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# Including Autism: Confronting Inequitable Practices in a Toddler Classroom

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Over the last couple of decades, it seems that toddler-aged children are being identified on the autism spectrum at increasing rates. The growing accessibility of early screening and diagnostic evaluations allow for the autism diagnosis to extend to younger children (Schertz, Baker, Hurwitz, & Benner, 2011). This increase in identification at a younger age, combined with the belief that substantial gains will be made if treatment is offered at earlier ages, leads to an increased emphasis on providing early intervention (EI) services to children with autism (Stahmer & Aarona, 2009). As EI traditionally serves very young children and their families, we need to know more about how toddlers identified as autistic are experiencing interventions within the context of early childhood settings outside the home. There is little literature about what happens when the positivist, behaviorist paradigm of autism "treatment" meets up with the more fluid, child-centered, play-based setting of the early childhood classroom. This lack of literature might relate to an actual lack of inclusive settings that support autistic learners.

Since the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 1997, inclusion has continuously been promoted as ideal practice for most children with disabilities (Bailey, McWilliam, Buysse, & Wesley, 1998; Recchia & Lee, 2013). Inclusive classrooms are expected to be places where children and their families can participate fully, find "a sense of belonging and membership," develop positive social relationships, and "reach their full potential" through "access, participation, and support" from the institution (DEC & NAEYC, 2009, p. 2). Much of the literature for practitioners that promotes inclusive settings suggests teachers just need to work closely with therapists and differentiate the curriculum and instruction to meet the needs of diverse learners, often providing step-by-step strategies for teaching certain skills (Barton & Pavilanis, 2012; Whitby, Lyons, & Baxter, 2015). But what happens when these interventions aren't working? What happens when these interventions conflict with the beliefs and practices of teachers? What happens when a child is deemed "too autistic" to succeed in an inclusive classroom?

We were confronted with these questions and many others the year we taught together in a toddler classroom, specifically working with one child who was diagnosed with autism shortly after he joined our classroom. We grappled with these questions during our time with him and continue to revisit them in our reflexive practice, which drives our continually developing practice in the classroom. Before sharing our story, we provide some background on autism spectrum disorder (ASD) and the discourses surrounding children who are identified as "on the spectrum."

**Autism and the Medical Model of Disability**

Persons with ASD are characterized in the literature as having difficulty with social interactions and communication, alongside demonstrating repetitive or restrictive behaviors (APA, 2013; Barton, Reichow, Wolery, & Chen, 2011). In the classroom setting, children with ASD have been described as

having difficulty engaging with peers, forming strong attachments with teachers, and participating in group activities (Barton et al., 2011). The play of children with ASD is typically described as less varied and more repetitive than similar-aged peers (Barton et al., 2011). Much of the literature on ASD in children characterizes the limitations of having ASD, focusing on deviance from standard developmental assessments (Barton & Pavilanis, 2012; Rahn, Coogle, Hanna, & Lewellen, 2017).

Early intervention is heralded as critical to the treatment of ASD and to providing children with the opportunity to make gains in areas of perceived weakness (Stahmer & Aarona, 2009). Decisions about types of treatment are often ensconced in a medical discourse that emphasizes abnormality and points towards notions of treatments and cures (O'Reilly, Karim, & Lester, 2014). Rooted in a positivist paradigm, much of the research on autism and young children seeks to demonstrate success in behavioral treatments (Glynne-Owen, 2010) such as discrete trial training (a one-on-one teaching practice that breaks down skills into simple step-by-step instruction with the use of reinforcement) and Applied Behavior Analysis (ABA) (a therapeutic method aimed at improving or changing specific behaviors). This focus on behavioral treatments leads to mandates of these "evidence-based" practices once a child is diagnosed.

Many "evidence-based" interventions are tested on children older than three and then pushed down to younger children with little consideration of their developmental differences (Corsello, 2005; Schertz, Baker, Hurwitz, & Benner, 2011). Given the preference for quantitative measures, these behavioral practices, which are supposedly "measurable," are more widely accepted as "effective" than more individually focused, child-centered practices (Odom & Wolery, 2003).

