. In the remaining two visits, home visitors documented details about parent-child activities for the upcoming visit, such as required materials. Home visitors were not observed to facilitate talk on this component of paperwork as they did with the Parent Observations section, suggesting that its completion was optional. Program A visit agendas had an area labeled “Goal:” with space for home visitors to fill in comments. As a result, home visitors typically initiated discussion about short-term goals, such as asking, “have any goals for this week?” (Courtney & Brandyn home visit). Discussion of

these goals tended to be minimal and involve reporting a topic such as “potty” or “employment,” rather than identifying strategies to address the goal.

Home visitors also selectively interpreted and documented parent comments, perhaps based on perceived appropriateness of goals. For example, when a parent indicated her goal for the week was to complete wrapping Christmas presents, her home visitor engaged with her in discussion about this goal, but did not document it. Instead, the goal area was completed as “employment,” another topic of discussion raised during the visit (Destiny paperwork). Thus, completion of paperwork with parents ultimately served to document aspects of home visits related to program accountability rather than facilitate identification of strategies to support child- or family-focused decisions. As a result, paperwork addressed institutional priorities and served to document the most explicit institutional decisions, furthering dominance of institutional decision-making during home visits.

Importance of Self-Reliance: Ideological Assumptions about Poverty

The theme of the importance of self-reliance was identified across multiple data sources. As evidenced by home visit talk and paperwork as well as interviews, assumptions and social norms regarding poverty resulted in a Discourse (Gee, 2014) of self-reliance that emphasized parents’ ability to “overcome” poverty by demonstrating increasing self-reliance, particularly by accessing resources. This emphasis on addressing poverty through individual efforts suggested embedded beliefs about individualized attributions of poverty, such as an individual’s lack of money management skills or effort (Zosky, Avant, & Thompson, 2014). The notion that poverty can be attributed to individual behaviors has been identified as a pervasive belief in U.S. society, such that Zosky et al. (2014) described it as an “ideology of individualism” (p. 90). In addition, educational researchers have illustrated how this assumption regarding individual attribution of

poverty is embedded within U.S. educational policies and practices (e.g., Counsell & Boody, 2013; Dworin & Bomer, 2008; Zosky et al., 2014). In contrast, structural attributions of poverty may include factors such as low wages, inadequate schooling, or prejudice that require large-scale change (Zosky et al., 2014).

In the current study, assumptions about the importance of individual behaviors in addressing poverty were embodied in EHS program philosophy that called for families to achieve "self-sufficiency" in housing, education, and financial security (Office of Head Start, 2018). Program philosophy was further translated into program requirements. As such, home visit paperwork in both programs addressed provision of resources to families. Program A paperwork had a section titled "Referrals and Services" that listed 22 categories of possible resources for families, including a space to write in "other" resources (see Figure 7). Home visitors could then indicate which resources were provided to families. Many categories were aligned with those reported in national EHS materials (i.e., EHS Program Services Snapshot), further demonstrating the link between home visit documentation and documentation of services for accountability. Program B had an item on home visit paperwork that stated "Follow-up Resource" and was followed by a space for home visitors to write in provided resources. Thus, completion of paperwork created a reason to discuss available community and program resources with families.

Referrals and Services

Substance Abuse Mental Health Basic Needs
Disability Physician Education
Domestic Violence Transportation Child Care
Employment Health Department Oral Health
Nutrition Smoking Cessation Housing WIC
Adult Ed. Parenting Insurance
Infant-toddler services Legal Other _____

Suggestions/Concerns:

Figure 7. Section of Program A paperwork regarding Referrals and Services.

Further demonstrating the emphasis on resources, all home visitors discussed connecting parents to resources as a primary aspect of their jobs. In doing so, they enacted ideological assumptions about self-reliance as a means to address experiences of poverty. Home visitor Sheila exemplified this view:

> Um, my typical role as a home visitor is to go in, um, help with parenting skills, resources for them to become self-reliant, um, help them move out of poverty, help them be able to budget and, um, give them those tools that they need to become more self-reliant. (Sheila Interview 1).

Similarly, Katie described connecting parents with resources as "a huge part of the job," and explained how when parents accessed resources "we're on a path to bettering ourselves" (Katie Interview 1). Further, Katie described a reciprocal relationship between resources and engagement: She indicated that when parents accessed resources, they experienced a sense of care that promoted further engagement in other aspects of home visiting.

Parents typically echoed home visitors' sentiments regarding resources. First, parents described provision of resources as a key aspect of home visitors' roles. Second, parents indicated the importance of resources to their families. For example, one parent stated, "I know that it's really helpful that she has all the resources that she can get and bring them out, because some of the times they're not affordable for us to be able to do" (Caroline Interview). Parents

also described specific resources that had been helpful for their family, including supports for diapers, utilities, food, transportation, educational materials, and parent education. While parents described the value of such resources, they tended to present them as addressing immediate needs (i.e., providing they could not currently afford). To illustrate, Megyn described enrollment in a utility bill reduction program as "one less thing that you have to worry about while you're trying to raise [your son] and do this and do that" (Megyn Interview). In contrast, home visitors framed resources as addressing more long-term needs, thereby supporting parent self-sufficiency.

Analysis of home visit transcripts indicated that parents and home visitors frequently discussed community resources, demonstrating a text-talk link between program paperwork and home visit conversation (Markström, 2009). In emphasizing individual responsibility for financial decisions, these discussions further demonstrate the assumption that self-reliance can redress family experiences of poverty. While home visitors promoted making "responsible" financial decisions, they also avoided making specific recommendations about family finances. The following exchange between Sheila (home visitor) and Andrew (parent) exemplifies how home visitors affirmed parents' interest in community resources. Sheila described an upcoming food drive by offering a handout and describing how to access the resource (lines 1-2). Andrew expressed interest, and indicated he had knowledge of the event (line 3). Andrew then disclosed prior use of the resource (line 5). Simultaneously, Sheila emphasized the benefit of the resources (line 6). Andrew then explicitly stated his interest, noting "free stuff is always good" (line 9). Next, Sheila echoed this attitude, restating Andrew's comment (line 12). Andrew then described the resource as being of mixed value (i.e., he doesn't use all provided food; line 14). Sheila began to interject, but waited for Andrew to complete his turn (line 15). She then moved to close

the exchange with “there you go” (line 16). Thus, Sheila affirmed Andrew’s partial use of resource, and avoided providing more specific recommendations beyond accessing free food.

1 Sheila: so. (2.5) Boxes of Blessings? are the sixteenth and seventeenth (1.7)
2 you just drive up down by Local Store, those buildings down by the river?
3 Andrew: oh yeah, them white boxes and everything?
4 Sheila: mm hm.
5 Andrew: yeah, //I've got those before.//
6 Sheila: //got a lot of food.//
7 (1.5)
8 Sheila: mm
9 Andrew: I’ll take this one ((taking flyer)). I like these. free //stuff// is always good.
10 Sheila: //mm hm//
11 (0.8)
12 Sheila: free stuff is good.
13 (1.2)
14 Andrew: even though I don’t use half of it, but the //stuff// that I do use, I like it.
15 Sheila: //well//
16 Sheila: there you go.

In contrast, when Destiny (parent) told Sheila (home visitor) that she did not intend to further pursue a bill reduction plan, Sheila did not affirm Destiny’s decision. Sheila initiated discussion of whether Destiny had accessed a resource to reduce her veterinary bill (line 1). When Destiny stated she did not get approved for this financial assistance (line 3), Sheila responded with an extended o:h, suggesting that this was not the preferred outcome (line 4). Destiny moved to close the exchange (line 5), and Sheila responded with encouragement to try again (line 7). Destiny stated her plan to pay the bill in full and not seek further assistance (lines 8-9). Sheila minimally responded with quieter volume (line 11). The conversation ultimately moved on as Sheila introduced a new topic. Thus, while Sheila did not affirm Destiny’s decision to pay the bill in full, she avoided expressing other recommendations.

1 Sheila: a:nd did you do that application for the vet?
2 (0.9)
3 Destiny: yeah, I didn’t get approved for it.
4 Sheila: o:h.
5 Destiny: so.

6 (1.5)
7 Sheila: well, keep tryin.
8 Destiny: we're just gonna make the payments: I mean his vet bill's only (1.1) like two
9 hundred and thirty dollars left on it.
10 (1.0)
11 Sheila: °hm°

As these excerpts illustrate, parent decisions that aligned with expectations about "responsible" financial decision-making by accepting recommendations to access resources were affirmed by home visitors, while decisions to decline resources were not affirmed. These exchanges highlight the assumption that individual responsibility can alter families' experiences of poverty.

The following exchange between Naomi (parent) and Katie (home visitor) further demonstrate the dominance of assumptions about individual responsibility by illustrating how a conversation did not go as planned when no resource existed to fit Naomi's needs. Naomi and her children were currently living in a shelter for survivors of domestic violence and were in the process of finding independent housing. Naomi initiated discussion by asking Katie about resources for her sons to attend child care. Katie recommended an organization that could provide referrals to child care providers as well as information about child care subsidies. Naomi indicated that she although she did not qualify for the child care subsidy, she also "couldn't afford anything." Naomi then outlined how her current income from child support disqualified her from other programs designed to support families with low incomes. Katie described the situation as a "catch twenty-two," and the conversation continued below.

Naomi further described how she was trapped by simultaneously needing child care and a job (lines 1-2). Katie acknowledged Naomi's description (lines 3-4). Katie then addressed the broader "system," using sarcasm to describe the system as "great" and laughter to manage potential discomfort, saying "it's so sad" (line 9). Naomi anticipated common critique of social services, stating that without the current structures, individuals "would abuse it" (lines 10-11).

She contrasted herself with those who would abuse the system, and indicated that her lack of family support created her situation (lines 11-12). Naomi emphasized her isolation using repetition, word choice, and intonation (lines 14, 17-18). Naomi then linked the lack of available resources to continuing family instability, including individuals staying in abusive relationships (line 22) and providing suboptimal care to children (lines 25-27). Katie empathetically acknowledged the difficulty created, stating “it is hard” (line 30). Naomi then indicated that she would not respond to the lack of available resources by endangering her children; this further constrained her choices, and she stated “so I guess I’ll just continue to be homeless” (lines 31-32). Katie briefly acknowledged this decision (line 34), and then moved to restate her recommendation of the original resource (lines 34-35). She then suggested that in several months, the children would likely qualify for center-based services through their EHS program (lines 37-39). Naomi did not respond, and Katie then acknowledged that this outcome was “not ideal” (lines 41-42).

1 Naomi: um, (0.7) and then (2.0) m- I can’t get a job? without having child care cause I
2 //can’t// go look for a job, and apply for jobs, and interview for jobs and
3 Katie: //yes//
4 Katie: unless they can be //somewhere, yeah//
5 Naomi: //I unless// I have child care and I can’t get child care without
6 (0.6)
7 Katie: yeah
8 Naomi: having a job
9 Katie: isn’t it such a great system that we have that <hh> //it’s so sad <h>//
10 Naomi: //but I get it// if it wasn’t this
11 way people would abuse it, but however when people like me are in this
12 situation
13 Katie: yeah
14 Naomi: I literally have no one.
15 Katie: right.
16 Katie: //right//
17 Naomi: //I have// no. one. not a single person that I can trust that would help me with my
18 kids.
19 Katie: right. //yeah//

Naomi: //so//
(1.3)
Naomi: //this is// why, and I told her, I was like this is why people go back to abusers.
Katie: //yeah//
Katie: yeah=
Naomi: =this is why people put them, their kids in pace- places that aren't safe, this is why people ask people to watch kids that they know (.) they really can't be trusted.
Katie: mm hm, (0.5) yup.
(0.8)
Katie: //it is hard.//
Naomi: //and I'm not// one of those people to put my kids in that position //so I// guess I'll just continue to be homeless.
Katie: //right.//
Katie: yeah. (0.6) which is sad. but, (0.9) I would just maybe try to call the Child Care Aware, see if there's any? places? or at least maybe you could get on a waitlist, like how you guys are on our waitlist? cause (1.5) being in this situation. (1.2) I really hope that you're not still in this situation by this summer, but if you were they would, (0.4) I would say there's a ninety nine percent chance that both of them would get into [Early Head Start Center].
(1.2)
Katie: not that that is like the ideal situation? (0.5) or that that's what we want to have happen (.) but

This exchange highlights the difficulty faced by home visitors and parents when resources were inadequate. Although Naomi made clear that the resource offered by Katie would not meet her needs, Katie reintroduced it at the close of their exchange, perhaps to offer hope that there was at least some resource available to Naomi, even if it could not fully meet her needs. In this situation, self-reliance could not be promoted as a means to address the family's experiences of poverty. In fact, Naomi emphasized how their isolation further contributed to inability to meet their needs. Katie acknowledge the difficulty of Naomi's situation, using empathic responses, sarcasm, and laughter to manage potential discomfort. Although Naomi's responses indicated that she understood what Katie meant in criticizing "the system," Katie's vagueness allowed her to avoid identifying specific macro-level factors contributing to Naomi's financial instability, such as high cost of child care, lack of available child care subsidies, or lack

of employer-provided child care. As a result, recommendations could continue to address individual resources.

