

Navigating Home Language Practice for Children With Disabilities: Insights From Korean-American Mothers' Online Communications

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ABSTRACT

This study explores the home language practice (HLP) of Korean-American mothers with children who have developmental disabilities, including autism spectrum disorder. Data was collected from an online forum where these mothers discussed their experiences and decision-making processes following their child's diagnosis. Thematic analysis was conducted on the collected data to identify and develop themes related to their experiences. The study's framework is based on family-centered practices, emphasizing the importance of equal partnerships, cultural responsiveness, and information sharing between families and early intervention and early childhood special education (EI/ECSE) professionals. Factors that influence HLP decisions include mothers' perceptions of disabilities, professional advice, and children's intervention progress. The study highlights the vital role of EI/ECSE professionals in sharing current research findings, their experiences with culturally and linguistically diverse (CLD) families, and the long-term outcomes of families that chose bilingual or single-language environments. By offering this information, professionals can assist parents in making informed decisions about their child's HLP. Furthermore, the study emphasizes the value of online communities for CLD parents and the need for professionals to engage with these communities to provide accurate information on bilingualism for children with disabilities. Collaborating with ethnolinguistic communities and establishing parent support groups can create a nurturing environment for parents navigating EI/ECSE services for their children.

KEYWORDS

family-centered services, home language practice, early intervention/early childhood special education, Korean-American mothers, perception of disabilities

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Culturally and linguistically diverse (CLD) families often strive to maintain their home or heritage language, enabling their children to connect with their ethnolinguistic communities and enhance future educational and career prospects (Kang, 2013, 2015; Oriyama, 2016). This desire also extends to parents of children with disabilities. Many parents view bilingualism positively, regardless of their child's disability, due to expected long-term benefits such as heightened cultural-linguistic awareness and potential positive impacts on brain and intellectual development (Hampton et al., 2017; Kay-Raining Bird et al., 2012). However, without deliberate parental efforts and ethnolinguistic community support, children may lose their home language (Oriyama, 2016; Paradis et al., 2011). Consistent home language practice (HLP) and community support can boost bilingual development once children start school (Kang, 2013; Schwartz, 2010). Nevertheless, parents might be reluctant to reinforce HLP if their child has language impairments or delays (Hampton et al., 2017; Lim et al., 2018). Consequently, CLD families not speaking the dominant language at home may face decisions about HLP when their children have disabilities or language delays (You & Rosenkoetter, 2014; Yu, 2016).

Sufficient resources and guidance are crucial for making decisions regarding HLP in linguistically diverse children with disabilities, in particular, autism spectrum disorder (ASD), whose language skills are impaired or delayed (Yu, 2016). While more research is needed to establish evidence-based practices for such children, current empirical evidence indicates that bilingual exposure does not result in negative side effects (Lim et al., 2018; Sendhilnathan & Chengappa, 2020), and may even yield positive effects on social communication, executive functioning, and pragmatic development (e.g., Gonzalez-Barrero & Nadig, 2019; Hambly & Fombonne, 2012; Peristeri et al., 2021; Ratto et al., 2020; Reetzke et al., 2015; Valicenti-McDermott et al., 2012). As a result, early intervention and early childhood special education (EI/ECSE) professionals should inform families of young children at risk for developmental delays or disabilities, who are also dual language learners, about the benefits of learning multiple languages for their child's growth and development (DEC, 2014, p.8). Despite this, existing literature consistently expresses concerns that CLD families may abandon their home language in favor of the dominant language when raising young children with disabilities (Hampton et al., 2017; Kay-Raining Bird et al., 2012; Yu, 2016).

Various reasons contribute to families deciding to use only the dominant language for their children with disabilities, with one of the most frequently cited being the concern that children may experience language delays due to exposure to multiple languages (Hampton et al., 2017). Families often fear that exposure to the home language could jeopardize intervention efficacy and the child's acquisition of the dominant language (Yu, 2016). Furthermore, inconsistent professional advice on bilingual development in children with disabilities (Kay-Raining Bird et al., 2021; Saldivar et al., 2023) has heightened anxiety and uncertainty for CLD parents about raising their children as bilingual (Kay-Raining Bird et al., 2012). Overall, research identifies children's limited language abilities and professionals' advice as crucial factors in decision-making about HLP (Drysdale et al., 2015; Hampton et al., 2017; Kay-Raining Bird et al., 2012; Yu, 2016).

Home Language Practices in Korean-American Families of Young Children With Disabilities

The motivation for this study came from the personal experience of one author, who wished to explore HLP among Korean-American families after her child was diagnosed ASD. Although numerous studies have investigated Korean-American families of children with disabilities, few

have specifically examined HLP, especially after the child starts receiving EI/ECSE services. Prior research mainly focused on families' comprehension of their child's disability, support received from professionals and community organizations, and how families adjust to the child's disability and education. For instance, Kim and Kim (2018) discovered that two of four mothers intentionally spoke only English to their children, but the rationale for this choice was not provided. You and Rosenkoetter (2014) interviewed five Korean mothers who spoke English to their children with disabilities. One mother was unsure about which language to use, but this concern was only briefly mentioned as one of the many challenges faced within the broader context of immigrant experiences. Lee and Park (2016) spoke with seven Korean mothers who were part of a Korean parent support group and had access to bilingual community services. Although all seven mothers spoke Korean at home, this was not the main focus of the study. Existing research has left several questions unanswered, including: What motivates some Korean-American mothers to exclusively speak English to their children, while others continue using Korean at home? How do these mothers make decisions about their HLP, and what factors influence these choices? This study aimed to address these questions, and its findings could be useful not only for Korean-American families but also for other families with CLD backgrounds who face similar concerns and dilemmas regarding HLP.

Ethnolinguistic Online Communities for CLD Families

Culturally and linguistically diverse (CLD) families often require parent support groups that can address the unique challenges arising from cultural and linguistic differences within the dominant society (Gibson & Martin, 2019). Most studies involving Korean-American families with children with disabilities have recruited participants from community-based parent support groups or organizations in urban areas. Generally, participants have expressed appreciation for the informal support they received from Korean church-based organizations or Korean community-based parent support groups (Cho et al., 2000, 2003; Cho & Gannotti, 2005; Kim et al., 2007; Kim & Dababnah, 2020; Lee & Park, 2016). However, these families also faced dilemmas due to the lack of sensitivity or understanding of their children's disabilities among Korean community members (Kang-Yi et al., 2018; Kim & Dababnah, 2020; Won et al., 2004). For instance, Kim and Dababnah (2020) found that while 95% of the 20 interviewed mothers of Korean-American children with disabilities utilized support and services provided by Korean churches, over 40% reported negative reactions from community members. Consequently, these parents often chose not to disclose their child's disability if possible. This marginalization highlights the need for alternative support options, such as ethnolinguistic online communities, which can serve as a convenient and practical alternative to local parent support groups or organizations.