The positivist research that supports ABA and similar interventions does not allow for much exploration of individuality or diversity; rather it promotes a behavioral, "one-size-fits-all" approach (Glynne-Owen, 2010). These discourses frame how young children diagnosed with ASD experience daily life in preschool classrooms and determine the types of educational practices and settings available to them. While other more naturalistic, child-centered approaches to working with children with autism, such as Floortime (Greenspan & Wieder, 2006) or the PLAY Project (Solomon, 2016) demonstrate potential, the scientific rhetoric around ABA maintains its position as the preferred intervention method (Broderick, 2011; Stahmer & Aarona, 2009).

Although these medical discourses are dominant in the conversation around ASD and special education in general, the field of disability studies has been producing counter-narratives to the ways disability is viewed in our society. Ferri and Bacon (2011, paraphrasing Michalko 2008) state that "disability, like other aspects of diversity, must be embraced as an essential aspect of what it means to be human and what it means to live in a community" (pp.137-138). By honoring this diversity, we can move beyond notions of normality/abnormality and think about the ways that disability is another way of being in the world. Rather than seeing children with ASD as needing to be fixed, disability theorists view "the goal of education [to be] to honor different ways of learning and being in the world in ways that ensure equal access and active participation" (p.141).

This way of thinking inherently changes the way teachers interact with and support children in the classroom. However, even when teacher education programs present a disability studies perspective, the dominant medical discourse around disability in schooling creates tensions for teachers in classrooms and continues to limit the types of inclusive practices available to children with disabilities (Broderick, Hawkins, Henze, Mirasol-Spath, Pollack-Berkovits, Clune, Skovera, & Steel, 2012).

Inclusive classrooms are deeply entrenched in the medical disability discourse as the push for early diagnosis and early intervention seeks to address developmental issues as early as possible. In our experience working with toddlers receiving early intervention services in New York City, any child diagnosed on the autism spectrum is mandated 20 to 25 hours a week of ABA therapy. Most often, we see this practiced as a one-on-one discrete trial program that excludes the child from some of the day-to-day activity of the classroom and requires them to perform tasks they otherwise show little interest in. As teachers ourselves, we have become familiar with disability studies and strive for new ways of seeing children with disabilities in the classroom. Yet, like others (Broderick, et. al, 2012), we constantly come up against the medical discourse and feel the pull to "fix" a child as a way to best include them in the classroom. Here is part of our story in our journey to include one child, Antonio.

**Including Antonio**

We met Antonio, a soon-to-be toddler, at our school picnic the summer before we co-taught together in the toddler classroom. We had been teaching colleagues for several years in the same small early childhood center in New York City, but most often in different classrooms. Emmanuelle had been teaching in the toddler classroom for many years while this was Amanda's first year in the toddler room, having recently switched from the infant classroom. The toddler room serves children aged 18 months to just over three years, the middle age group of the three classrooms in our center. Antonio, a just-turned-two-year-old, joined nine other children in our classroom that fall.

Our university-based center is a private, full-day program that serves an academic community, granting us much linguistic and cultural diversity among mostly middle-income families. Each classroom is staffed by two head teachers, two graduate student assistants, and other graduate student employees or student teachers. Our center has an established reflexive culture of bringing our teaching practice into question and working to critically examine the ways taken-for-granted norms of development and early childhood education impact and potentially limit our work as teachers.

Using a play-based, emergent curriculum approach, our teaching practice is part of a dynamic, ever-changing process that works with the children's interests and strengths that they bring to the classroom. While we pay close attention to children's developmental gains and needs, we believe there is much more possibility in early childhood curriculum than developmental checklists allow. We are both influenced by the work of early childhood reconceptualist scholars (e.g., Bloch & Popkewitz, 2008; Cannella, 1997) and disabilities studies perspectives (e.g. Broderick, 2011; Ferri & Bacon, 2011). We are also both doctoral students and mothers, whose studies and personal experiences greatly influence our teaching.

We did not know at that first meeting with Antonio that we would be sharing a journey with him and his family through concern, evaluation, diagnosis, intervention, and eventually his (re)placement in an intervention-based special education preschool. Inclusion was on our mind more than ever that year, as we took part in a study (Recchia, McDevitt, & Perez, 2018) that asked us to reflect on how community was forming in our classroom, which prompted us to pay closer attention to our efforts at including Antonio.

Antonio came from a primarily Spanish-speaking home and this would be his first time in a group care setting. His father had stayed home to care for Antonio after he was born because his mother worked full-time as a professor, and Antonio had few experiences with other caregivers. We had concerns early on about Antonio's development because he exhibited several characteristics of ASD. However, the factors of his first language and experiences as different from the school setting encouraged us to give him some time to settle into the classroom.