Summary

I identified two themes across transcripts of home visits, home visit paperwork, and interviews with parents and home visitors in answering the research question *How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making?* In the first theme, I found that institutional priorities dominated decision-making interactions. Institutional priorities necessarily shaped the overall structure of home visit talk by dictating required home visit components. As a result, institutional priorities dominated decision-making interactions, as well as parents and home visitors' expectations for decision-making. Through required documentation, institutional decision-making made progress visible to parents and home visitors, which constructed and reconstructed institutional decision-making as the primary means of decision-making. For example, home visitors and parents predominantly identified instances of institutional decision-making as examples of decision-making during their interviews, although analysis of home visit transcripts indicated that emergent decision-making (i.e., decisions not linked to institutional priorities) occurred multiple times during each observed home visit. Decisions linked to program curricula were found to involve an explicit but limited range of choices, such as a parent selecting a visit topic from several predetermined choices. This approach to decision-making further established the dominance of institutional priorities while also creating an illusion that parents had more opportunities for meaningful participation than they actually did. In addition, the strong link between program requirements, the structure of paperwork completed during home visits, and talk during home visits further contributed to the dominance of institutional priorities.

Second, I found that ideological assumptions about poverty were translated into program and individual home visitors' philosophies, and in turn, program paperwork and home visit talk. These assumptions emphasized the importance of self-reliance as a means to address families' experiences of poverty and financial instability. As programs and individuals enacted this Discourse (Gee, 2014) of self-reliance, home visitors affirmed parent decisions that they viewed as financially responsible, and did not acknowledge other financial decisions. Both parents and home visitors indicated that they saw connecting families to resources as a primary aspect of home visitors' work. However, parents and home visitors differently depicted the value of accessing resources. Enacting the Discourse of self-reliance, home visitors linked resources to long-term family financial stability, thereby supporting broader philosophical aims. In contrast, although parents indicated that they found resources helpful, they characterized resources as addressing immediate rather than long-term needs.

Home Visitors' Reflection on Discourse

The fourth research question asked: *How do home visitor and researcher co-analyses of decision-making contribute to home visitors' reflection on discourse?* Findings are based on qualitative analysis of individual home visitor interview transcripts. These interviews took place as home visitors and I watched video clips of the observed home visits and examined accompanying transcripts. In answering this question, I identified two themes: (1) exploring discourse (2), "There's Always Room for Improvement."

Exploring Discourse

As they engaged in co-analyses of decision-making, home visitors explored multiple aspects of decision-making discourse. In particular, home visitors addressed (1) details of language use, (2) identities and power, and (3) additional contributions to decision-making.

Details of language use. During analyses of decision-making videos and transcripts, home visitors reflected on details of language use, though it should be noted that the interview was designed to promote discussion of discourse (see Appendix L for interview guide). At times, they spontaneously addressed features of discourse, at other times, they responded as I pointed out what I noticed and modeled examining transcripts. For example, after I discussed features of turn-taking, home visitors further identified aspects of their turn-taking (e.g., turn length) and parent participation during decision-making conversations. In particular, home visitors began to point to transcripts to illustrate the back-and-forth nature of certain exchanges. Home visitors also independently made connections between talk and actions taken through language (i.e., doing; Gee, 2014). For example, one home visitor described her use of back channel responses that typically indicate listening (e.g., mm hm; Bavelas et al., 2000) as a way to "reassure mom as she's talking" (Katie Interview 2). Similarly, home visitors and I talked about how their responses to parents could serve to validate parents' decisions about and observations of their children.

Identities and power. During co-analyses of decision-making, home visitors also responded to questions about identities constructed through language (i.e., being; Gee, 2014). Home visitors independently linked identity constructions to power dynamics in interactions with parents. For example, Katie observed how her word choice and tone were "casual," contrasting her talk with how she might speak in a "business professional" setting (Katie Interview 2). She connected this approach to her desired identity as a home visitor, a resource:

> [It's casual] because I think our role really is to be a resource for the parents, so it's not to come in and, like, correct how they're doing things. At least that's how I see it; I don't see that I need to come in and correct how they do everything. I'm there to just help them improve themselves. (Katie Interview 2)

In this example, the home visitor illustrated the connection between her language use and her desired home visitor identity. For Katie, the role of a home visitor should not be directive; thus, home visitors should not be directive in their language use. Other home visitors also recognized how they enacted their preferred identities through language use. For example, Desirée identified herself as a "family friend" rather than a "Family Educator," which was her job title. When asked if she could identify any instances of how this identity was enacted through language, she pointed to her and a parent's relaxed tones of voice, and the parent's initiation of topics.

Moreover, home visitors initiated discussion of power dynamics with families, and I encouraged them to consider how they might see power dynamics embedded in their language use. Home visitors described ways in which power was shared with parents, such as by asking parents questions and providing wait time after asking questions. Home visitors predominantly identified providing explicit options to parents as a means to share power. To illustrate, Sheila suggested that she shared power with a parent by providing options to comfort a child: "I didn't say, 'You have to put a Band-Aid on it,' or, 'You have to kiss it.' So, I gave her some options. But that is up to her on how she comforts her child" (Sheila Interview 2). Similarly, another home visitor stated how providing parents with options helped balance power, keeping home visitors "approachable" (Katie Interview 2). As she explained this further, she pointed out specific word use from one of her home visits that demonstrated this (i.e., maybe, option).

> I don't necessarily want someone to tell me I need to do or have to do something, so that probably feeds also to what you're saying. But also because I'm like, you know, maybe do this or maybe do this; here's an option. You know, take what's going to work for you. (Katie Interview 2)

While providing parents choices offers them some level of control in decisions, it is important to acknowledge the contextual nature of such options. In particular, when choices are designated by

curricula or home visitors rather than developed in collaboration with families based on their knowledge, priorities, and values, such choices can only nominally provide control to parents.

Additional contributions to decision-making. As they engaged in co-analysis of home visit decision-making, home visitors independently discussed individual, environmental, and institutional contributions to decision-making. For example, home visitors addressed individual personality, noting that some parents are "quiet" (Jill Interview 2). Home visitors also commented on the role of relationships in decision-making, and how rapport was demonstrated through factors such as tone of voice and eye contact. In addition, home visitors provided additional background information about decision-making, sharing contextual information as they interpreted parent talk. For example, when interpreting a parent's request for her daughter to practice stringing a bead, Jill shared details of the daughter's current abilities related to her visual impairment. Further, Jill explained this parent's possible exposure to the task of stringing beads through her job, stating, "She's a para [educator] in the kindergarten classroom, so they must have been doing something similar, and it probably was like 'I don't know if [my daughter] can do that,' is probably more like how that was going on" (Jill Interview 2).

Home visitors also discussed environmental factors in decision-making, such as whether older siblings were present, time of day, and available space. Additionally, home visitors addressed institutional factors, such as the nature of home visit documentation. For example, in Program B, home visitors used carbon paper to document visits, so that they could provide a copy to parents at the conclusion of the visit. As Katie described, in one visit a combination of this institutional requirement and environmental setup ultimately led to her disorganization as she facilitated setting a child development goal with a parent:

> So I'm always […] fumbling around, but usually I have like, the floor to spread my life out. But in this visit, we usually sit on the couches, so I am—I'm like fumbling trying to like, okay, we got to put this one under here or this one here. (Katie Interview 2).

Thus, through co-analysis of decision-making, home visitors identified features of discourse such as saying, doing, and being, as well as other contributions to decision-making.

"There's Always Room for Improvement"

During interviews, home visitors indicated that they were committed to ongoing improvement in their practice, and shared a variety of goals to enhance interactions with families. Desirée exemplified this perspective through her comment, "There's always room for improvement" (Desirée Interview 2). Home visitors demonstrated reflection as they talked about (1) areas to improve, and (2) videos and transcripts as reflection tools.

Areas to improve. Throughout interviews, home visitors discussed a range of practices that they might refine in future home visits. Home visitors typically shared goals related to communication content, such as increasing follow-up with families, or being more direct when appropriate. Home visitors also pointed out increased awareness of their use of filler words (e.g., um, er) that they hoped to decrease. Thus, home visitors identified both macro- and micro-level communication practices to enhance.

Unlike the other home visitors, Katie identified many specific ways she could enact her goals, particularly by changing her questioning strategies. To illustrate, Katie initially described a general goal of "slowing down" and determining when to spend more time talking about certain topics with families. After analyzing an excerpt of a home visit where she and a parent talked about a child's "echoing" of others' language, Katie suggested several questions she might ask to learn more from the parent: "You could say, 'When did you start noticing she was doing that?' and, 'What else has she been echoing?'" (Katie Interview 2). In the excerpt, Katie

had provided recommendations to the parent regarding "echoing" that the parent resisted. After watching, Katie suggested an alternate approach to decision-making by brainstorming with the parent via the following prompt: "What things could you, you know, talk about or say that would be really positive things for her to echo?" (Katie Interview 2). In another instance, Katie discussed how she could refine a routine aspect of home visits, documenting parent observations. Katie noted that she had constrained parent participation by asking a parent a question about her child, but then providing her own answer to the question. Katie indicated that she could alter her approach by not providing her own answer, instead having "mom dictate what we're going to put down" (Katie Interview 2).

Katie's identification of specific practices that could change how her conversations with parents proceeded was unique; other home visitors typically addressed general areas of improvement related to communication. However, extending or modifying the process of co-analysis might contribute to furthering the reflection process. For example, Desirée noted that if she had additional time to review transcripts, she could create a goal to enhance her facilitation of decision-making, but that "[she didn't] know right now" (Desirée Interview 2). Thus, adding co-analysis sessions or providing materials for home visitor review prior to a co-analysis session could potentially provide opportunities for home visitors to deepen reflection, and identify more specific discursive practices to refine.

Videos and transcripts as reflection tools. During interviews, home visitors indicated that the combination of video clips and transcripts supported their reflection through two primary benefits. First, it appeared that having access to the transcript mitigated discomfort when watching videos. To illustrate, Desirée shared how she used reading the transcript to control how closely she watched the video. She commented, "I'm okay with like, not looking at that [video]

but also reading this and being okay that I'm—I don't really need to look at my face anyway" (Desirée Interview 2). Thus, the transcript helped home visitors manage how closely they watched themselves, creating a more comfortable experience for engaging in reflection.

Second, home visitors indicated that the combination of transcripts and videos supported their overall understanding of the interaction, as each tool provided related but different information about home visiting discourse. For example, home visitors noted that videos provided unique information about facial expressions, body language, and tone of voice. In contrast, home visitors indicated that transcripts helped them recognize patterns in language use that may have been difficult to identify through video analysis alone. To illustrate, one home visitor described how transcripts supported her in visualizing the "back and forth" of turn-taking with parents, as well as "seeing how often" she used particular words (Desirée Interview 2). Another home visitor commented, "I think putting this [video] with this [transcript], it kind of makes it more real to me" (Sheila Interview 2). Further, the combination of transcripts and videos supported home visitors in uncovering aspects of their interactions with parents of which they were previously unaware. Jill exemplified this learning in the following comment:

> As you're watching it and reading the transcripts you realize that you do have some things going on that you didn't realize that [you were] doing. You know, that there was some good open-ended [questions]. I could hear the wait time too, and that was always something that is, was hard on me […] But I was doing it and didn't realize I was doing it. Um, didn't realize I was saying "um" so much [laughs]. (Jill Interview 2)

Thus, Jill indicated that through analysis of videos and transcripts, she found evidence of how she engaged in practices such as open-ended questioning and providing wait time after asking questions. She was aware of recommendations for the communication strategies, but had previously been unaware of how she utilized them in specific interactions with families. Further, through this process, Jill identified ways in which she engaged in sharing power with families, a

value that she held about home visiting that she previously "wondered" about how she enacted in her practice. Similarly, the process of co-analysis led another home visitor to recognize the strength of her rapport with a parent. Desirée commented, "I think we have a really good relationship, though. I didn't even like, really realize that until actually seeing it, you know?" (Desirée Interview 2). By exploring videos and transcripts, home visitors learned about how they interacted with families during decision-making.

Summary

I identified two themes in answering the research question *How do home visitor and researcher co-analyses of decision-making contribute to home visitors' reflection on discourse?* As home visitors and I watched video clips of the observed home visits and examined accompanying transcripts, they explored features of discourse, and addressed their commitment to reflective practice. Home visitors drew on the combination of videos and transcripts as they discussed features of words spoken, actions taken through language, and identities constructed through language (Gee, 2014). Moreover, they connected discourse features to implications for parent participation in decision-making, such as by noting how patterns of turn-taking could establish balance between speakers. In addition, home visitors identified ways in which they enacted their preferred identities through language (e.g., casual tone aligned with role of family friend). Home visitors also recognized ways in which they shared power with parents through their language use. Thus, home visitors engaged in reflection on discourse through the process of co-analysis. However, home visitors did not typically engage in critical reflection of their practice, such as by identifying ways in which they might not have enacting preferred identities, or ways in which language use could serve to control rather than share power.

Conclusion

This chapter presented results in four parts. First, results presented ways in which decision-making was constructed through discourse, outlining identified structures for overall home visit talk, as well as different types of decision-making. Talk during the 12 observed home visits involved: (1) opening, (2) community resources, (3) parent-child activity, (4) assessment, and (5) closing. Identified decision-making sequences (n = 215) were found to address future actions regarding children, families, and EHS events, and the focus of decisions contributed to variation in decision-making structures. However, all decision-making generally aligned with Collins et al.'s (2005) identified decision-making trajectory: (1) home visitor initiates assessment, (2) home visitor and parent assess progress or needs, (3) home visitor or parent introduces decision point, (4) parent accepts, resists, or reports decision, and (5) home visitor concludes decision-making sequence.