Ethnolinguistic online communities can greatly benefit CLD families by offering access to relevant information for their children's situations, available 24/7, regardless of their physical location. The anonymity provided by online communities also appeals to parents, as they can obtain information without revealing their identity (Oprescu et al., 2013). This confidentiality enables parents to discuss sensitive issues related to raising children with disabilities, including their child's atypical development and diagnosis. Members of online communities often use a combination of direct questions and self-disclosure, sharing detailed information about their child's characteristics to prompt community responses and build trust among users (Oprescu et al., 2013). Ethnolinguistic online communities can be particularly crucial for CLD families who face limited information about their children with disabilities or those at risk. These families often experience

uncertainty when making decisions about their child's bilingual development. The questions and concerns posted by parents in these communities provide valuable insights for professionals, reflecting their developmental knowledge, awareness, expectations, and anxiety levels (Ben-Sasson & Yom-Tov, 2016). As a result, studying the narratives shared by CLD families on these online communities can help better understand the factors influencing their decisions regarding the bilingual development of their children with disabilities. However, research on information exchanges among CLD families of children with disabilities in online communities remains limited.

Purpose of the Study

There has been limited research on the HLP of families of Korean-American children with disabilities. Previous studies have reported that the children's characteristics and professionals' advice impact the families' decision-making on HLP (Drysdale et al., 2015; Hampton et al., 2017; Kay-Raining Bird et al., 2012; Yu, 2016). Korean-American families have shared mixed experiences when working with professionals, but there has been limited examination of the specific advice and support provided by professionals to these families (Cho et al., 2000, 2003; Cho & Gannotti, 2005; Kim et al., 2007; Kim & Dababnah, 2020; Lee & Park, 2016). Research shows that the internet and related online activities are an important source of emotional and informational support for mothers of children with disabilities or at-risk (Reinke & Solheim, 2015). Online communities can also meet parents' preferences for information resources that can be tailored to the specific needs of their children and families (Gibson et al., 2017). Therefore, the purpose of this study was to explore the narratives of Korean-American mothers shared in a Korean-American online community about the bilingual development of their children with disabilities or at-risk and HLP. Our particular interest lies in understanding how professionals have influenced the mothers' decision-making process on HLP in the framework of *family-centeredness* (Dunst, 2022). The following research questions were formulated to meet the study's purpose: (a) What language do mothers speak to their children with disabilities or at risk? (b) How did the mothers make decisions regarding their HLP? (c) How have EI/ECSE professionals influenced the mothers' decision-making process?

Theoretical Framework: Family-Centered Practices

Family-centered practice, which prioritizes families' needs and preferences when designing and delivering services, has been a crucial principle in EI/ECSE since the 1980s (Epley et al., 2010). The reauthorization of the Individuals with Disabilities Education Act (IDEA) in 1986 reinforced this principle by establishing programs for young children with disabilities and requiring individualized family service plans (IFSPs) "to enhance families' capacity to support their infants and toddlers with disabilities (Education of All Handicapped Children Act of 1986, Part C). Influenced by family systems theory (e.g., Minuchin, 1985), family-centered practice acknowledges the interconnectedness of family members and addresses the needs of the entire family, not just children with disabilities. This approach views children as part of a family unit rather than as separate entities (Mandak & Light, 2018).

Family-centeredness encompasses "a particular set of beliefs, principles, values, and practices for supporting and strengthening family capacity to enhance and promote child development and learning" (Dunst, 2002, p. 141). A literature review by Epley et al. (2010)

identified five core elements of family-centeredness: family as the unit of attention, family choice, family strengths, family-professional relationship, and individualized family service. In recent years, the focus has shifted from family services to child services due to increased accountability for child outcomes (Bailey et al., 2012). Consequently, family-centered practices have become more focused on how families are treated rather than the services provided. The family-professional relationship has emerged as the dominant aspect of family-centered practices, accounting for approximately 90% of the literature on the topic, and encompassing concepts such as “equality, mutuality, and teamwork” (Epley et al., 2010, p. 271).

Successful family-professional relationships are often characterized by *collaborative partnerships, cultural responsiveness, or information sharing* (Epley et al., 2010). Studies on Korean-American families of children with disabilities have validated the importance of family-centeredness, specifically the family-professional relationship. Korean-American mothers of young children with disabilities reported positive experiences with EI/ECSE care systems and free appropriate public education (FAPE) provided by schools but had mixed feelings about case managers' attitudes and communication efforts (Cho & Gannotti, 2005). Parents of youths with moderate-to-severe intellectual disabilities also voiced dissatisfaction with professionals' attitudes, citing their lack of commitment, unresponsiveness to requests, and differing communication styles (Kim et al., 2007). Consequently, mothers of older children with disabilities who have worked with various special education service professionals have rated caring professionals more highly than those with strong specialized knowledge (Lee & Park, 2016).

This study examined the experiences of Korean-American mothers collaborating with EI/ECSE professionals concerning their children's bilingual development and HLP. Home language practice (HLP) directly impact both the child's education and the family's functioning. Therefore, we adopted the family-centeredness framework, emphasizing the family-professional relationship as the central element in family-centered practices. Our goal was to understand how professionals influence mothers' decision-making processes regarding their children's bilingualism and HLP.

Methods

Data Collection

This study, approved by the Institutional Review Board of California State University, San Bernardino, utilized data from a discussion forum called *Autism/Developmental Disabilities* hosted on *MissyUSA.com*. Since 2002, MissyUSA.com has provided Korean heritage women in the U.S. with diverse information about health, cooking, childcare, and merchandise trading. Online members can anonymously post and reply in Korean. The Autism/Developmental Disabilities forum specifically caters to the information and social support needs of Korean-American mothers with children who have disabilities or are at risk. The forum offers a keyword search feature for subject and content in all posted messages. We conducted a search using both Korean and English with keywords such as “Korean,” “English,” “bilingual,” “dual language,” “home language,” “autism,” “language delay,” “native language,” “second language,” and “English learner.” The initial search yielded 221 messages posted between April 2009 and March 2020. We saved all selected entries in a portable document file (PDF) format for data analysis purposes.