A couple of months into the school year Antonio was evaluated and diagnosed on the autism spectrum. He was promptly assigned early intervention services, including several hours a week of ABA in the classroom. Two therapists worked with him. One came every day for a couple of hours that included playground and lunchtime, and another came a few afternoons a week. They had very different approaches. One tried to work more with him in the classroom setting while the other preferred to work one-on-one at a table separated from the classroom space. Although the approaches differed, the goals were very much the same. They each were required to go through a set of skills with him, using a discrete trial approach, keeping data on how many times he performed or missed performing a skill they were prompting him to do. These tasks were then reinforced with a favorite toy or iPad time if he performed well.

These practices were a far cry from our approach, in which we give the children a great deal of autonomy in the classroom and build the curriculum off their interests and abilities. The more we experienced the therapists' interventions, the more we saw Antonio as different and worked to incorporate some of these interventions into our own time with him in the classroom. We found that we were engaged in a constant internal negotiation between the competing discourses of our more critically informed, progressive approach to education and the ways of seeing and "treating" children from a special-education, early-intervention perspective.

This dilemma remained after we stopped working with Antonio, and we continued to explore our thinking about our practices with children who present as "different." Part of this reflexive work involved writing as a form of inquiry, a "method of discovery" (Richardson & St. Pierre, 2005, p. 967). We wanted to attempt to untangle and reimagine the dilemmas we had experienced working with Antonio. The following narratives, written by Emmanuelle but stemming from extensive collaborative reflection and writing, highlight a handful of pertinent moments on our journey with Antonio. We hope they shed some light on the tensions that teachers feel when they must negotiate their beliefs and practices to support interventions that reproduce inequality around disability. Narrative writing in this sense is not meant to be a "true" representation of events but rather a way to engage with meaning-making and

work towards new possibilities and understandings of children and teaching (Hendry, 2007). Unlike more traditional qualitative research that uses a singular, linear, or hierarchical approach, writing helps make connections that may not have been visible otherwise (MacLure, 2013). Starting with the home visit, an informal visit we do with each family in their home before their child enters the classroom, these narratives portray some signposts on our journey with Antonio, moments that illuminated many of the tensions we were feeling in our practice along the way.

**The Home Visit**

At a building on a quiet street in central Harlem, we were buzzed in and my assistant teacher and I climbed the four flights to Antonio's apartment. We were greeted warmly by mom and quickly by dad, as he went back to prepping some things in the kitchen. Recently turned two-year-old Antonio was all smiles and energy, offering a string of "Hola… como estas" when prompted by his mother. He got back to exploring the living room, clearly defined as his space, with bins of toys lining a wall and colorful foam mats creating a sea of bright colors on the floor. The living space was small, but not unusual for a family in New York City. I had been warned of Antonio's predilection for physical activity, being "big for his age and very active," so I was curious to see how he managed his desires in this space. We learned that he spent much of the day outside, going all over the city to visit various playgrounds.

As we talked to his parents, we quickly realized that there were two very different perspectives at play—mom thought he was ready for and needed some structure and socializing, while dad saw him as "just a baby, let him do what he wants." "What he wants" seemed to include drinking formula from a bottle, not always taking naps, staying up late, and getting to watch YouTube videos whenever he was upset. These issues, which were debated heavily between the parents, started to raise some red flags, as I would expect a two-year-old to have a more varied diet and a more consistent routine. My concerns grew as we saw Antonio in action. He used repetitive, decontextualized language, going back and forth from us to his mom, taking our hands in his and clapping them vigorously in front of his face.

"Yeah, he likes hands," his mom said, adding that he did this often with strangers at the park. This raised another red flag, because this desire for visual stimulation of hand waving drew him into interacting with strangers. Antonio continued to make his rounds, repeating "Hola, como estas!" but rarely directing it at anyone, before settling in with one of his parents' phones to watch a Spanish children's video on YouTube. After we left the home visit, I told my assistant teacher that I thought Antonio was autistic, and I knew that it wasn't anywhere on the family's radar.