Second, results presented quantitative and qualitative analysis of home visit talk to address how decision-making structures contributed to parent participation in decision-making. Across decision-making sequences, the predominant pattern was for a single strategy to be presented and accepted, regardless of whether parents or home visitors presented the strategy. In addition, decision-making tended to stop at identification of a strategy, rather than proceeding to address strategy individualization. Thus, parent participation was typically characterized by accepting, resisting, or reporting decisions, rather than more collaborative exchanges that involved parents and home visitors building on one another's knowledge to reach mutual decisions. In addition, whether decision-making was institutional or emergent appeared to contribute to parent participation. Specifically, during institutional decision-making, home visitors always initiated assessment and introduced decision points, whereas during emergent

decision-making, parents also did so. Regardless of decision type, parents positioned themselves as competent, knowledgeable caregivers as they drew on knowledge of their child and family. These bids were sometimes complicated by home visitors' attempts to position themselves as competent and knowledgeable.

Third, results addressed institutional and ideological contributions to decision-making. I found that institutional priorities dominated decision-making interactions. Through required follow-up and documentation, institutional decision-making made progress visible to parents and home visitors, contributing to a conception that institutional decision-making represented all decision-making. In addition, decisions that involved options dictated by programs created an illusion that parents had more opportunities for meaningful participation in decisions than they actually did. The text-talk link (Markström, 2009) that connected program requirements, home visit documentation, and home visit talk further contributed to the dominance of institutional priorities. In addition to these institutional contributions to decision-making, ideological assumptions about individual attributions of poverty constructed and reconstructed a Discourse (Gee, 2014) of self-reliance were embodied in program and individual home visitors' philosophies, and ultimately, home visit paperwork and talk. As such, home visitors routinely discussed community resources with parents, and affirmed family decisions that they perceived to be financially responsible, while avoiding acknowledgement of decisions they perceived to be less responsible. Both parents and home visitors characterized home visitors' discussion of resources with families as a primary aspect of EHS home visiting. Home visitors perceived resources to contribute to long-term family financial stability in alignment with the Discourse of self-reliance. While parents characterized resources as helpful, they depicted them as addressing immediate family needs.

Finally, results addressed ways in which home visitor and researcher co-analyses of decision-making contributed to home visitors' reflection on discourse. Home visitors and I discussed their decision-making practices, anchored by viewing videos clips of observed home visits and examining accompanying transcripts. In partnership with me, home visitors explored features of discourse, including features of words spoken, actions taken through language, and identities constructed through language (Gee, 2014). With support, home visitors connected discourse features to implications for parent participation in decision-making, including discussion of ways in which they shared power with parents through language use. Home visitors reflected on their language use, and identified new aspects of their practice through co-analyses. However, they did not develop nuanced analysis or critique of their language use, such as by identifying instances when they did not share power with families.

Chapter 5: Discussion

The twofold purpose of the current study was: (1) to better understand how interactional, institutional, and ideological factors contributed to decision-making by home visitors and parents during EHS home visits, and (2) to foster home visitor reflection that could contribute to more equitable decision-making. This component, mixed methods study (Greene, 2007) was framed by sociocultural theory (Cole & Engeström, 1993; Cole, 1995; Lim & Renshaw, 2001) and discourse theory (Fairclough, 2016; Gee, 2014), and involved qualitative and quantitative analysis of home visit talk, qualitative analysis of completed home visit paperwork, and qualitative analysis of individual parent and home visitor interviews. In this chapter, I first briefly summarize findings. Next, I situate results from the current study in relation to relevant literature reviewed in Chapter 2. I then discuss limitations of the study and implications for future research. Finally, I present implications for practice and policy.

Findings Summary

The current study investigated 12 home visits that took place between four home visitors and 14 parents (i.e., 12 families). Identified decision-making sequences (n = 215) addressed future actions regarding children, families, and EHS events, and variations in decision-making structures were found across these decision types. In addition, variations were identified when decisions were institutional (i.e., linked to program requirements and paperwork) or emergent (i.e., linked to current or past observations). Despite such variations, the typical decision-making trajectory was as follows: (1) home visitor initiates assessment, (2) home visitor and parent assess progress or needs, (3) home visitor or parent introduces decision point, (4) parent accepts, resists, or reports decision, and (5) home visitor concludes decision-making sequence. The predominant pattern was for parents and home visitors to discuss a single strategy, rather than

engage in discussion of multiple options. Thus, parent participation in decision-making was primarily characterized by accepting, resisting, or reporting decisions. In addition to these interactional contributions to decision-making, institutional and ideological factors were also found to play a role in how decisions were made. In particular, institutional priorities dominated decisions by making child and family progress visible, limiting available parent choices, and linking text and home visit talk. Regarding ideological contributions to decision-making, assumptions about experiencing poverty were embedded in program and home visitor philosophies, and translated into program requirements and home visit talk, resulting in an emphasis on accessing resources. In collaboration with the researcher, home visitors explored features of discourse, including features of words spoken, actions taken through language, and identities constructed through language (Gee, 2014). Home visitors indicated that they learned new information about their interactions with families through co-analyses, and identified strengths and areas for improvement, but did not identify ways in which their language use may have constrained decision-making interactions with parents, or promoted home visitor power.

Home Visit Decision-Making Structures

In the current study, I first addressed the research question: *How is decision-making constructed through discourse by parents and home visitors during home visits?* In this study, home visitors and parents engaged in decision-making about children, families, and future EHS activities through an incremental process that involved several phases and took place through discourse (i.e., language in interaction). Decision-making was found to be institutional (i.e., linked to program requirements and paperwork) or emergent (i.e., linked to current or past observations). As discussed in the following sections, these findings are consistent with other

investigations of decision-making discourse, and also contribute to extending current knowledge about home visit processes.

Decision-Making Trajectory

Decision-making in the current study aligned with several aspects of the trajectory identified by Collins et al. (2005) in the context of doctor-patient decision-making. In the current study, decision-making also followed an incremental trajectory that was primarily led by the professional (i.e., home visitor). In particular, the typical decision-making trajectory in the current study was as follows: (1) home visitor initiates assessment, (2) home visitor and parent assess progress or needs, (3) home visitor or parent introduces decision point, (4) parent accepts, resists, or reports decision, and (5) home visitor concludes decision-making sequence. As such, decision-making in the current study followed a structure similar to that identified by Collins et al. (2005), sequentially proceeding from opening to assessing need, introducing the decision point, addressing the option (i.e., accepting, resisting, or reporting decision), and concluding.

In the current study, two primary differences to the Collins et al. (2005) structure were identified. First, Collins et al. (2005) found that the professional in the encounter consistently managed each phase of decision-making. In the current study, home visitors managed decision-making interactions and controlled incremental progression of decision-making across phases during institutional decision-making. This finding is consistent with investigations of parent-educator talk in other contexts, such as early childhood parent-teacher conferences (e.g., Alasuutari, 2014; Cheatham & Ostrosky, 2013) and multidisciplinary team meetings (Hjörne, 2005). However, in the current study, parents were also identified to manage some aspects of decision-making during emergent decision-making. That is, parents or home visitors

initiated emergent decision-making about their child or family. Further, during emergent decision-making, parents or home visitors introduced decision points.

Second, in the current study, the predominant pattern for decision-making involved discussion of a single strategy, regardless of whether home visitors or parents presented the strategy. In contrast, Collins et al. (2005) identified that decision-making involved discussion of one or more strategy options. Further, they found that discussion of a single option typically aligned with unilateral decision-making, and discussion of multiple options was characteristic of shared decision-making. In the current study, although parents at times resisted the strategy presented by home visitors, this did not result in problem-solving or discussion of additional options. Instead, when parents resisted home visitor-proposed strategies, decision-making proceeded to the concluding phase, and conversation moved on when a new topic was introduced. Thus, the current study offers insight into how decision-making sequentially unfolded between parents and home visitors during EHS home visits, including how decision-making in this venue may differ from other contexts, particularly through parent managed decision-making phases, and discussion of a single strategy.

Opening the "Black Box" of Home Visits

Framed by sociocultural and discourse theory, the current study investigated nuances of home visit decision-making, and presented detailed transcripts of home visit talk to address a gap identified in reviewed literature: No identified studies investigated home visit discourse (see Chapter 2). Moreover, by examining home visit discourse, this study addressed the call to open the "black box" of home visits (Peterson et al. 2007, p. 120), contributing to what is known about home visiting practices, an area described as needed for further study (Knoche et al., 2015; Nievar et al., 2010; McWilliam, 2011; Roggman et al., 2016). In particular, the current study

identified details regarding the overall structure of EHS home visit talk, as well as features of decision-making during EHS home visits.

The overall structure of talk during observed EHS home visits in the current study proceeded as follows across Program A and Program B: (1) opening, (2) community resources, (3) parent-child activity, (4) assessment, and (5) closing. The identified topic areas are consistent with Peterson et al.'s (2007) finding that EHS home visits typically addressed child-focused topics (e.g., child development, parenting), family-focused topics (e.g., family functioning, basic needs), and community resources (e.g., employment, education). The current study provides additional information about how observed home visits proceeded by locating these topics in sequence within the overall discourse flow of a home visit.

The current study also contributes detailed information about content and structure of decisions made during the observed home visits. Decisions were identified to be child-focused, family-focused, or logistical. Child-focused decisions (n = 126) were related to the child's strengths and needs, and carried out together with the adult and child. Family-focused decisions (n = 60) related to strengths and needs of family unit or members other than the child, and were carried out by adult family members alone. Logistical decisions (n = 29) related to coordinating future EHS-related activities, such as scheduling upcoming home visits and EHS parent-child playgroups. Further, the current study identified specific decision-making structures for child-focused, family-focused, and logistical decisions (see Figures 2-6). In addition, differences in decision-making structures were identified based on whether child- or family-focused decisions were institutional or emergent (see Figures 2-5). Thus, the current study contributed new information regarding details of parent-home visitor decision-making, particularly by investigating nuances of what was said by whom, how it was said, and in what context.

Parent Participation in Decision-Making

In the current study, I also explored the question: *How do decision-making structures contribute to parent participation in decision-making?* To address an identified gap in the reviewed literature, this study was designed to investigate decision-making discourse, and was framed by Gee's (2014) conceptualization of discourse involving words spoken, actions taken, and identities constructed through language. In addition, this study investigated qualitative and quantitative aspects of home visit talk. As such, this study contributes nuanced understanding of parent participation in home visit decision-making, extending what is currently known about home visit interactions.

Amount of Talk and Communication Behaviors

The current study found that during identified decision-making sequences, on average, home visitors talked slightly more than parents. Across observed home visits, the average percentage of home visitor utterances directed to parents was 48.67%. Of parents who were present throughout the duration of the observed home visit, the average percentage of parent utterances directed to other adults (i.e., home visitor, other parent) was 39.42%. However, variability was found across home visits, and home visitor utterances during visits ranged from 32.15% to 68.65% of talk. Of parents who were present throughout the duration of the observed home visit, their talk constituted 16.05% to 56.81% of utterances. That home visitors tended to talk slightly more than parents aligns with Brady et al.'s (2004) finding that during IDEA Part C home visits, EI home visitors talked approximately 50% of the time, while parents talked about 44% of the time. However, Brady et al. (2004) examined overall talk during home visits, and the current study only quantified utterances during identified decision-making sequences; different participation patterns may be identified across the entire home visit. Regardless, these

findings contrast with what researchers investigating parent-educator talk in other EC/ECSE contexts such as IEP meetings and parent-teacher conferences have found: Namely, that educators tend to talk much more than parents (e.g., Alasuutari, 2014; Cheatham & Ostrosky, 2013; Lo, 2008; Vaughn et al., 1988). To illustrate, Cheatham and Ostrosky (2013) found that during Head Start parent-teacher conferences with English-speaking parents, educator talk constituted 71.8% of utterances, and parent talk constituted 28.2% of utterances.

Although the current study did not deductively code communication behaviors, the phases of identified decision-making structures (e.g., assessing child and family strengths and needs, introducing decision point, providing strategy) appear consistent with Peterson et al.'s (2007) investigation of parent and home visitor behaviors during EHS home visits that addressed child or family development. In particular, Peterson et al. (2007) found that EHS home visitors spent large portions of visits asking parents for information and providing information. In the current study, collocate analysis identified that the two most common phrases uttered by parents and home visitors during home visits were "mm hm" and "yeah yeah," minimal phrases associated with listening to another speaker (i.e., back channel responses; Bavelas et al., 2000). In addition, utterance counts of the most frequently used words by home visitors identified that five of the 10 most common utterances spoken across home visitors aligned with the Bavelas et al. (2000) definition of back channel responses (yeah, mm, hm, okay, oh). That home visitors in the current study appeared to frequently engage in language use associated with listening behaviors may be supported by Peterson et al.'s (2007) finding that during EHS home visits, another commonly identified home visitor behavior was listening. Thus, the current study is consistent with what is known about language use during home visits. However, this study also

expands current knowledge by providing information about commonly spoken phrases during observed EHS home visits, particularly home visitors' frequent use of back channel responses.

Unilateral Decision-Making by Home Visitors and Parents

Researchers investigating EC/ECSE home visits have reported practices that indicate home visitors exerted more decision-making power than parents, particularly parents from marginalized backgrounds (Kalyanpur & Rao, 1991; Lea, 2006). In particular, Lea (2006) found that Part C EI home visitors asked parents for agreement rather than participation, and minimized opportunities for parents to participate in decision-making by dismissing parent concerns. Similarly, Minke and Scott (1993) found that Part C EIs exerted greater decision-making power than parents during IFSP meetings, and parents tended to provide agreement to recommended services and strategies for their child. In contrast, the current study identified a number of ways in which parents participated in decision-making about their child and family, including initiating decision-making, introducing decision points, and reporting their own decisions to home visitors. Although parents were found to engage in a number of aspects of decision-making, several features of decision-making discourse aligned with unilateral rather than shared decision-making as described by Collins et al. (2005). Both parents and home visitors utilized strategies associated with unilateral decision-making.