Researcher Reflexivity

The first three authors involved in data analysis were Korean mothers of children with ASD. One of them followed professional advice and primarily spoke English with her child. Over time, the child mainly used English, leading the mother to wonder about the potential outcome if she had continued speaking Korean. Despite valuing family-centered support and promoting HLP for CLD families, we followed professional advice to unify language input to enhance the child's intervention outcomes. This experience motivated the study and highlighted the crucial role of professionals.

Data Analysis

We chose qualitative thematic analysis methods for this study, as they allow researchers to gain a comprehensive understanding of a research interest area (Alhojailan & Ibrahim, 2012). Inductive thematic analysis detects patterns or themes within data derived from the data itself, rather than trying to fit the data into a preexisting coding frame determined before the study (Braun & Clarke, 2006; Clarke et al., 2015). This method was suitable for exploring the experiences of Korean-American mothers discussed in online forums. We followed the guidelines provided by Bruan and Clarke (2006) to identify patterns and themes.

Sample Selection

After the initial search, the first three authors, fluent in Korean, read all 221 messages to check if they met the inclusion and exclusion criteria. Messages had to be posted by mothers of children with disabilities or at risk with a concern about their child's bilingual development and HLP, and they had to share their HLP (i.e., the language spoken at home). Initially, 21 messages were excluded as they were simple expressions of appreciation, such as "thank you." Given the website's anonymous nature, we only included messages that explicitly described the user's identity as a mother with a child with disabilities (e.g., "I have a child with autism." "I am a mother to a 5-year-old boy with a developmental disability."). Out of 200 messages, 148 were posted by individuals who explicitly identified themselves as a mother with a child with disabilities (e.g., ASD or developmental delay) or at-risk (e.g., showing suspected symptoms). We excluded 52 messages: Three were posted by individuals in the field of EI/ECSE (e.g., a speech pathologist or a graduate student in developmental psychology), and 49 were posted by users who did not explicitly identify themselves but likely were mothers of children with disabilities based on their forum participation and posts regarding bilingual development of children with disabilities.

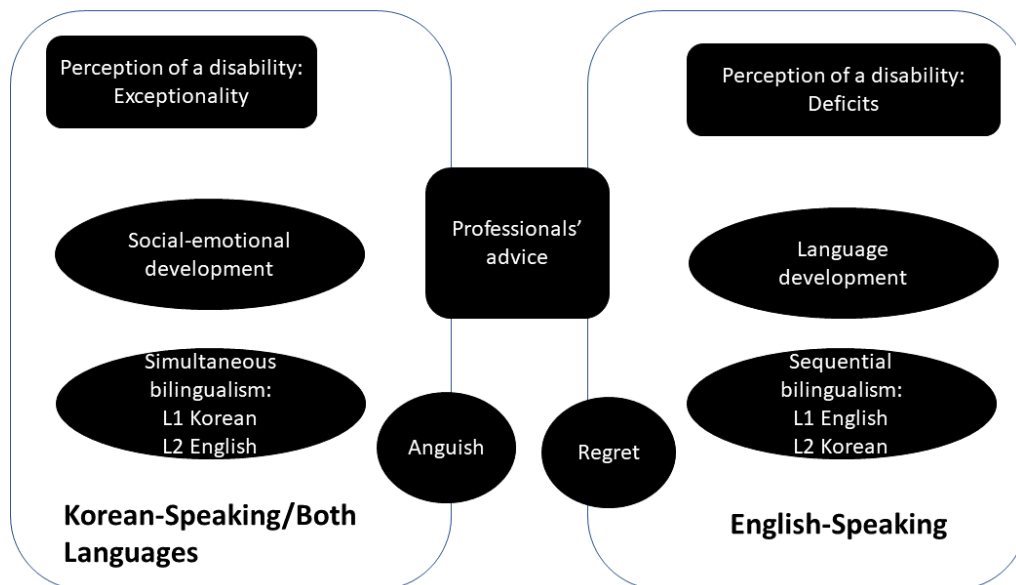
Out of the 148 messages included, 99 messages explicitly elaborated on their HLP (e.g., "We used to speak Korean to my child before the diagnosis but now we only speak English now."). Messages that sought information without disclosing their HLP were excluded (e.g., "Which language do you speak to your child at home?" "How is your child's language development when you continue to speak Korean to them?"). The first three authors agreed to finalize the data set with 99 samples that met both inclusion and exclusion criteria.

Coding and Theme Development

The first three authors re-read 99 messages, generating initial codes based on the data set. We added notes to each message about current HLP, child characteristics, professionals' advice, and other relevant information. From these notes, we developed a code list: (a) current HLP (Korean only, English only, or both languages); (b) mother's English fluency (limited or proficient); (c) professionals' advice (Korean-speaking, English-only, or other); and (d) child's characteristics (high-functioning or non-verbal/low functioning). Then, the three authors independently coded each message independently. After the first coding, we calculated the interrater reliability among the three authors using point-to-point agreement, achieving 95%. Disagreements were resolved through discussion among the authors. Overall, the samples reveal that these mothers were born in Korea and moved to the U.S. either during their childhood or as adults. As a result, the majority were fluent in Korean, but a small fraction were bilingual, proficient in both Korean and English.

We aimed to explore the factors influencing Korean-American mothers' decisions regarding HLP following their child's diagnosis or risk of developmental disabilities through the lens of the family-professional relationship. First, we classified messages into three groups based on the language spoken at home (i.e., Korean, English, or both): 46 (46.46%) spoke Korean, 40 (40.4%) exclusively spoke English and 13 (13.13%) spoke both languages. We derived themes from each HLP group, identifying common themes across three groups. We found that the Korean-speaking and both-languages groups shared similar themes, while the English-only group had contrasting themes. We merged the Korean-speaking and both-languages groups into one *bilingual environment group*, keeping the *English-only group* separate, and developed a thematic unit (Figure 1).