I was looking forward to seeing Antonio in the classroom. What would his behavior in a different environment show us? How would he engage with the materials? With us? With his peers? Whenever developmental concerns arise, we are taught to tread carefully. My own practice being steeped in special education discourses of deficit and deviance from the norm, I instinctively empathize with the family and dread having to be the one to tell them that something's "wrong" with their child. Even though we had these concerns from the beginning, we were still wanting to "wait and see" how he did

in the classroom. He had been practically one-on-one with only his parents for two years and had not experienced being around other children his own age. We wondered, like his mother, how much of his development would be "fixed" simply by exposing him to the school environment and adding some structure to his life.

**The Drums**

Antonio had been in the classroom several days now. Ricky sat down in the music area, grabbed a mallet, and started beating the drums. A teacher joined and helped bring the drums down to the floor where they banged on them together. Hearing the noise, Antonio turned, smiled, and rushed over, finding two mallets to hit the drums with. The boys laughed together, banging away. The teacher started to sing a song and then raised her hands up, pausing before hitting the drum again. Ricky imitated her, giggling in the suspenseful pause. After several rounds, Antonio noticed the change and lifted his arms with the others, banging the drums again with a smile.

A few days later, Josh was having a picnic in the kitchen area and started to drum on the table with some utensils. Antonio, who just arrived and was sitting with his mother, tuned into the beat, and turned to see. I brought over two drums and mallets and set them up in front of Antonio, an invitation to leave his mother's lap. He took the mallet and played one drum, then the other. Josh rushed over to join with his drumming spoon in hand, quickly exchanged it for a mallet, and joined Antonio. After knocking out several beats, Josh threw his arms up and shouted, "Yay!" I did it too. Antonio stopped drumming to look at this new action. The boys started to drum again and this time, Antonio lifted his arms shouting "Yay!" and Josh and I followed his lead.

Musical instruments were a medium for connecting, and we found opportunities to bridge the peer interactions that stemmed from a mutual interest in sound-making. Moments like these, showing Antonio's growing interest in peers and his motivation to imitate actions in this social space, gave us the feeling that "maybe we're wrong." However, the medical discourse of early intervention and the need to "get help as early as you can," produced an urgency to diagnose that never really allowed us to see Antonio as "normal." Do children have a right to be assumed "normal"?

**The ABC Puzzle**

Antonio sat down by the alphabet puzzle on the floor—a big wooden board with places for the multi-colored wood-block letters. Scanning the puzzle, he purposefully picked out the X, the M, and the W. Turning away from the puzzle, he dropped the letters on the floor in front of him and got to work. Antonio placed the X, shifting its position in small increments clockwise, counter-clockwise, and clockwise again until he had it just right. He took the M and turned it 90 degrees to the left so the bottom fit up against the side of the X. He did the same with the W, fitting it to the right side of the X, mirroring the M.

When I first saw Antonio do this with the letters, I found it fascinating. What a keen visual sense! What a creative way to utilize the relationship of letter shapes! But, as it continued I could see him obsess,

struggling to get the letters aligned just right. He would adjust them over and over, try other letters, eventually shuffle them around, and then run off. I realized he had been doing this same task with other items in the classroom so I started to question the relation of symmetry and autism. A little Google-ing informed me that the use of symmetry and an obsessive approach to visual arrangements of objects were indeed common traits of autism. As soon as I entered this discourse of diagnosis, I began to see the behavior differently. My lens shifted quickly from seeing it as a work of creativity to an issue that needed to be fixed. I felt as if I should intervene, break into this play of his, and redirect it to something more "appropriate." I tried. We tried. We would join him and start putting the letters back on the puzzle board, encouraging him to put some on. He would get frustrated and it always backfired, with him flinging the puzzle pieces aside, and running away from us. It was clear that our desires and his did not match.

Moments like these made me think about what we teachers (especially if we are trained as special education teachers) are trained to look for and capitalize on the so-called "learning opportunities" –– those "opportunities for intervention" and for "scaffolding" children's learning. But these practices are subject to very definitive goals, predetermined ways of doing, of seeing, of experiencing. If another child did what Antonio did with the puzzle, I would probably see it as a skill, but for him, it was labeled a symptom. What counts as play when you are autistic? Why would other, "typical" kids be allowed to "play" like this but we felt the need to redirect Antonio's play? Have we given into a hierarchy of play? If you can't play with it the "right" way, then you aren't given space to play with it in a more creative way? I see this so much in intervention-based classrooms, the kind of space where Antonio ultimately ended up. I have wondered for years why a more open-ended, creative, artistic curriculum only seems available to those kids who present as developmentally "normal."