Collins et al. (2005) identified features of unilateral and shared decisions across each phase of the decision-making trajectory. In the current study, the first phase of decision-making, initiating assessment, often aligned with Collins et al.'s (2005) description of shared decision-making in that decision-making typically began by home visitors eliciting parents' perspectives on a general topic (e.g., "How's it going with healthy eating for Aiden?"). However, both home visitors and parents also presented decisions as already made when initiating decision-making,

which created a context where it was not necessary to discuss or negotiate possible options, frequently resulting in verbal or nonverbal acceptance of the preferred strategy (i.e., unilateral decision-making). The second phase of decision-making, assessing child or family need or progress, generally aligned with shared decision-making, in that home visitors and parents jointly discussed current needs and progress. In the third phase of decision-making, introducing the decision point and presenting a strategy, both home visitors and parents sometimes presented the decision as news or information, a characteristic of unilateral decision-making. This approach precluded the need to discuss options, and resulted in adoption of the presented strategy. In addition, both home visitors and parents typically presented a strategy within the same conversational turn that the decision point was introduced. This practice is a feature associated with unilateral decision-making, as it contributes to narrowly constructing possible options rather than separately discussing a range of possibilities (Collins et al., 2005). Thus, while decision-making involved elicitation of parent reports of the child and family, the ultimate decision about a future course of action did not appear to build from a combination of home visitor and parent knowledge in identifying and considering a range of options. Rather, it appeared there were two types of unilateral decisions—some initiated by parents and some initiated by home visitors. Thus, the current study expands current understanding of how parents participate in home visit decision-making, providing insight into how and when parents take the lead in decision-making, while also revealing how parents and home visitors employed discursive strategies characteristic of unilateral decision-making.

Constructing Identities through Language

Other researchers have found that a primary function of family-early educator talk is evaluation of children's learning; as a result, such family-educator talk socially constructs the

child and notions of ability (e.g., Alasuutari & Markström, 2011; Hjörne, 2005; Markström, 2009, 2011). Researchers found that talk was organized to support this evaluation and maintain institutionally separate roles, where parents contributed knowledge of their child at home, and early educators contributed knowledge of the child at school. However, early educators were positioned as responsible for interpreting information, and their institutional knowledge was privileged in the interactions (Alasuutari & Markström, 2011; Hjörne, 2005; Markström, 2009, 2011). Because the current study took place in the context of home visiting, there was not an identified distinction between home and school knowledge (i.e., home visitors only interacted with children alongside parents in the home).

However, home visitors sometimes countered or supplemented parent knowledge by addressing their knowledge of child development. To illustrate, when a parent and home visitor discussed developmental expectations to begin providing a child an open cup, the parent indicated that she did not intend to give her child an open cup at this age, because she "[didn't] do that yet" (Emma home visit). Her home visitor responded to this resistance by further describing developmental expectations, and noting that providing an open cup now would support weaning at the expected time (i.e., 12 months). When the parent reported her prior success with her older daughter, the home visitor attributed this to the child's personality rather than the parent's successful strategy. At other times, home visitors used knowledge of child development to affirm parents' observations and decisions, such as when a parent indicated she planned to re-offer her son food he previously refused (Melissa home visit). In this case, the home visitor affirmed the decision by commenting, "yeah they always say like to try it three times." Across the observed home visits, parents positioned themselves as competent,

knowledgeable caregivers. However, home visitors sometimes complicated these positionings as they constructed themselves as competent, knowledgeable child development and family experts.

Consistent with the findings in prior research that professionals were seen as responsible for interpreting information (Alasuutari & Markström, 2011; Hjörne, 2005; Markström, 2009, 2011), in the current study, home visitors interpreted parents' observations of their children, particularly in determining when and how parents' initiations for decision-making aligned with institutional aims. Home visitors also sometimes used paperwork to document their own observations of children in ways that reframed parents' reports. Thus, the current study contributes to what is known about how family-home visitor partnerships are enacted during decision-making conversations, particularly regarding how parents and home visitors constructed identities through their language use. Through its examination of home visit discourse, the current study provides an initial look at nuances of parent participation in decision-making.

Institutional and Ideological Contributions to Decision-Making

In this section, I address findings related to the question: *How do institutional and ideological factors contribute to parents and home visitors' expectations for and interactions during decision-making?* Consistent with other research, the current study found that institutional priorities dominated decision-making interactions (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011; Hjörne, 2005; Markström, 2009, 2010; McCloskey, 2016). However, the current study also found that parents and home visitors engaged in emergent decision-making that was not linked to institutional requirements such as paperwork. Regarding ideological contributions to decision-making, the current study identified that societal assumptions about poverty played a role in program policy and paperwork, and were also embedded in home visitors' philosophies about home visiting. These assumptions

contributed to a Discourse (Gee, 2014) of self-reliance that was also enacted through home visit talk. Through investigation of home visit transcripts, as well as completed home visit paperwork, and transcripts of individual interviews with parents and home visitors, the current study contributed additional knowledge about complexities and nuances of decision-making during home visits.

Dominance of Institutional Priorities

Other researchers investigating family-educator talk in EC/ECSE contexts have found that institutional roles and policies favored educators' perspectives, ultimately constructing them as more knowledgeable than parents (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011; Hjörne, 2005; Markström, 2009, 2010; McCloskey, 2016). While institutional priorities are not inherently at odds with those of parents, institutions must consider factors such as regulations and accountability that maintain the institution, and are not necessarily priorities for parents. Thus, a context can be created whereby it is expected that decisions maintain institutional priorities. Such expectations can make it difficult for parents to advocate for alternative approaches for their child, and in some cases has resulted in decisions maintaining institutional priorities despite parents' attempts to obtain other results, such as different educational services (e.g., Hjörne, 2005; McCloskey, 2016). In such cases, the dominance of institutional priorities contributed to conversations where family knowledge and priorities were unaddressed or minimized, resulting in decisions that did not take into account family knowledge and priorities, and thus were less individualized. For example, Lea (2006) found that during Part C EI home visits, goals and strategies selected for children's IFSPs were often the same across children, despite differences in children's abilities, strengths, and needs.

However, the current study also found that family knowledge, values, and priorities were routinely addressed and listened to by home visitors during decision-making interactions. In particular, emergent decision-making was often initiated by parents, and involved parents' reports of their intended future actions. When parents initiated decision-making, home visitors routinely took up these topics, and listened or prompted parents to share more. However, the family knowledge, values, and priorities shared during emergent decision-making were not fully documented through institutional processes. To illustrate, across the observed home visits, no emergent decision-making sequences were identified to be documented by home visitors. As a result, it may be difficult for parents or home visitors to remember and follow up on such decisions. Further, lack of documentation for emergent decision-making may contribute to home visitor and parent conceptualization of decision-making such that only decisions that initiate from institutional priorities are seen as legitimate. In the current study, although parents typically shared their knowledge and priorities, particularly during emergent decisions, decision-making was also typically more general than individualized. In this study, it appeared that the decision-making trajectory contributed to adopting less individualized strategies for children and families. Decision-making predominantly involved identification of a single generalized strategy (e.g., label pictures when reading book to child). Decision-making did not typically address how to individualize strategies to specific child and family strengths and needs (e.g., selecting books that depict child's preferred activities, singing to label pictures if child loves music). Similarly, parents and home visitors did not discuss how to embed strategies within specific family routines (e.g., labeling images and environmental print when on daily walk). The current study also found that during interviews, home visitors and parents identified explicit but limited choices, such as selecting a topic for an upcoming home visit from a set of provided options dictated by a

curriculum, as representative of meaningful participation in decision-making. It may be that the explicit nature of providing choices and having parents select a preferred option created an illusion of more meaningful participation than actually existed.

Other researchers investigating family-early educator talk in EC/ECSE contexts found that the structure and content of paperwork strongly contributed to setting conversational agendas, creating what Markström (2009) called a text-talk link. Institutions thus necessarily set topics for conversation through what was—and was not—included on institutional paperwork (Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011, 2013; Markström, 2009). As such, a context is created where decision-making is likely to address institutional priorities, such as setting the number and type of goals required by EHS program standards, and evaluating the progress of such as goals as required by the same standards. In contrast, decision-making emanating from parent priorities that may take different forms or timelines may be less likely to be formally documented or followed up on by home visitors. The current study found evidence of text-talk links between home visit curricula, paperwork, and talk. However, both parents and home visitors also introduced conversation topics not set by program paperwork, often leading to decision-making sequences (i.e., emergent decision-making). Yet, these topics were not routinely documented, and thus remained separate from institutionally prioritized topics. Thus, the current study provided insight into how institutional priorities dominated decision-making interactions. In particular, results demonstrated that institutional processes made progress visible to parents and home visitors, constructing institutional priorities as tantamount in decision-making.

Discourse of Self-Reliance

Researchers have illustrated connections between specific aspects of language use (i.e., interactional contributions) and sociocultural norms (i.e., ideological contributions). In investigations related to educational decision-making, researchers have discussed ideological contributions related to Discourse of ability (e.g., Alasuutari & Markström, 2011; Hjörne, 2005; Markström, 2009, 2011). While assumptions about typical development and children's abilities were embedded within parent and home visitor talk, the current study also identified assumptions about poverty contributed to EHS decision-making. In particular, program philosophy and home visit paperwork and talk reflected assumptions that family experiences of poverty could be primarily be ameliorated by individual behaviors (e.g., accessing community resources, budgeting), enacting a Discourse of self-reliance. The emphasis on self-reliance and individual efforts as a means to address poverty suggests embedded beliefs about individualized attributions of poverty, a pervasive perspective in U.S. society (e.g., Counsell & Boody, 2013; Dworin & Bomer, 2008; Zosky et al., 2014). Educational researchers have critiqued ways in which linking poverty to individual behavior obscures the role of structural inequality in maintaining poverty, particularly for families of color (e.g., Counsell & Boody, 2013; Dworin & Bomer, 2008; Zosky et al., 2014).

For EHS home visitors in the current study, assumptions about individual attributions of poverty are further intertwined with the establishment of EHS as a program designed to support families experiencing poverty (Baquedano-López et al., 2013; Counsell & Boody, 2013). Moreover, teacher preparation programs may not address issues related to poverty in ways that provide preservice educators with awareness and tools to counter this deep-seated assumption (Zosky et al., 2014). In the current study, the Discourse of Self-Reliance was evidenced by space

provided for home visitors to detail resources and referrals on paperwork during home visits, as well as discussion of resource provision during individual interviews with parents and home visitors. Moreover, during identified decision-making sequences during home visits, home visitors enacted a Discourse of self-reliance by affirming parent decisions to accept resources and make what was perceived to be financially responsible decisions. In contrast, home visitors avoided acknowledgment of family decisions to decline community resources and what they considered parents' irresponsible decisions. Other researchers have discussed embedded historical and ongoing deficit perspectives in assumptions about poverty (e.g., blaming experiences of poverty on perceived character flaws; Baquedano-López et al., 2013; Counsell & Boody, 2013; Dworin & Bomer, 2008; Zosky et al., 2013). In this study, during interviews, home visitors demonstrated sensitivity and concern about the families they served, and did not actively critique families. At the same time, home visitors did not acknowledge structural barriers and inequalities that perpetuate and maintain poverty, particularly for families from marginalized backgrounds (e.g., Zosky et al., 2013). Thus, the current study provided information about how assumptions about poverty were enacted during EHS home visit decision-making.

Home Visitors' Reflection on Decision-Making Discourse

In this section, I address findings related to the final research question: *How do home visitor and researcher co-analyses of decision-making contribute to home visitors' reflection on discourse?* In the current study, home visitors and I engaged in co-analyses of decision-making through video and transcript analysis of representative home visit decision-making interactions. Through these collaborative discussions, home visitors explored features of discourse including words spoken, actions taken, and identities constructed through language (Gee, 2014). In addition, they discussed goals for their practice, and identified aspects of their language use of

which they were previously unaware. These findings are consistent with other research regarding the utility of video analysis in facilitating educator reflection (e.g., Cherrington & Loveridge, 2014; Shieble et al., 2015; Sundqvist, 2018; Vetter et al., 2013). No identified studies investigated the utility of video analysis to enhance decision-making or home visiting practices. Thus, the current study offers a beginning look at video analysis in this context.

Other researchers have found that by reflecting on language use, educators identified practices for refinement (Curry, 2012; Sundqvist, 2018) and increased awareness of their communication skills (Dotger et al., 2011; Walker & Dotger, 2012). In the current study, home visitors explored a range of communication skills and discursive practices (e.g., body language, wait time, questioning strategies), and shared a range of goals for future practice related to their communication with families. While most of these goals were broad, home visitors also independently demonstrated increased awareness of some specific features of their language use, such as filler words (e.g., um), and indicated that they would use such awareness to decrease this practice in the future. One out of four home visitors demonstrated a high level of reflection and identified several changes she could make to questioning strategies to alter how conversations with families proceeded. When encouraged to consider language use in relation to family participation, home visitors demonstrated understanding of how discursive practices can contribute to family participation in decision-making conversations, and ultimately, outcomes for home visiting. For example, one home visitor discussed how home visitors learn more information about families when parents have more time to talk (Sheila Interview 2).