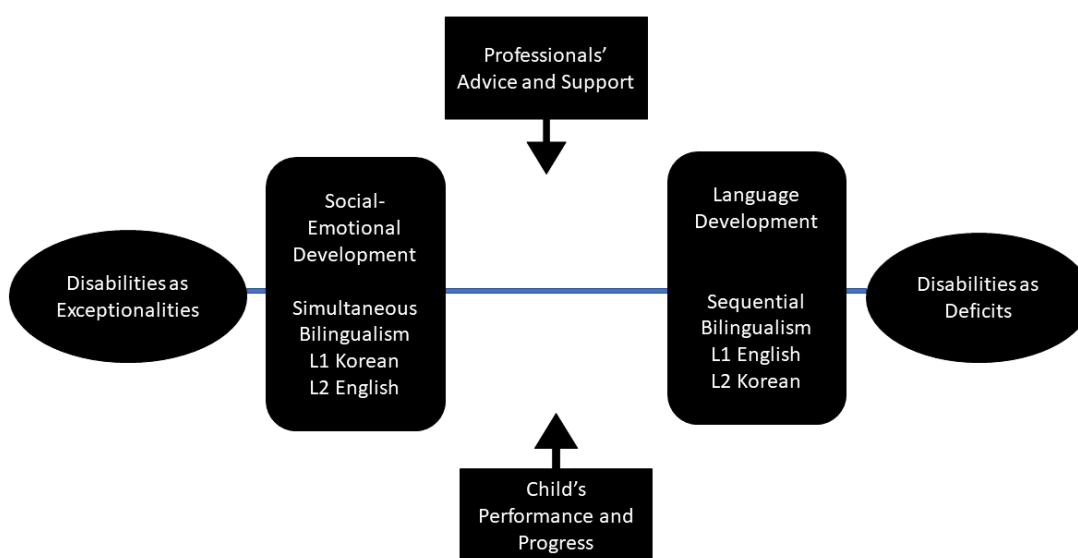
Figure 1. Original Thematic Unit Map



The main difference between the two groups was that the professionals in the English-only group uniformly recommended English-only use at home, while professionals in the bilingual environment group mostly recommended consistent Korean language use at home. Some mothers

in the bilingual environment group insisted on speaking Korean despite their professional's advice to use only English. The professional's advice and support influenced both groups' HLP decision-making processes, but the mother's perception of her child's disability or diagnosis served a fundamental factor that mediated the professional's influence. Professionals' advice and support could either reinforce or weaken mothers' perceptions, which were also influenced by the child's developmental performance and progress. This spectrum of perceptions, ranging from disabilities as exceptionalities to disabilities as deficits, shaped mothers' priorities for the child's development and their approach to bilingualism during EI/ECSE services. As the child's progress was monitored, mothers often adjusted their position on the perception spectrum accordingly. This led to inconsistency in their HLP choices and often resulted in anguish or regret. We revised our thematic map to more accurately reflect the identified themes (Figure 2).

Figure 2. Revised Thematic Unit Map



Trustworthiness and Credibility

To ensure the accuracy and credibility of our findings, we followed Creswell & Creswell's (2018) guidelines. We adopted multiple validity strategies, including researcher reflexivity to clarify the bias we brought to the study, and the use of an external auditor. The external auditor (the fourth author), who had not been involved in the data analysis procedures, independently reviewed the data analysis process and findings. Their feedback and comments were used to add validity to our account. Additionally, we triangulated the analysis results with the framework of family-centeredness to validate our interpretations. To ensure reliability, we followed the systematic guidelines for conducting thematic analysis provided by Clarke and Braun (2013). For the coding phase, we established interrater reliability among the three authors using point-to-point agreement. The initial interrater agreement was 95%. Disagreements were resolved through discussion among the authors. We also tracked changes made to the coding and analysis process by regularly documenting meetings and communication. The excerpts used in the study findings were translated

into English by the first author and the second and third authors checked the accuracy of the translation.

Findings

The underlying theme of mothers' perceptions of their child's diagnosis or condition significantly impacted their decisions about HLP. Their perceptions were strongly influenced by professionals' advice and support and fluctuated by their child's performance and progress in the area of language development. Figure 2 illustrates the two divergent realms of mothers' perceptions of their child's disability at opposite ends: (a) disabilities as exceptionalities and (b) disabilities as deficits.

Disabilities as Exceptionalities

Mothers portrayed their children as "exceptional," "special," and "unusual," rather than solely focusing on their delayed language development. This perspective was largely shaped by the advice and support received from professionals, who prioritized meaningful parent-child interaction and communication over solely promoting the child's verbal language abilities at the time. A mother with a five-year-old boy with ASD posted:

According to the speech therapist, the reason my kid cannot communicate is due to problems with attention or turn-taking. So, we focus on those areas. Since he started speech therapy at age 3, the speech therapist told me to speak Korean. The psychologist also said that's not a bad idea. I don't want to speak English to my child, as I speak broken English.

The professionals emphasized the significance of strengthening family functioning and support systems for children who were not developing typically, and advised mothers to maintain the Korean heritage language and culture. This was seen as a way to promote a harmonious family environment and strengthen parent-child relationships. A mother of a seven-year-old child with ASD shared:

According to the developmental psychologist, if parents are first-generation immigrants, not native speakers, their children who were born and raised in the United States may have already been exposed to Korean sentiment and culture from an early age due to their parents' education, environment, and culture. For this reason, it is beneficial for such children to speak Korean at home ... If only English is taught, conversations with parents who do not speak English fluently can lead to a home environment without conversation and an atmosphere that is not harmonious. It is important to keep in mind how essential communication is to a family. Even if it takes a while, if the mother is patient and assists her child to speak Korean, they will eventually be able to communicate with their mother in Korean and share their difficulties or worries ...

Mothers believed that speaking Korean at home would help create a harmonious family environment and make parent-child relationships stronger, even if it took some time. Professionals frequently employed expressions such as "in the long run," "ultimately," and "for a lifetime," implying that the child's disability was not curable, but rather a characteristic they would have to live with.

Social-Emotional Development

Mothers saw themselves as advocates for their children and believed that parents should have open and comfortable communication with their children in order to enhance their social interactions and develop their social skills. The absence of this support could result in emotional and social developmental difficulties for the children as they grow into their teenage years and beyond. A mother of an English-only 4th grader with ASD posted:

Now he is a fourth grader and can fully understand me, although he speaks only English. If a child is high-functioning, their language ability gets significantly better. He is now struggling more with emotional and social problems. For a mother to support a child in such situations, the child needs to understand her. Mom needs to be able to communicate with the child fully. As the child gets older, Mom's emotional support becomes more important. Keep speaking Korean so you can communicate comfortably. It may take longer, but children will eventually learn everything.

Not all children became fluent in Korean despite their mothers' efforts to maintain the Korean/bilingual HLP. Due to the dominance of English in their children's surroundings, many children preferred to speak English, although they could still comprehend Korean. Regardless of the child's language preference, mothers sustained the Korean HLP to offer emotional support to their children in Korean.

Simultaneous Bilingualism

Mothers commonly described their children as "capable of learning two languages," although their progress may appear slower or behind compared to other children their age. Professionals taught the mothers that Korean should be the primary language (L1) and English the second language (L2). The mothers were not afraid to expose their children to a bilingual environment, as they believed that the primary language (i.e., Korean) had already been established even before EI/ECSE services. Professionals paid attention to the level of English proficiency of the mothers. Although many mothers could communicate in English, their primary language was Korean. It was suggested that, had their children not been diagnosed, they should have continued speaking Korean to them. One mother whose child was not speaking before the intervention shared how a professional corrected her misunderstanding of the child's primary language:

According to the specialist, my child has been exposed to Korean since young. If we take Korean away because of language delay, then we take away the primary language from the child. The specialist suggested that Dad should continue speaking Korean and Mom should speak English, as the child needs to learn English regardless. After six months of using both languages, my child began responding to us alternating between the two. Initially, I thought English was the child's primary language, but the language that the child has been exposed to since young is just as important.

Professionals shared the long-term benefits of being bilingual, reassuring mothers concerned about the pace of language development in their children. A mother, who had a 6th grader with speech impairment, recounted her own experience:

We were concerned enough to consider switching to English, but our therapist encouraged us to continue pursuing bilingualism. The therapist reassured us that, even though kids who learn two languages may seem delayed at first, they will eventually have a more extensive vocabulary and become bilingual. Now, my child is a 6th-grader and is fluent in both Korean and English.

Mothers' favor for simultaneous bilingualism was not always supported by professionals. Many mothers who practiced Korean HLP reported that their professionals advised them to abandon Korean in favor of English to promote their child's language development. However, one mother was able to successfully convince her professional of the benefits of bilingualism.

I taught my child simple expressions in English such as "turn on," "shoes on," and "let's go," as those expressions are easy and need repetitions, especially directions. My child learned Korean from Pororo (i.e., Korean animation) video clips. At first, the speech therapist wanted to unify English as the primary language, but now, at 40 months old, my child can respond in either Korean or English depending on the speaker. I do not think bilingualism causes language delay, and the therapist now also agrees. So, I am using both languages.

If we categorized this mother's perception of disabilities, she would be at the end of the spectrum where disabilities are seen as exceptionalities, regardless of professionals' influence. She maintained this perspective firmly, as her child made significant progress in language development by 40 months old. We found this mother to be exceptional compared to other mothers, who shared their anguish for exposing their child to a bilingual environment without professional support and against their professionals' advice.

Anguish

Facing the professionals' pressure to unify the home language to English, some mothers shared their anguish about their decisions on Korean HLP. A mother who had a non-verbal 3-year-old boy with a language delay posted:

Right now, I only speak Korean at home. Early intervention services are provided only in English and English is the only language spoken in his special preschool. The speech therapist advised me to speak only English at home, as per their experience, bilingual children usually have language delay, and it is more severe in children with language delay, so it's time to focus on just one language. Should I give up on bilingualism now? I can speak English fluently, but it is very difficult to speak only English at home. Even if I give up bilingualism now, can I teach Korean later?

During the EI/ECSE period, when the child was not making adequate progress and professionals advised the mothers to speak only English to the child, the mothers began to feel uncertain about their stance on bilingualism and their approaches to their child's development. We found several posts where mothers displayed their anguish facing professionals' advice and questioned themselves if they have added more difficulties to their children by sticking to their principles.

Disabilities as Deficits

Mothers rarely used the term "deficits" when talking about their children. Instead, they referred to their children's language development challenges with expressions such as "needed to catch up with their peers," "intervention goals," or "streamlining the language input to minimize confusion." This perception of their child's delayed language development as a deficit in need of attention was heavily influenced by EI/ECSE professionals, who prioritized measurable language outcomes during the intervention period.

Mothers often talked about how they or other family members were "making sacrifices" to help their children improve their English language skills. The mothers shared their unique

experiences resulting from implementing their English HLP. Many families faced pressure from Korean communities (e.g., Korean churches or other Korean parents) to teach Korean to their children. Community members did not seem to understand why these mothers were not teaching Korean to their children. One mother complained of other Koreans, “My son has autism and severe language impairment, so we only speak English to him. But people are so noisy. I didn’t even bother to explain them, so I just avoided Korean people.” It was evident that these mothers did not share their child’s diagnosis with their community members. One mother chose to take the blame rather than disclosing the child’s condition, “I speak only English to my child, too. But in a Korean church, speaking only English gives a bad impression. They never know how much tears we had to shed until our kids can communicate at least in English. I am rather considered a lazy mom; I never talk about my kid’s condition.”

From these narratives, it appears that the mothers in the English-only group felt shame and stigma regarding their decision to only use English with their child. They used various excuses to hide their child’s language difficulties from their community and even from other mothers in playgroups. For example, one mother said, “I did not want my kid to get attention, so I just told them that English is more comfortable for me and Dad speaks only English.” One mother shared her experience with other mothers who have a typical child, “I tried to make play groups to provide my child with more opportunities to interact with other kids. But those moms were not matching with my style and the kids were not nice to my kid. So, I do not meet them any longer.” The mothers may have felt isolated and faced judgement from others who did not understand the reasons for their language choices.

Language Development

Mothers in the English-only group commonly reported that EI/ECSE professionals strongly recommend that mothers communicate with their children in English at home. Professionals emphasized the critical role of the child’s language skills as a tool to catch up with their developmental benchmarks.