Video analysis of family-educator interactions has also been found to increase educators' sensitivity to power dynamics between parents and educators (Dotger et al., 2011; Walker & Dotger, 2012). Further, researchers who used video as a tool for preservice educators to utilize

discourse analytic tools in the context of a teacher education course found that the educators engaged in reflected on how language use constructs identities, including consideration of power (Shieble et al., 2015; Vetter et al., 2013). In current study, home visitors independently addressed issues of power relationships with families, and when encouraged by the researcher to identify how language use could contribute to sharing power, identified practices such as questioning styles, providing wait time after asking questions, and offering choices. Other researchers have discussed how video can provide evidence to complicate self-evaluation (Etscheidt et al., 2012), and promote critical reflection (Fullam, 2017). In the current study, home visitors predominantly identified ways in which their language use aligned with their philosophies and intents (i.e., sharing power), rather than also identifying instances wherein their language use could contribute to controlling interactions with families. For example, home visitors in the current study identified practices such as asking questions and offering choices as sharing power with families. While such practices can create opportunities for parent participation, it should also be noted that context matters in whether or how such approaches share power with families. For example, providing extended wait time could also allow a professional to control interactions, potentially creating a context where parents felt compelled to provide an answer even if they preferred not to (e.g., Cheatham & Ostrosky, 2009). In contrast, other researchers found that video analysis facilitated early educators' identification of disconnects between their intents and actual interactions with children (Cherrington & Loveridge, 2014; Wood & Bennett, 2000).

In addition, Cherrington and Loveridge (2014) found that early educators implementing video analysis developed understanding of how classroom interactions were shaped by institutional priorities, particularly accountability pressures. Educators have also identified how their assumptions contributed to adult-child interactions via video analysis (Kugelmass & Ross-

Bernstein, 2000; Moyles et al., 2002). In the current study, through collaborative discussion with the researcher, home visitors began to discuss how aspects of their home visiting practice were influenced by institutional policies (e.g., paperwork format) and curricula (e.g., need to ask or modify particular questions for parents). Home visitors in the current study also addressed how individual and environmental factors contributed to interactions. Through collaboration with the researcher, home visitors began to identify discursive strategies and how language use played a role in decision-making interactions with families. However, more or different supports are likely needed to promote more in-depth reflection regarding discourse, particularly identification of specific aspects of language use to refine, as well as cultivating a more critical awareness of language use that can recognize instances where power could be further shared with families.

Limitations and Implications for Future Research

The current study employed a mixed methods approach to investigate details of parent-home visitor talk during decision-making interactions, as well as how researcher and home visitor co-analyses of decision-making contributed to reflection on discourse. In closely attending to the details of parent-home visitor talk, the scope of this study was limited to 12 home visits and the experiences and expectations of the parents and home visitors regarding those home visits. While the study investigated four home visitors across two programs, each of whom collaborated with multiple families, such a design has inherent limitations regarding transferability across populations and contexts. In addition, the current study also had specific limitations related to participant selection and data collection. The following sections further outline these limitations, and address implications for future research that can continue to deepen understanding of decision-making discourse during home visits.

Rapport between home visitors and parents is likely to change over time, and contribute to how home visits unfold as relationships become established. Relationships may be of particular importance in programs such as EHS where parents and children may participate in services beginning with pregnancy and continuing until children are 3 years of age. However, the current study did not take family's length of time in program into consideration during participant selection. As a result, there was variability in the established length of family-home visitor relationships across participants. In particular, the number of completed visits in the current program year ranged from eight to 33, and the estimated number of completed visits for each child ranged from eight to 77. Future studies might implement matching techniques to select home visitor-parent dyads based on similar numbers of completed home visits. Similarly, future studies might purposefully investigate home visitor-parent dyads across various points in time to examine potential differences in decision-making in new and established relationships.

A second limitation is that in the current study, nine of 12 participating families had prior EHS experience, because older children of the same participant families had also been enrolled in the program. During interviews and co-analyses of decision-making, home visitors identified parent experience with EHS as a possible factor in some decision-making, due to these parents' more extensive knowledge of program expectations. Thus, interactions between home visitors and parents with prior EHS experience may differ from interactions with newly enrolled families. For example, home visitors may be less likely to provide explanations of certain procedures (e.g., completing assessments, setting child goals) with families they correctly or incorrectly perceive to already understand these requirements. Similarly, parents with prior EHS experience may feel more comfortable initiating decision-making than newly enrolled parents.

Future investigations can further explore potential differences in decision-making related to parents' prior experiences with and expectations for EHS decision-making.

A third limitation is that in the current study, parent participants were limited to those whose visits took place in spoken English. Although bilingual families whose home visits took place in spoken English were invited to participate in the study, only one bilingual family participated. Future studies can seek to further investigate decision-making with bilingual families. Further, future studies can expand to investigate home visits that take place in languages other than spoken English, either in partnership with language interpreters, or with bilingual home visitors. Better understanding decision-making by home visitors and families who are multilingual is essential to develop a full picture of decision-making during home visits, and may offer additional insights into how to meaningfully engage all families in decision-making. Moreover, learning more about how decision-making unfolds in home visits with families who are bilingual is critical to support equitable interactions with families, because research suggests that such families are particularly vulnerable to decisions being made on their behalf by home visitors (e.g., Lea, 2006).

In addition, researchers have found that parents from marginalized backgrounds are particularly vulnerable to being passively positioned by home visitors (e.g., Butera, 2005; Kalyanpur & Rao, 1991; Lea, 2006). The current study design did not allow for in-depth consideration of parent experiences regarding home visit decision-making. Future research can explore experiences of families from marginalized backgrounds during home visit decision-making, such as by engaging in co-analyses of decision-making with parents. By collaborating with parents as focal participants, future research can create opportunities to learn about how parents' identities and experiences mediate decision-making interactions.

In the current study, additional limitations resulted from data collection procedures during home visit observations and interviews. Regarding home visits observations, home visits started immediately upon entry into the family home. However, this initial family-home visitor talk was not captured by audio-video recording due to parent informed consent procedures, which took place after introductions to participants and further discussion of study procedures. In addition, home visit talk continued until home visitors exited the family home, but this was not all captured on video recording, because I needed to pack up video equipment so that the visit could conclude as it typically would (i.e., I was preparing to leave with home visitor). However, I did continue audio recordings for as long as possible (i.e., while exiting the home). As a result, if decision-making was initiated at the outset of the home visit, it was not captured by audio-video recording, and discussion at the conclusion of home visits was only audio recorded. Future research could address such limitations by securing parent informed consent and modeling recording procedures prior to the observed home visit, or establishing alternate recording procedures (e.g., home visitor records home visits). In addition, home visitor interviews were designed to promote discussion of discourse, which contributed to findings (see Appendix L).

Despite these limitations, the current study demonstrated the utility of implementing a component, mixed methods design to investigate home-visitor parent talk during home visits. A mixed methods approach created opportunities to clarify and problematize findings through complementarity and initiation (Greene, 2007, 2012), which contributed to developing nuanced findings regarding how parents and home visitors participated in decision-making interactions. This study investigated quantitative (i.e., descriptive statistics of utterances) and qualitative aspects (i.e., discourse analysis) of talk, which further supported consideration of the intricacies of parent and home visitor participation in decision-making. In doing so, this study presented

detailed information about how partnerships were enacted. Future studies can utilize similar approaches to further investigate details of home visitor-parent talk to extend understanding of how family-centered practices are implemented during home visits.

Future studies can also expand data collection to provide additional contextual information regarding decisions. In particular, many identified decisions focused on addressing children's developmental needs. Although both parents and home visitors provided more background information about children during interviews, the current study did not collect detailed information regarding children's current strengths and needs. Thus, future studies can also collect information such as children's current goals and/or current levels of performance (e.g., standardized assessments, records of ongoing observations by home visitors). Such information can provide further context regarding decisions meant to address children's strengths and needs. In addition, the current study collected limited information regarding home visitors' preservice and inservice training. Future investigations of decision-making can take into account home visitors' individual skills and training, particularly regarding communication skills and implementation of curriculum.

Methodologically, this study also provided an initial look at the merit of engaging in co-analyses of decision-making discourse with home visitors. Home visitors demonstrated beginning awareness of their language use through analysis of transcripts and video clips, and their ability to engage in more critical reflection was likely constrained by the single session of co-analysis. Providing additional tools and opportunities to foster reflection on discourse, including more overview and explicit modeling of how to identity discursive strategies could likely further facilitate more detailed home visitor reflection. For example, researchers who provided preservice educators with training and discourse analytic tools in a teacher education

course found that the educators reflected on language use, identities, and power (Shieble et al., 2015; Vetter et al., 2013).

Implications for Practice

The current study builds on current literature regarding decision-making in other contexts, and provides detailed information about how EHS home visitors and parents made decisions about children's and family's strengths and needs. As such, findings from this study suggest several potential implications for home visitors to build from identified strengths and continue to enhance decision-making practices with families, with a focus on continuing to foster meaningful opportunities for family participation in decision-making.

First, the current study identified that the typical pattern in decision-making was for a single strategy to be discussed, regardless of whether parents or home visitors were introducing decision points and presenting strategies. As Collins et al. (2005) identified, discussing a single strategy is a characteristic associated with unilateral decision-making, because it creates a context where it is unnecessary to further discuss the strategy, and thus difficult to negotiate, problem-solve, or brainstorm additional strategies. Home visitors can counter this tendency and expand on current discussion with parents by explicitly addressing additional strategy options. In particular, home visitors can take steps to discuss any strategies parents are currently implementing at home. In doing so, not only will home visitors facilitate discussion of multiple options (e.g., continue current strategy, add new strategy, refine current strategy), but they can also gain important additional information about child and family strengths and needs. Decision-making tools that align with this process, such as embedded prompts within home visit paperwork to list multiple options and then select one or more may support such efforts. Similarly, creating visuals or flow charts that guide decision-making might encourage

identification of multiple options. However, home visitors must remember that providing parents with a set of choices does not automatically create meaningful opportunity for decision-making, particularly when options are constrained by curricula or other available materials. Instead, efforts can be taken to ensure that options build from families' knowledge and priorities.

Second, the current study found that the typical discourse pattern was for decision-making to stop at the identification of a strategy rather than address how to individualize strategies to best address unique strengths, needs, and routines of children and families. Thus, home visitors can build from current approaches to explicitly discuss with parents about how they can or will individualize selected strategies for their child and/or family. Approaches or strategies related to the Routines-Based Interview (McWilliam, 2010) may be particularly helpful in supporting home visitors' discussion with parents about their family's current approaches, and identifying opportunities to embed strategies within family routines. In addition, Trivette and Keilty's (2019) approach to assessment, Family Strengths in Constructing Learning Experiences, begins with home visitors' observation of family developmental strategies for their child in context, and then involves explicit discussion by home visitors and families regarding how and why families selected and implemented strategies, including family perspectives of strategy effectiveness.

Third, the current study identified that emergent decision-making was frequently initiated by parents, and that their discussion topics were routinely listened to and acknowledged by home visitors. However, these emergent decisions were not documented by home visitors. Thus, home visitors can take additional steps to document ongoing parent strategies and reports of child progress. It is laudable that home visitors engaged with families and followed up on discussion topics set by parents. Thus, home visitors can extend this practice to documentation to more fully

validate parents' priorities, knowledge, and decisions. In doing so, home visitors can also generate additional opportunities to hold parents and home visitors accountable to such decisions in the future by creating opportunities for follow up.

Finally, when home visitors understand decision-making structures, they may be able to better identify specific opportunities for decision-making embedded within home visits. In addition, speakers are often unaware of how language functions in the moment, and home visitors may not know how language use contributes to decision-making. However, by examining and reflecting on their own discourse through strategies such as video analysis, home visitors can identify communication patterns that support or impair meaningful family participation. In particular, interpretive frameworks developed by researchers and teacher educators, such as reflection questions presented in Schieble et al. (2015) and Etscheidt et al. (2012) may facilitate structured video analysis, and scaffold home visitors' identification of discursive patterns and implications for how identities and power are constructed and enacted through language. In addition, discussion with peers that utilizes protocol to structure reflection (Vetter et al., 2018) may also support home visitors in critical reflection on their home visiting interactions. By utilizing such tools to structure reflection, home visitors can purposefully examine identities constructed through language, and identify new ways to position themselves as partners and learners, supporting shared decision-making with families. Similarly, by reflecting on how power is constructed through language, home visitors can identify new opportunities to share power with families.

Implications for Policy

The current study contributes to a growing body of literature that indicates institutional priorities play a central role in interactions between parents and educators in EC/ECSE contexts

such as parent-teacher conferences and IEP meetings (e.g., Alasuutari, 2014; Alasuutari & Markström, 2011; Cheatham & Ostrosky, 2011; Hjörne, 2005; Markström, 2009, 2010; McCloskey, 2016). This study provides similar findings regarding home visiting. Thus, the current study can contribute implications for institutional program policies and requirements that can contribute to enhancing decision-making interactions and contribute to more equitable opportunities for families to participate in decision-making.

In alignment with other investigations of family-educator interactions, the current study found that program paperwork such as home visit documentation and curricular materials set the agenda for talk during home visits, necessarily shaping conversations between families and home visitors. EHS programs can thus utilize policy to recognize the power of the text-talk link: Transforming paperwork requirements can likely alter talk between home visitors and parents. For example, in the current study, home visit documentation predominantly addressed the content of decisions (e.g., employment) rather than the intended course of future action (e.g., follow up on previously submitted applications tomorrow). Thus, programs can shift paperwork components to include documentation of a decision-making process, addressing multiple options, and how decisions will be implemented in particular family contexts. By designing paperwork to capture more details about decision-making processes, EHS programs can support home visitors in having more transparent conversations about options—a characteristic of shared decision-making (Collins et al., 2005). Programs can also prioritize discussion and documentation of parents' current and ongoing strategies to support emergent decision-making and validate ways in which parents already support child and family development (e.g., Trivette & Keilty, 2019).