The speech therapist told me to speak English to my son, who had difficulties with language, although bilingualism is beneficial. I think it was the right decision. In English, his language skills are at his age. The fact that I am a 1.5 immigrant generation without English difficulties is helpful as well.

The priority for mothers in the English-only speaking group was their child’s oral language development. They decided to speak English to their child as the primary language, even if they had limited English proficiency. Mothers with limited English proficiency tried to convince other mothers who were reluctant to switch to English HLP due to their limited English skills. A mother to an elementary boy with ASD posted:

The kids cannot speak Korean now then how can you be sure they can speak Korean later? Moms with limited English skills don’t want to give up Korean because it is inconvenient. I was also worried because of my limited English. What if my child speaks broken English because I can speak only simple sentences with limited vocabulary in English? But the therapist was very so sure about speaking English to my child. If my child could speak English as well as I do, he wouldn’t have any problem in communicating when he goes to Kindergarten. After Kindergarten, kids learn English from teachers and peers, so I will learn English from my kid in turn. You have to change yourself first. The English skills we learned in middle school are sufficient.

Although their children had been exposed to Korean prior to diagnosis, many of them had not demonstrated the same level of Korean language skills as their peers. Because of this, these mothers were more likely to switch to English as their primary language of communication.

We're worried too, but the speech therapists were unanimous in telling us to only speak English if we live here. They said that once the child is proficient in English, they can learn another language. Of course, exposure to two languages will make the child confused and delay their speech. If the child cannot speak by the time they enter school, it is better to master English as their primary language.

Professionals advised the mothers to speak only English because the child had no Korean skills at the time of diagnosis or during the EI/ECSE period. Both professionals and mothers had a shared goal of promoting the child's language development during EI/ECSE.

Sequential Bilingualism

Mothers who gave up Korean HLP did not give up raising their children bilingually. Some mothers did not give up on bilingualism and instead advocated for sequential bilingualism, with English as the primary language. The mothers started introducing Korean to their child, once the child's language skills in English had been established. A mother to a 7-year-old boy with ASD posted:

We spoke Korean to our child until he was 2, but he did not learn any language. After his autism diagnosis, we spoke English 100%. His language has now caught up. He now goes to a Korean school on Saturday mornings, but I don't expect him to be as fluent in Korean as his sister.

Similarly, a mother to an elementary child with speech service posted:

In my experience, it is most important to make one primary language strong. At age 2, my child had early intervention services, and since then we have only spoken English at home.

Once the English language skills became solid, we introduced Korean to the child.

Although the mothers expected their children to eventually learn Korean as a second language, none of the mothers in the English-only group reported that their child was bilingual.

Regret

Professionals' advice on giving up Korean seemed to place the mothers in the constant status of an agony as they preferred bilingualism. Those who had already switched their home language from Korean to English were unsure if they had made the right choice:

As the school told me, I have spoken only English to my child since he was 3 years old.

But when I asked him a few questions in Korean, he demonstrated his understanding by pointing. Should I use only one language, English? Giving up my last three years of speaking Korean to him seems to be a waste, especially when he is still understanding Korean. When your child's language was severely delayed, did you give up speaking Korean to your child?

A few mothers regretted their decisions to speak English only with their child. One mother to a 10-year-old boy with ASD posted:

My child was able to communicate a little bit in Korean when he was diagnosed at age 4. But the doctor strongly advised to speak only English and so did the speech therapist. Now he is 10 years old and only speaks in English, although he seems to understand his

grandparents' Korean. As he is communicative, I now wish I had kept speaking Korean to him even though he was confused. I am very regretful.

Another mother to a 15-year-old boy with ASD posted:

My son is now 15 years old. Since age 5, the speech therapist told us to speak only English to help my son. My husband and I came to the U.S. when we were in our teens. Without any doubts, we spoke only English in daily life. Although his language has been improved more rapidly, I am now very regretful. In a case for high-functioning, language comes along eventually but once Korean language skill is lost, it is too hard to get it back. Now I ask my son to speak Korean, but he does not listen. His grandparents cannot communicate with him. Without communication, there are no emotional interactions. My mom raised my son but whenever he gets hyper, she does not know what to do as she cannot understand him. If I could return (to when he was diagnosed), I would insist bilingualism.

The narratives shared by mothers who have older children with ASD indicated that what their child is lacking is an outlet to communicate with family and community members, not oral language skills.

Discussion

This study used qualitative thematic analysis to explore the experiences of Korean-American mothers collaborating with professionals in EI/ECSE regarding their children's dual language development and HLP. We analyzed 99 messages sampled from an online discussion forum that catered to Korean-American mothers of children with ASD/DD concerns. The study emphasized the family-professional relationship as a crucial aspect of family-centered practices and aimed to gain insights into how professionals influenced mothers' decision-making related to their children's bilingualism and HLP.

Home Language Practice After Diagnosis

Our first research question explored the language mothers used with their children with disabilities or at risk. While numerous studies have examined Korean-American families of children with disabilities (e.g., Cho et al., 2000, 2003; Cho & Gannotti, 2005; Kim et al., 2007; Kim & Dababnah, 2020; Lee & Park, 2016), few have addressed HLP after the child starts receiving EI/ECSE. Our study sought to fill this gap in the literature. The results showed that over 60% of the messages indicated Korean-American mothers continued speaking Korean after their children received EI/ECSE, differing from previous studies that found that most CLD parents adopted English HLP (Hampton et al., 2017; You & Rosenkoetter, 2014; Yu, 2016). However, many mothers switched to English only due to concerns that bilingual exposure might hinder their children's language development or intervention progress in EI/ECSE.

We identified significant differences between the two groups of mothers (Korean/bilingual HLP vs. English HLP) regarding their understanding of their child's primary and secondary language acquisition and belief in simultaneous or sequential bilingualism. Mothers in the Korean/bilingual HLP believed their child's primary language was Korean, and despite services provided in English, they continued speaking Korean to their children, thinking that their children could learn both languages simultaneously. In contrast, mothers in the English-only group reinforced English as their child's primary language, fearing that a bilingual environment could interfere with EI/ECSE outcomes. However, these mothers did not abandon bilingualism entirely,

intending to introduce Korean as the second language once their primary language was well-established.

Interplay Between Mothers' Perceptions, Professionals' Advice, and Child Development

Our second research question investigated the decision-making process of Korean-American mothers related to their HLP. Research has shown that children's characteristics and professionals' advice on bilingual language environments significantly impact CLD parents' decisions on their HLP (Drysedale et al., 2015; Hampton et al., 1997; Key-Raining Bird et al., 2012; Yu, 2016). We discovered that these findings also applied to Korean-American mothers in our sample; however, their perceptions and understanding of their child's disabilities acted as a mediator, influencing their HLP decisions. Furthermore, EI/ECSE professionals heavily shaped their perceptions.

Perceptions and Understanding of Disabilities

Based on the mothers' accounts, the majority of children in our study appeared to have ASD or developmental delay characterized by core deficits in social communication skills (American Psychiatric Association, 2013). Some mothers in the English-only group chose not to disclose their children's disabilities to the Korean community, implying that these disabilities might not be easily noticeable. However, as a child's language development delay becomes more apparent, a mother's perception of her child's disability becomes crucial. Previous research on Korean-American parents with children who have disabilities has mainly focused on participants from community-provided services, which typically include children with cognitive impairments or sensory disabilities (e.g., Cho et al., 2000, 2003; Kim et al., 2007; Kim & Dababnah, 2020; Lee & Park, 2016). Our study, however, is unique in that it examines the concerns and experiences of mothers with young children who have less obvious exceptionalities. Interestingly, we found that the perception of a child's disability and the associated shame, which were prominent themes in previous studies involving Korean-American parents of children with more moderate-to-severe disabilities (Kang-Yi et al., 2018; Kim & Dababnah, 2020; Kim et al., 2007), also influenced mothers' decision-making processes regarding their child's treatment and services.

When a child's cognitive abilities are within the normal range and EI/ECSE services focus on addressing noticeable language delays, mothers often choose to stop using Korean and promote their child's language development through English. This decision is motivated by the mothers' perception of their child's disability as a deviation from the norm and their desire to rectify it (Kang-Yi et al., 2018; Kim & Dababnah, 2020). On the other hand, mothers who decide to preserve the Korean home language to encourage long-term communication with their child and community engagement adopt a different strategy. While acknowledging their child's exceptionality, they continue to provide a bilingual environment that they wouldn't have abandoned if their child were typically developing. These mothers appreciate their child's uniqueness and, due to this difference, refuse to forfeit opportunities for bilingual development, emphasizing equal opportunities for students with disabilities.

Despite policies emphasizing equal opportunities for bilingual students with disabilities to develop their heritage languages (Pesco et al., 2016), a recent qualitative study revealed that such students often have fewer opportunities for bilingual instruction compared to their typically developing peers (de Valenzuela et al., 2016). Our study is of significant value as it uncovers the

decision-making process of mothers who accept their child's exceptionality while providing support and ongoing opportunities for growth as bilinguals, an aspect not explored in previous research.

Relationship With Professionals

Our study utilized the family-centered practices framework as the basis for successful relationships between family members and professionals. This framework highlights equal partnerships, characterized by equality, mutuality, and teamwork (Epley et al., 2010). As a result, family members and professionals are expected to develop collaborative partnerships, with professionals engaging in culturally responsive practices and sharing information with family members (Epley et al.).

Previous research has shown that professionals in EI/ECSE significantly affect HLP (Drysdale et al., 2015; Hampton et al., 2017; Kay-Raining Bird et al., 2012; Yu, 2016). Our study supports the idea that professionals substantially impact mothers' decision-making. We discovered that the compatibility between professionals' advice and mothers' perspectives is more important than the specific guidance provided by professionals. Interestingly, when professionals' advice aligns with mothers' perspectives, mothers tend to gain confidence in their HLP and share information with other mothers facing similar concerns. In these instances, professionals act as a strong support system for mothers' HLP. However, when professionals' advice or recommendations differ from mothers' preferences, mothers often experience ongoing self-doubt. For instance, mothers using Korean might seriously consider professionals' recommendations to use English if their child's treatment progress is slow. Mothers who followed such advice and used English despite their limited proficiency later expressed regret as their child grew older. In the context of EI/ECSE, where family-centered services are emphasized, our study highlights the importance of a collaborative partnership between family members and professionals, fostering a relationship that encourages family empowerment.

Heterogeneity in Bilingual Children With Disabilities

Our findings reveal that professionals in EI/ECSE have different opinions on recommending HLP for children with ASD who show delayed language development, echoing previous studies (Kay-Raining Bird et al., 2021; Saldivar et al., 2023). The question arises as to why these professionals hold such divergent views. While researchers and policymakers generally agree that bilingualism does not impede language development in children with ASD (Lim et al., 2018; Pesco et al., 2016; Sendhilnathan & Chengappa, 2020), professionals in EI/ECSE continue to have varying perspectives. One possible explanation is that professionals may prioritize parents' language preferences, especially if they believe focusing on one language will help the child overcome challenges. Another reason could be the lack of sufficient clinical evidence to provide certainty (Paradis, 2016; Prevost & Tuller, 2022), despite research suggesting bilingualism does not significantly hinder language development in children with ASD. Applying existing research findings to each case can be challenging due to the diverse characteristics among individuals with ASD (see Prevost & Tuller, 2022). As a result, professionals may rely more on personal experiences and collected data than empirical studies, which still require more diverse data.

Recent studies on bilingualism in ASD typically compare bilingual and monolingual young children with ASD (Gonzales-Barrero & Nadig, 2019; Hambly & Fombonne, 2012; Kay-Raining

Bird et al., 2023; Li et al., 2017; Ohashi et al., 2012; Peterson et al., 2012; Valicenti-McDermott et al., 2013). However, research results that can be applied to CLD families are the long-term outcomes of language, cognitive, and social development in children who maintained a bilingual environment and those who switched to the dominant language after diagnosis. Accumulated data from such studies can address the concerns of the mothers in our study.

In the current situation where substantive empirical data is still lacking, professionals should collect and share as many experiences as possible from mothers with similar concerns. Since children in our study have a normal range of cognitive abilities, making their disabilities less visible, mothers may be less likely to publicly share their experiences or use disability-related services provided by the local community (Kim & Dababnah, 2020). They may instead prefer online communities that guarantee confidentiality (Gibson et al., 2017; Gibson & Marin, 2019). Collecting and sharing these parents' experiences collectively is essential. Professionals should maintain ongoing connections with CLD parents of children with disabilities who have experienced EI/ECSE services to inform new CLD parents entering EI/ECSE about subsequent experiences.