Another implication for policy arising from the current study is for programs to review home visit policy, requirements, and curricula in relation to meaningful opportunities for parent

participation in decision-making. In the current study, curricula and other program requirements sometimes resulted in limited choices for parents to select from, rather than decisions resulting from an exchange of family and home visitor knowledge (e.g., choosing from a predetermined set of visit topics). However, the explicit nature of these limited decisions appeared to contribute to home visitors' and parents' beliefs that parents had more meaningful opportunities for decision-making. For example, approaches such as Making Action Plans have been used in home visiting to facilitate open-ended exchange of expertise by families and home visitors and develop meaningful family and child goals (e.g., McConaughy, Kay, Welkowitz, Hewitt, & Fitzgerald, 2008). By carefully analyzing program policy for opportunities for home visitor-parent shared expertise and decisions, programs can identify additional opportunities for parents' knowledge, priorities, and values to guide decisions about their child and family.

Finally, as this study helps demonstrate, decision-making by families and home visitors is a complex, incremental process that takes place through discourse \. To further support home visitors in facilitating decision-making conversations, programs can ensure that home visitor training policies provide supports for understanding and engaging in discursive practices that result in meaningful, shared decisions about children and families. In particular, home visitors are likely to need ongoing training in communication skills, as well as supervision designed to assess and enhance such skills (e.g., Brady et al., 2004). For example, home visitors may benefit from additional or different modes of training that highlight observable behaviors associated with collaborative problem-solving and decision-making, such as specific training regarding how to incorporate family preferences into shared decisions (e.g., Brinkman et al., 2013).

Conclusion

Decision-making by parents and home visitors is integral to how family partnerships are enacted during home visits. Yet, little is known about home visit discourse, and the ways in which parents and home visitors use language at a micro- or macro-level to carry out partnerships as they make decisions about children's and family's strengths and needs. By investigating transcripts of family-home visitor talk, meeting documentation, and interview transcripts, the current study considered decision-making interactions in concert with participants' perceptions of decision-making to better understand interactional, institutional, and ideological contributions to decision-making by home visitors and parents in 12 EHS home visits. Through collaborative analyses with me, home visitors began to explore their discursive practices, learning about how they used language in interaction with families. Framed by sociocultural and discourse theory, the current study offers detailed information about how decision-making sequentially unfolded between parents and home visitors during EHS home visits, which can contribute to ongoing efforts for equitable partnerships with families.

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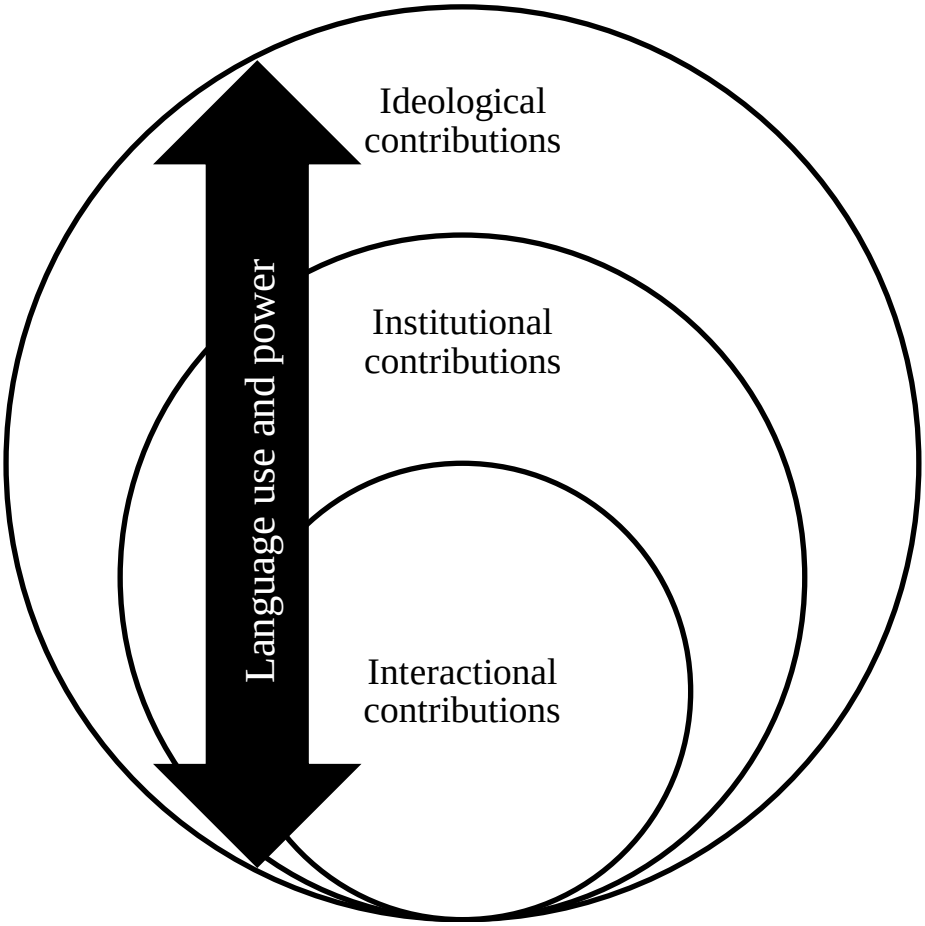
Appendix A: Conceptual Framework

Ideological, Institutional, and Interactional Contributions to Family-Home Visitor Decision-Making



Ideological, Institutional, and Interactional Contributions to Family-Home Visitor Decision-Making

	Definition	Examples
Ideological contributions	Taken-for-granted assumptions regarding normalcy and appropriate thoughts, behaviors, and actions, including who should and should not receive social goods such as status, worth, and material goods (Gee, 2007)	European American values of equity, individual rights, freedom of choice embedded in education and special education (Kalyanpur, Harry, & Skrtic, 2000) Families of color or lower socioeconomic status who do not participate in "right ways" (e.g., agreeing, carrying out early educators' recommendations) seen by educators as in denial, apathetic, or disengaged (e.g., Kalyanpur & Harry, 2006; Lea, 2006; Rao, 2000) Professional knowledge is specialized, scientific, and objective, whereas everyday knowledge is not; therefore, professional knowledge is most important for decision-making (Kalyanpur & Rao, 1991; Mehan et al., 1986; Valle & Aponte, 2002)
Institutional contributions	Program resources, policies, and philosophy as reflected and constructed through language	Procedures and agendas reflect institutional priorities (e.g., emphasis on required paperwork and documentation; Alasuutari, 2014; Alasuutari & Markström, 2011; Bacon & Causton-Theoharis, 2013; Cheatham & Ostrosky, 2011, 2013; Lo, 2008; Markström, 2009) Conference structures emphasize educators' knowledge about child (Cheatham & Ostrosky, 2011; Harry, Klingner, & Hart, 2005; Howard & Lipinoga, 2010)
Interactional contributions	Characteristics of words spoken, actions taken, identities constructed through language	Early educators talk more than parents (Alasuutari, 2014; Cheatham & Ostrosky, 2013; Lo, 2008; Vaughn et al., 1988) Early educators control discussion topics (Cheatham & Jimenez-Silva, 2012; Howard & Lipinoga, 2010; McCloskey, 2016) Educators use speech acts such as advice-giving and evaluating children's skill that highlight their expertise over parents (e.g., Bacon & Causton-Theoharis, 2013; Cheatham & Ostrosky, 2011; Hjörne, 2005; Markström, 2011)

Definitions of Key Terms

Collocate

- A frequently combined group of words, such as “big decision” or “difficult choice” (Mautner, 2016)

Decision-making

- Incremental activity that takes place through language in interaction and results in explicit or implicit commitment to future actions (Dall & Sarangi, 2018; Huisman, 2001)

Discourse

- *discourse:* “little d discourse”; a stretch of language in use, including aspects of micro-interactions such as word choice or turn-taking (Gee, 2007, 2014)

- *Discourse:* “big ‘D’ Discourse”; a set of related social practices that are distinctive ways of using language (saying) and actions (doing) along with other material and symbolic tools to enact membership in a socially situated group or role (being) (Gee, 2007, 2014)

Family

- Two or more people who carry out typical functions of a family and consider themselves as a family; members may or may not be related by blood or marriage and may or may not live together (Turnbull et al., 2015)

Parents

- Individual(s) acting as parents to a child; may include biological parents, step-parents, adoptive parents, foster parents, domestic partners, or other primary caregivers acting as parents (Turnbull et al., 2015)

Partnerships

- Relationship between families and early educators wherein all parties exchange and build on one another’s expertise in order to make and carry out decisions that benefit the child and family (DEC, 2014; Dunst & Dempsey, 2007; Turnbull et al., 2015)

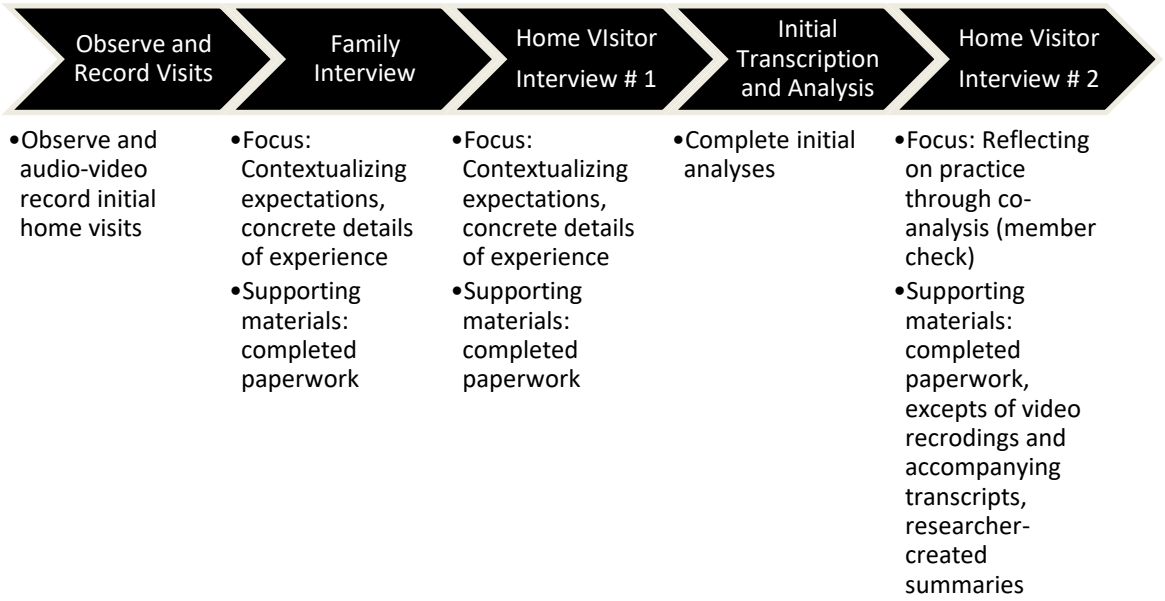
Power

- “asymmetric relationship among social actors who have different social positions or who belong to different social groups” (Reisigl & Wodak, 2016

Utterance

- Audible verbalizations, including completed words, partial words (e.g., s-, mo-), verbal noises (e.g., um, mmhm), and continuous laughter

Appendix B: Research Plan Overview



Appendix C: Informational Letter for Program Directors

Dear _____ (Program Director),

Hello from the University of Kansas! My name is Christine Hancock and I am a doctoral candidate in the School of Education at KU. I am writing to tell you about a research project that I will be conducting with my advisor, Dr. Greg Cheatham. We are interested in learning more about how home visitors communicate with parents and facilitate decision-making about young children's learning and development during home visits. We believe that having the opportunity to observe home visits could be useful in identifying communication strategies that home visitors can use to promote meaningful opportunities for parents to participate in decision-making.

To gather information, we will invite two home visitors from your program to audio/video-record their conversations during home visits with three different families (i.e., a maximum of six parents). We will audio record interviews with home visitors regarding their experiences with home visiting at two different points in time (maximum of 90 minutes per interview). Additionally, we will audio record one interview with each participating family regarding their experiences during the home visit (approximately 60 minutes). We will work with each educator and family to schedule interview times at their convenience. As a small token of gratitude, each educator and family invited to participate will receive a $25 gift card. Participating in this study is completely voluntary, and we will ask all home visitors and parents for their consent to participate.

Following the completion of the study, Christine will provide a summary of overall findings in a manner of your choice (e.g., written report, in-person presentation). Christine will also offer participating home visitors an optional opportunity for follow-up discussion to further reflect on their practice regarding communication and decision-making.

We are happy to answer any questions about this study, as well as any ideas or suggestions you might have. Thank you for all that you do to support families and young children!

Sincerely,
Christine Hancock & Greg Cheatham

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Appendix D: Informational Letter and Informed Consent for Home Visitors

Dear Home Visitor,

Hello from the University of Kansas! My name is Christine Hancock and I am a doctoral candidate in the School of Education at KU. I am writing to tell you about a research project that I will be conducting with my advisor, Dr. Greg Cheatham. We are interested in learning more about how home visitors communicate with parents and facilitate decision-making about young children's learning and development during home visits. We believe that having the opportunity to observe home visits could be useful in identifying communication strategies that home visitors can use to promote meaningful opportunities for parents to participate in decision-making.

To gather information, we will invite home visitors to audio/video-record their conversations during home visits with three different families (i.e., a maximum of six parents). We will audio record interviews with home visitors regarding their experiences with home visiting at two different points in time (maximum of 90 minutes per interview). Additionally, we will audio record one interview with each participating family regarding their experiences during the home visit (approximately 60 minutes). We will work with each home visitor and family to schedule interview times at their convenience. As a small token of gratitude, each home visitor and family invited to participate will receive a $25 MasterCard gift card. Participating in this study is completely voluntary, and we will ask all home visitors and parents for their consent to participate.

We are happy to answer any questions about this study, as well as any ideas or suggestions you might have. Thank you for all that you do to support families and young children!