Family-centered services are characterized by collaborative partnerships, cultural responsiveness, and information sharing (Epley et al., 2010). Our study reveals that the use of home language depends on the mothers' understanding and perception of their children's disabilities in EI/ECSE. Sharing longitudinal research results, specific existing research results, and professionals' clinical experience is the starting point for family-centered services. Professionals should inform families about the long-term outcomes for individuals with ASD or other disabilities, and how families can support their children. Instead of solely focusing on the child's short-term progress during EI/ECSE, which can lead to undue stress for the mother, professionals should provide a comprehensive view of the child's future prospects. In situations where children's characteristics are heterogeneous, ultimately, the final decision should be made by the parents, and professionals should respect their decision-making.

Addressing Disability Perceptions: Impact on Home Language Choices in Korean Immigrant Families With Children With Disabilities

In Korean immigrant families with children who have disabilities and exhibit delayed language development, parents often perceive disabilities as abnormalities that need to be corrected quickly (Kang-Yi et al., 2018; Won et al., 2004). They strive to speed up their child's language development and return them to a "normal" trajectory. In contrast, some parents acknowledge their child's disability and prioritize long-term bonding by maintaining the Korean language. Ultimately, their perception of disability determines their approach.

Previous studies on Korean-American parents of children with disabilities consistently show these parents' perception of disability, positive/negative experiences, and related stress in the close-knit Korean community through church activities, gratitude/regret towards professionals, and ongoing emotional and financial stress after discovering/diagnosing their child's disability (Cho et al., 2000, 2003; Cho & Gannotti, 2005; Kim & Dababnah, 2020; Kim & Kim, 2017; Lee & Park, 2016; You & Rosenkoetter, 2014; Won et al., 2004). Our study reveals that mothers of young children with relatively mild disabilities also base their home language choices on their perceptions of their children's conditions, emphasizing the crucial role of disability perception.

Initially, we assumed that parents' choices regarding their children's bilingual development would be primarily influenced by professionals' recommendations. However, upon analyzing the

data, we discovered that parents' perceptions of disabilities significantly influenced their home language selection, mediating the advice from professionals. Our research findings align with previous studies that call for improving disability perceptions within the Korean immigrant community, often characterized by feelings of inferiority, abnormality, and embarrassment (Kang-Yi et al., 2018; Kim & Dababnah, 2020; Kim et al., 2007; Won et al., 2004). These negative perceptions inevitably lead to a desire for rapid improvement of the child's disability status, as seen in the home language choices of the mothers in our study. As a result, it is essential to address disability perceptions in the Korean immigrant community to enable better decision-making and support for families with children with disabilities.

Community Support for CLD Parents of Children With Disabilities

Some Korean-American mothers expressed frustration with criticism from other Korean community members when their children do not speak Korean. These mothers were unhappy with those who pushed for bilingualism without understanding their child's unique condition. To avoid disclosing their child's diagnosis, the mothers made various excuses, highlighting the stigma around disabilities within the Korean community (Kang-Yi et al., 2018; Kim & Dababnah, 2020; Kim et al., 2007; Won et al., 2004). This lack of understanding adds stress for parents dealing with their child's disability. The Korean community needs to better understand dual language development for children with disabilities, especially ASD in our study, and accept these children as they are.

Online communities have become a valuable platform for CLD parents to discuss concerns, exchange information about their children with disabilities, and communicate in their native language (Alsem et al., 2017; Gibson & Martin, 2019). However, these parents can also be exposed to incorrect or misleading information (Gibson et al., 2017; Gibson & Marin, 2019). Bilingual professionals and researchers should engage with these online communities to provide accurate, updated information on dual language development for children with disabilities, including ASD. Professionals can also collaborate with local community organizations, such as churches, to improve the community's perception of children with disabilities. Furthermore, professionals should make an effort to recruit parents of bilingual children with disabilities to establish parent support groups. These groups can offer information and exchange experiences with parents who are just starting to receive EI/ECSE services for their children, building a nurturing online community.

Limitations of the Study

This study's limitations involve challenges in coding qualitative data from narratives written in Korean, as informal language usage may have caused some details to be overlooked, leading to a reduced sample size. Moreover, the online discussion forum primarily targeted high-functioning children with verbal language abilities, constraining the examination of diverse children's characteristics. It is important to note that up to 30% of children with ASD do not develop phrase-level speech (Norrelgen et al., 2015), so these findings should be applied cautiously to children with low cognitive functioning or nonverbal disabilities.

Our sample comprises messages posted across a span of over 10 years. However, we did not analyze the trends or shifts in mothers' decision-making about their children's bilingualism and HLP during this period. Future research should investigate how these decisions evolve over time.

A thorough examination of this evolution will provide clearer insights into the choices mothers make regarding bilingualism and HLP.

Conclusions

This study examines the online communication among Korean-American mothers of children with disabilities or at risk of disability, specifically exploring their decisions about HLP after diagnosis. While many mothers opted for bilingual environments, some transitioned to English-only HLP following their child's diagnosis. Factors influencing mothers' HLP decisions included their perceptions of disabilities, professional advice, and their intervention progress. Despite the chosen HLP, mothers held positive views on bilingualism and would have likely continued using Korean if their child had not been diagnosed. Children in bilingual environments were able to communicate in both languages, while those in English-only settings had a limited understanding of Korean. Early intervention and early childhood special education professionals (EI/ECSE) should take this into consideration.

Our findings emphasize the importance of EI/ECSE professionals in active sharing current research findings, their own experiences with CLD families and children, and the experiences and long-term outcomes of families who chose bilingual or single-language environments. By offering this information, professionals can assist parents in making informed decisions about creating a bilingual environment for their children or focusing exclusively on English. Once parents determine their child's HLP, it is crucial for professionals to respect and support their decision as much as possible, adhering to family-centered services principles.

This study highlights the role of online communities for CLD parents and the need for professionals to engage with these communities to provide accurate information on bilingualism for children with disabilities. By collaborating with ethnolinguistic communities and establishing parent support groups, professionals can create a nurturing environment for parents navigating EI/ECSE services for their children. This study provides valuable insights by analyzing textual narratives of CLD mothers in online communities and shedding light on the decision-making process concerning HLP.

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