Sincerely,
Christine Hancock & Greg Cheatham

Christine L. Hancock, M.A.
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HOME VISITOR CONSENT AND AUTHORIZATION LETTER
Decision-Making During Early Head Start Home Visiting

Dear Home Visitor,

The Department of Special Education at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or the University of Kansas.

PURPOSE OF THE STUDY

The purpose of this study is to better understand how Early Head Start home visitors and parents communicate with one another when making decisions about the learning and development of young children. I plan to video record home visits and examine transcripts of home visit conversations to investigate how home visitors and parents use language to engage in decision-making. In addition, I plan to conduct one interview with each participating family, and two interviews with each participating home visitor to investigate how they perceive the process of decision-making.

PROCEDURES

The study will take place from October 2018 to May 2019. If you agree to participate in the study, you will be asked to take part in the following activities:

1. Completing a brief demographic survey (approximately 5 minutes)
2. Sharing recruitment letters describing the study with the parents you serve (approximately 5 minutes per parent)
3. Informing the primary investigator via phone call or email if any parents express interest in participating in the study (approximately 5 minutes)
4. Participating in three regularly scheduled home visits that will be audio/video recorded and observed (approximately 60 minutes)
5. Participating in two audio recorded individual interviews (approximately 90 minutes each) to describe personal perceptions of and expectations for the decision-making process.

You will have the option of stopping the audio and video recording of the home visit at any time. You will have the option of stopping the audio recording of the interview at any time. As a small token of gratitude, participating home visitors will receive a $25 MasterCard gift card at the conclusion of their participation. Investigators may ask for your social security number in order to comply with federal and state tax and accounting regulations.

The primary investigator (Christine Hancock) and a paid professional transcriptionist will use the audio and video recordings of the home visit to transcribe the conversation that took place during the home visit. Pseudonyms will be used to ensure anonymity. Words spoken by any individuals

who have not given informed consent to participate in the study (i.e., children) will not be transcribed. The primary investigator (Christine Hancock) and a paid professional transcriptionist will use the audio and video recordings of the home visit to transcribe the conversation that took place during the interview using pseudonyms to ensure anonymity. Only members of the research team will have access to the recordings, and they will only be opened for purposes related to the study.

Electronic data (e.g., coded transcripts) will be kept on a secure, web-based storage system provided by the University of Kansas. This program requires a password to access any files. All physical documents (e.g., demographic surveys) will be scanned and saved in a secure, password-protected file on the secure, web-based storage system provided by the University of Kansas. Paper physical documents will then be securely shredded. Only members of the research team will have access to these materials.
Although names of individuals will be collected, they will not be used in the written report of the findings of the study. Through use of a data coding system and pseudonyms, anonymity of participants and agencies will be assured. That is, your data (e.g., demographic surveys and transcripts) will be assigned a pseudonym and all of your identifying information will be masked/deleted. Analysis and dissemination of your data will proceed only using the pseudonym; thus, your name will not be associated with the data or this study. The results of this study will be used for scholarly reports, published journal articles and conference presentations.

RISKS
Because this study focuses on documenting home visits as they usually take place, there are no anticipated risks or excess burden to be placed on participants.

BENEFITS
Gathering this information will lead to more effective pre-service or in-service early childhood and early childhood special education learning experiences, based on better understanding of how early interventionists and parents communicate and engage in decision-making. Opportunities for participants to reflect on their perceptions of decision-making during home visits may support learning about family partnership and the role of communication in partnership, which could enhance participants' future interactions during home visits. The benefits of understanding how home visitors can facilitate communication and shared decision-making with families outweighs any risks associated with this study.

PARTICIPANT CONFIDENTIALITY
Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, the researcher(s) will use a study number or a pseudonym rather than your name. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. A pseudonym and code will be assigned to ensure that you will not be associated with the transcripts.

Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION
You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of

Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study.

CANCELLING THIS CONSENT AND AUTHORIZATION

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about you, in writing, at any time, by contacting Christine Hancock or Greg Cheatham via personal conversation, by email at (christinehancock@ku.edu or gac@ku.edu) by phone (Christine, 520-247-5830; Greg, 217-417-3087) or by sending your written request to: Christine Hancock or Greg Cheatham, University of Kansas, Department of Special Education, 1122 W. Campus Road, 504 JRP, Lawrence, KS 66045. Within one week of expressing your desire to withdraw, all of your identifying information and data will be deleted from the secure database by the primary investigators.

QUESTIONS ABOUT PARTICIPATION

Your participation is solicited, but is strictly voluntary. If you have concerns about participating in the study, please don't hesitate to ask questions. Questions about procedures should be directed to the researcher(s) listed at the end of this consent form. We appreciate your cooperation very much.

Sincerely,

Christine Hancock
Primary Investigator

Dr. Gregory A. Cheatham
Faculty Advisor

PARTICIPANT CERTIFICATION

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385, write the Human Research Protection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to take part in this study as a research participant and to be anonymously quoted. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

_____ _____

Type/Print Participant's Name Date

_____

Participant's Signature

Permission for Sharing Audio/Video Recording:
As part of this project, I will be audio/video recording your home visit. Please put your initials in the spaces below to give us permission to share these materials. You are free to select none, some, or all of the options. Your name will not be revealed through these recordings.

1. _____ The video recording can be played in training or professional development for Early Head Start.
2. _____ The audio recording can be played in training or professional development for Early Head Start.
3. _____ The video recording can be played at academic conferences or meetings.
4. _____ The audio recording can be played at academic conferences or meetings.
5. _____ The video recording can be played in classrooms to university students taking teacher preparation courses.
6. _____ The audio recording can be played in classrooms to university students taking teacher preparation courses.

RESEARCHER CONTACT INFORMATION

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Appendix E: Home Visitor Demographic Form

Directions: Complete the following survey. You may skip any question(s) you prefer not to answer.

Information about You
1. Age: _____
2. Gender (circle one): Male Female
3. Race/Ethnicity: (circle all that apply) White/Non-Hispanic African American Hispanic/Latino Asian/Pacific Islander Native American/Alaskan Other: _____
4. Educational Attainment (circle all that apply) High school diploma Child Development Associate Associate's degree, focus/major:_____ Bachelor's degree, focus/major:_ _____ Master's degree, focus/major:_____ Other: _____
5. Do you speak a language other than English? To what extent are you proficient in this language? Please describe _____
6. Years of experience in your current position: _____
7. Total years of experience working in early childhood: _____

Appendix F: Informational Letter and Informed Consent for Parents

Dear Parent,

Hello from the University of Kansas! My name is Christine Hancock and I am a doctoral candidate in the School of Education at KU. I am writing to tell you about a research project that I will be conducting with my advisor, Dr. Greg Cheatham. We are interested in learning more about how home visitors communicate with parents and facilitate decision-making about young children's learning and development during home visits. We believe that having the opportunity to observe home visits could be useful in identifying communication strategies that home visitors can use to promote meaningful opportunities for parents to participate in decision-making.

To gather information, we will invite home visitors to audio/video-record their conversations during home visits with three different families (i.e., a maximum of six parents). We will audio record interviews with home visitors regarding their experiences with home visiting at two different points in time (maximum of 90 minutes per interview). Additionally, we will audio record one interview with each participating family regarding their experiences during the home visit (approximately 60 minutes). We will work with each home visitor and family to schedule interview times at their convenience. As a small token of gratitude, each home visitor and family invited to participate will receive a $25 MasterCard gift card. Participating in this study is completely voluntary, and we will ask all home visitors and parents for their consent to participate.

We are happy to answer any questions about this study, as well as any ideas or suggestions you might have. Thank you for all that you do for your child!

Sincerely,
Christine Hancock & Greg Cheatham

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PARENT CONSENT AND AUTHORIZATION LETTER
Decision-Making During Early Head Start Home Visiting

Dear Parent,

The Department of Special Education at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or the University of Kansas.

PURPOSE OF THE STUDY

The purpose of this study is to better understand how Early Head Start home visitors and parents communicate with one another when making decisions about the learning and development of young children. I plan to video record home visits and examine transcripts of home visit conversations to investigate how home visitors and parents use language to engage in decision-making. In addition, I plan to conduct one interview with each participating family, and two interviews with each participating home visitor to investigate how they perceive the process of decision-making.

PROCEDURES

The study will take place from October 2018 to May 2019. If you agree to participate in the study, you will be asked to take part in the following activities:

1. Completing a brief demographic survey (approximately 5 minutes)
2. Participating in one regularly scheduled home visits that will be audio/video recorded and observed (approximately 60 minutes)
3. Participating in an audio recorded individual interview (approximately 60 minutes) to describe personal perceptions of and expectations for the decision-making process.

You will have the option of stopping the audio and video recording of the home visit at any time. You will have the option of stopping the audio recording of the interview at any time. As a small token of gratitude, participating families will receive a $25 MasterCard gift card at the conclusion of their participation. Investigators may ask for your social security number in order to comply with federal and state tax and accounting regulations.

The primary investigator (Christine Hancock) and a paid professional transcriptionist will use the audio and video recordings of the home visit to transcribe the conversation that took place during the home visit. Pseudonyms will be used to ensure anonymity. Words spoken by any individuals who have not given informed consent to participate in the study (i.e., children) will not be transcribed. The primary investigator (Christine Hancock) and a paid professional transcriptionist will use the audio and video recordings of the home visit to transcribe the conversation that took place during the interview using pseudonyms to ensure anonymity. Only members of the research

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Electronic data (e.g., transcripts) will be kept on a secure, web-based storage system provided by the University of Kansas. This program requires a password to access any files. All physical documents (e.g., demographic surveys) will be scanned and saved in a secure, password-protected file on the secure, web-based storage system provided by the University of Kansas. Paper physical documents will then be securely shredded. Only members of the research team will have access to these materials.

Although names of individuals will be collected, they will not be used in the written report of the findings of the study. Through use of a data coding system and pseudonyms, anonymity of participants and agencies will be assured. That is, your data (e.g., demographic surveys and transcripts) will be assigned a pseudonym and all of your identifying information will be masked/deleted. Analysis and dissemination of your data will proceed only using the pseudonym; thus, your name will not be associated with the data or this study. The results of this study will be used for scholarly reports, published journal articles and conference presentations.

RISKS

Because this study focuses on documenting home visits as they usually take place, there are no anticipated risks or excess burden to be placed on participants.

BENEFITS

Gathering this information will lead to more effective pre-service or in-service early childhood and early childhood special education learning experiences, based on better understanding of how early interventionists and parents communicate and engage in decision-making. The benefits of understanding how home visitors can facilitate communication and shared decision-making with families outweighs any risks associated with this study.

PARTICIPANT CONFIDENTIALITY

Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, the researcher(s) will use a pseudonym rather than your name. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission.

Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study.

CANCELLING THIS CONSENT AND AUTHORIZATION

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about you, in writing, at any time, by contacting Christine Hancock or Greg Cheatham via personal conversation, by email at (christinehancock@ku.edu or gac@ku.edu) by phone (Christine, 520-247-5830; Greg, 217-417-3087) or by sending your written request to: Christine Hancock or Greg Cheatham, University of Kansas, Department of Special Education, 1122 W. Campus Road, 504 JRP, Lawrence, KS 66045. Within one week of expressing your desire to withdraw, all of your identifying information and data will be deleted from the secure database by the primary investigators.

QUESTIONS ABOUT PARTICIPATION

Your participation is solicited, but is strictly voluntary. If you have concerns about participating in the study, please don't hesitate to ask questions. Questions about procedures should be directed to the researcher(s) listed at the end of this consent form. We appreciate your cooperation very much.

Sincerely,

Christine Hancock
Primary Investigator

Dr. Gregory A. Cheatham
Faculty Advisor

PARTICIPANT CERTIFICATION

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385, write the Human Research Protection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to take part in this study as a research participant and to be anonymously quoted. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

_____ _____

Type/Print Participant's Name Date

_____

Participant's Signature

Permission for Sharing Audio/Video Recording:
As part of this project, I will be audio/video recording your home visit. Please put your initials in the spaces below to give us permission to share these materials. You are free to select none, some, or all of the options. Your name will not be revealed through these recordings.

1. _____ The video recording can be played in training or professional development for Early Head Start.
2. _____ The audio recording can be played in training or professional development for Early Head Start.
3. _____ The video recording can be played at academic conferences or meetings.
4. _____ The audio recording can be played at academic conferences or meetings.
5. _____ The video recording can be played in classrooms to university students taking teacher preparation courses.
6. _____ The audio recording can be played in classrooms to university students taking teacher preparation courses.

RESEARCHER CONTACT INFORMATION

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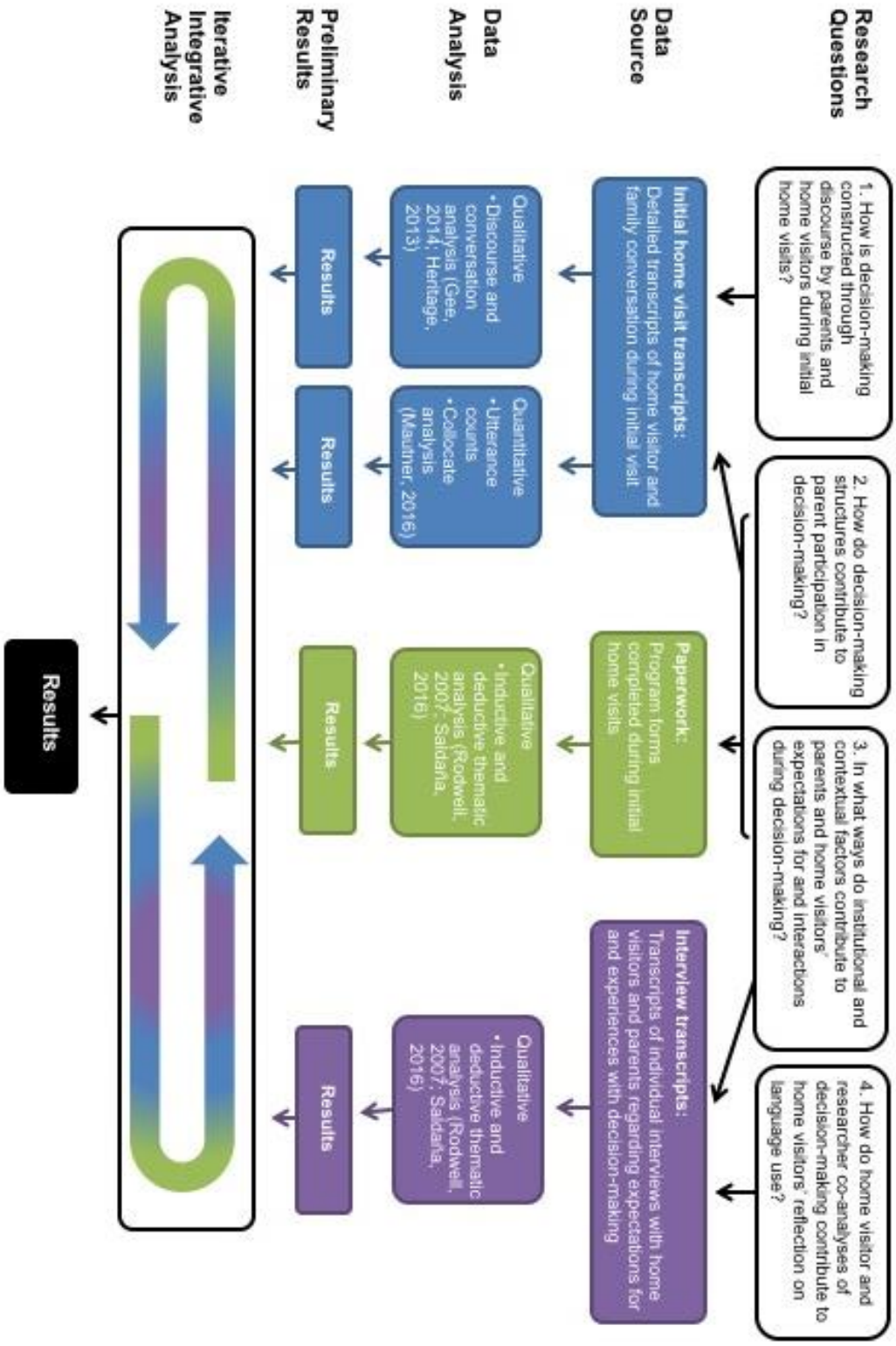
Appendix G: Family Demographic Form

Directions: Complete the following survey. You may skip any question(s) you prefer not to answer.

Information about You		
1. Age: _____		
2. Gender (circle one):		
Male Female		
3. Race/Ethnicity: (circle all that apply)		
African American	Hispanic/Latino	White/Non-Hispanic
Asian/Pacific Islander	Native American/Alaskan	Other: _____
4. Educational Attainment (circle all that apply)		
Some high school	High school diploma/GED	Some college
Associate's degree	Bachelor's degree	Other: _____
5. Do you speak a language other than English? To what extent are you proficient in this language? Please describe:		
_____		
6. Occupation: _____		
Information about Your Family		
1. Total number of adults in household (including you): _____		
List adults' relationship to child (e.g., father, grandparent)		
_____		
Total number of children in household: _____		
2. Have any of your other children attended Early Head Start? (circle 1)		
Yes	No	I only have one child
3. Approximately how many total Early Head Start home visits has your family participated in? _____		
Information about Your Child in EHS		
1. Age: _____		
2. Gender (circle one):		
Male Female		
3. Race/Ethnicity: (circle 1 or 2)		
African American	Hispanic/Latino	White/Non-Hispanic
Asian/Pacific Islander	Native American/Alaskan	Other: _____
4. Does your child receive special education services?		
Yes	No	
Please describe:_____		

Appendix H: Mixed Methods Overview



Appendix I: Transcription Framework

Aspect of transcription	Description and Purpose[a]
Utterance-by-utterance	Create verbatim transcription of what was said by whom
Overlapping talk	Document when individuals simultaneously speak to provide information about turn-taking, timing, and sequential nature of utterances
Laughter	Record instances of laughter to provide information about coordination of talk and laughter (e.g., minimizing presentation of difficulty)
Volume	Indicate changes in volume (e.g., increased or decreased) to document emphasis and stress
Pacing	Record lengthening and compressing of syllables and/or phrases to provide information about emphasis, correction
Intonation	Capture speakers' indications of continuing (low-rising intonation) or complete speaking turns (rising or falling intonation) to provide information about turn-taking and turn construction
Pauses	Measure pauses to the nearest tenth of a second to document silence and provide information about hesitation, agreement, and disagreement
Nonverbal actions	Record salient nonverbal actions to provide additional context (e.g., pause occurs while home visitor completes paperwork, or parent attends to child)

Note. Because children will not be participants, their utterances will not be transcribed. Child speaking turns will be recorded with child pseudonym and a blank space.
[a]Descriptions and purposes adapted from Gee (2007, 2014), Hepburn and Bolden (2013), and Wooffitt (2005).

Appendix J: Sample Completed Paperwork

Sample Completed Paperwork, Program A

[redacted] **Home Visit Agenda** **In-Kind Collected:** Yes No **Upload/Scan** ( )	**Child(s) Name:** [redacted] **Parent(s) name:** [redacted] **Reminder- all home visits should include a TS Gold entry, add services (if applicable), add referrals (if applicable), and upload to CAP 60

1Date: [redacted] **Time:**	
Make-Up Visit _____ **Visit #** ____**21**_____ **Topic:** __**Cues and Communication**_____ **IMIL Activity** ___**Have a fake snowball fight indoors** **Discussion:** **Learning Colors** **Observations:** **Mom reports that dad is still waiting on KDOC to call** **Handouts:** Color pull [redacted] **Parent Signature:** **Date:** [redacted]	**Referrals and Services** Substance Abuse Mental Health Basic Needs Disability Physician Education Domestic Violence Transportation Child Care Employment Health Department Oral Health Nutrition Smoking Cessation Housing WIC Adult Ed. Parenting Insurance Infant-toddler services Legal Other _____ **Suggestions/Concerns:** **Visit Planning:** **Cues and Communication** **Next Visit Date:** [redacted] **Next Socialization Date:** [redacted] **Homework:** **Read Angelina's Christmas, Santa are you Grumpy?** **Activity: Color Pull** **Goal: employment** **Follow Up:** [redacted] **Staff Signature:** **Date:** [redacted]

Sample Completed Paperwork, Program B

EARLY HEAD START – HOME VISIT LESSON PLAN completed 2/9

Date of Home Visit: 2/11/2019 **Time:** [redacted] **Location:** Home/Center/Other (circle one) **# of Total Visits** _____ **out of 46**

Parent Name(s) [redacted] **Family Educator:** [redacted]

Child's Name: [redacted] **DOB:** [redacted] **Age/adjusted age:** 1y 7m

Child's Name: _____ **DOB:** _____ **Age/adjusted age:** _____

Follow-up Activity: coloring **Time Spent on Activity:** 60 **Follow-up Resource:** Read to succeed + JCPRD scholarship

Screening/Assessment(s): None **Next Well Child/Dental/immunization:** Medical/dental [redacted]

Milestones Reviewed: Yes/No (circle one) **COR Completed:** Yes/No (circle one)

Lesson(s) and Handout(s): Sticky paper collage

Objective: Creating and working on eye-hand coordination

Parent-Child Activity & Supplies needed (one per enrolled child): Sticky paper, foam hearts, confetti, books

Key Indicators A2: Indicates intention with 1-2 words **School Readiness** 2L: Explores a variety of art media/processes

Parent Observations (completed by parent/guardian):

Feeling (social) Sharing

Thinking (intellectual) turning pages in book to find ball picture

Moving (motor) vacuuming / moved stool to closet to open door/turn handle

Communicating (language) "eat" "dog" "imitating sounds of vaccum + spray

What would I like to work on (Family Engagement/Activity/Goals):

Notes:
Reminders:
[redacted] scholarship due 3/1/19

Date & Time of Next Visit: No visit next week **Upcoming Events/Activities:** Playgroup 2/20 [redacted]

[redacted] 02/11/2019 [redacted] 2/11/2019

Parent Signature **Date** **Family Educator Signature** **Date**

Appendix K: Parent Interview Guide

Focus: Expectations for and experiences with decision-making; reflection on observed home visits
Supporting materials: Completed home visit paperwork

Concrete details regarding approach to education

- Tell me more about your child.
    - What are your hopes and dreams for your child?
    - What do you hope happens in school this year?

Concrete details regarding approach to parent-home visitor communication

- How do home visits usually go?
    - Purpose/goals
    - Major activities
    - Typical roles
- Tell me about how you approach talking with your child's teacher.
    - Purpose/goals
    - Major activities
    - Typical roles
- What influences how you approach talking with your child's teacher? How do these influences shape your conversations?
    - Personal experiences (e.g., with past teachers)
    - Child strengths/needs
    - Teacher's approach (e.g., communication style, personality)
    - Program policies (e.g., time, paperwork, mission)

Concrete details regarding approach to decision-making

- How do you expect decision-making with teachers to occur?
    - Purpose/goals
    - Significance
    - Sequence of events
    - Typical duration/frequency
    - Typical roles
- What kinds of factors help you participate during decision-making?
    - Family characteristics
    - Home visitor characteristics
    - Communication skills
    - Visuals, other tools
- What would you consider a "successful" decision-making process?
    - Outcome
    - Participation

Concrete details regarding home visiting practices and observed visits

- Tell me about your relationship with the teacher.
    - Length of relationship

    - Strength of relationship
    - Typical interactions
- Tell me about the decisions made during the visits I observed.
    - Expected/unexpected?
    - Purpose/significance
    - Range of possible choices
    - Background information
- Could you share about any struggles or successes you experienced in the visit I observed?
    - Communication and language use
    - What, if anything, would you do differently? Would you like the teacher to do differently?

Other

- Is there anything else you'd like to discuss?

Appendix L: Home Visitor Interview Guide

Interview 1

Focus: Expectations for and experiences with decision-making; initial reflection on observed home visits

Supporting materials: Completed home visit paperwork

Concrete details regarding approach to home visiting

- I'd like to learn more about how you approach home visits. Walk me through a typical visit.
    - Purpose/goals
    - Major activities
    - Typical length
    - Typical roles
- What influences your approach to home visiting? How do these influences shape your practice?
    - Personal experiences or philosophy
    - Training/education
    - Mentors
    - Program policies (e.g., time, paperwork, mission)
- How do you approach home visiting with families who backgrounds are different from your own?
    - Establishing relationships
    - Developing rapport
    - Communication strategies
- To what extent do you individualize home visiting practices based on family culture and background?
    - Socioeconomic status
    - Race/ethnicity
    - Language(s) spoken

Concrete details regarding approach to decision-making

- How would you define decision-making?
    - In what ways might your definition differ from families or your program?
- What role would you say decision-making plays during home visits?
    - Common types of decisions made
    - Significance of decisions made
    - Frequency of decision-making
- Walk me through a typical decision that you make with families during home visits. How do you expect decision-making with families to occur?
    - Purpose/goals
    - Significance
    - Sequence of events
    - Typical length / frequency
    - Typical roles
- What kind of factors shape roles/participation during decision-making?
    - Range of possible choices

    - Family characteristics
    - Home visitor characteristics
- What would you consider a “successful” decision-making process?
    - Outcome
    - Participation

Concrete details regarding current home visiting practices and observed visits

- Tell me about your relationship with the parents I observed.
    - Length of relationship
    - Strength of relationship
    - Typical interactions
- Tell me about the decisions made during the visits I observed.
    - Expected/unexpected?
    - Purpose/significance
    - Range of possible choices
    - Background information
- Could you share about any struggles or successes you experienced in the visits I observed?
    - Communication and language use
    - What, if anything, would you do differently?
    - Are there any parts of visits you would like to review in our second meeting?
- What is your current goal with engaging in decision-making with families during home visits? Why?

Other

- Is there anything else you’d like to discuss?

Interview 2
Focus: Detailed reflection on observed home visits; co-analyses of decision-making
Supporting materials: Excerpts of video recordings and accompanying transcripts, completed home visit paperwork, researcher-completed summary
Note: This guide will be adapted based on iterative data collection and analysis as well as input from participants

Checking in

- Clarifications
    - General info about caseload
    - Paperwork
- What is your current goal with engaging in decision-making with families during home visits? Why?

Concrete details regarding current home visiting practices and observed visits

- Watch video—focus on early educator-led discussion
    - Tell me about what you noticed in the video.
    - What happened?
    - What does this mean?
    - Why did this happen?
    - How might you do things differently?
- Watch video again and/or review transcript—focus on co-analysis
    - Clip 1
    - Clip 2
    - Clip 3
    - Clip 4
    - Clip 5
    - Clip 6

Attitudes and opinions about reflection and practice

- Before, you described your goals as…
    - Has that changed since you have viewed the video data? How?
- Given what you've seen, how do you think early educators can create more meaningful opportunities for parent participation in decision-making?
- To what extent is making decisions with families important to your current practice? Future practice?
- What have you learned about your own practice by reflecting on the videos?
    - What are the challenges to reflecting?
    - What are the benefits?

Other

- Is there anything else you'd like to discuss?