We are taught that diagnosing will help us better understand a child. I remember some of my preservice texts that basically laid it out for you: if a child is autistic, do A, B, and C; if a child is visually impaired, do X, Y, and Z; and so on. My preservice education and experience working in an ABA autism classroom came back to me and I began to confront the disconnects between my work as a critical early childhood educator and my training in special education. While I wanted these two aspects of my practice to be able to merge, they stood at odds, unable to exist in the same space within a system of competing discourses of "what's best" for a child like Antonio.

When Antonio's diagnosis of autism was made official and the early intervention system came into play, it limited our ability to see who Antonio was. How can we work as teachers to still "see" children beyond their diagnosis? How can we work with therapists who come into our classrooms to "treat" a child? We want to do what we can to help a child be successful, but does the child have a right to remain "undiagnosed" and just "be"?

**All Done**

Antonio was not interested in lunchtime. He preferred to continue his play and explore the classroom

when we expected all the toddlers to sit down to eat together. He would occasionally want a cracker, but ate mostly pureed foods when he did eat. Otherwise he had infant formula from a bottle. As his teachers, we had two goals for lunchtime—we wanted to help him participate in the routine, to be part of this experience with his peers and learn the ways of the classroom, but more importantly, we wanted him to learn how to eat different foods. A typical lunchtime for the first few months of school went something like this:

> *Returning from the park, I find Antonio on his knees by the shelves, putting the stacking rings on his fingers. I tell him to put the toys away and go to the bathroom to wash his hands. My verbal direction comes with physical guidance, as I take the rings to put back on the shelf and hoist him onto his feet, holding him under the armpits. Immediately his knees buckle and I pull him back up, supporting his weight as I guide him to the bathroom sink. Once there, he's happy to put his hands under the water and feel the soap on his hands. He rushes out of the bathroom and runs around the room smiling. I retrieve him once more and, in similar fashion, direct him to the table to find his seat. Amongst the plates and bowls of various foods for the other children sits Antonio's small yogurt container and a spoon—our best hope for him to eat something at lunch-time. He sits down on his chair, looking around at the other children, content for a moment. We open the yogurt and hold out a scoop, offering him some and encouraging his speech. "Yogurt?" He leans towards the spoon, touching his lips to the yogurt, sits back, licks his lips, makes a face that indicates he doesn't like it, and gets up to leave the table. I stop his body with my hands and turn him back to the table. Now he's angry but he sits down for a moment. It escalates from here, to him screaming, writhing in his chair, sliding onto the floor, trying to get away. I keep redirecting him to the chair, then give up on that and lift him onto my lap, kicking and screaming. Some days he calms and will eat the yogurt I offer while holding him on my lap, other days we end in a draw, both exhausted.*

While every day didn't look like this, most days did—or at least it felt that way. My co-teacher and I agonized over our choices in these moments. Was it appropriate for us to be physically forceful with him? What were we communicating to him through these acts of bodily force? What messages were we sending to the other children as they watched us take power over his body in these moments? We saw him make strides though, which always validated our choices—maybe our intervention was working. If so, then we must be making the right choices, or at least it felt that way several months later when he sat down at the table, asked for yogurt, and fed himself an entire container.

Once Antonio received a diagnosis of autism, he was automatically mandated 20 hours a week of ABA therapy. So along with the intervention practices we were working into our time with him, he became subjected to other, more frequent, and more intense interventions—as was our classroom, the peer community, and our teaching practice. Though it was already seeping into our work with him, the language of autism intervention became a large part of the classroom once we started working with outside therapists. There is a local vernacular of ABA, a way of speaking and being that I slipped back into from my experience in an ABA classroom. The sing-songy language prompts, the forceful repetition of skills, the simplified phrasing all came back too easily once this child was deemed different from his classroom peers.

While the therapy sessions were often relegated to a corner of the room or separated from the classroom, one of the therapists worked alongside us during lunchtime. She was pleased to see what we had done with him so far. Our forceful techniques were, it seems, "ABA-approved." The focus during lunchtime moved from getting him to eat to getting him to speak. The therapist would prompt words like "yogurt," "open," "spoon," and the most-heard phrase, "all done... say, all done." The therapist focused solely on Antonio in these moments, interrupting his fitful attempts to leave the table with incessant prompts for him to verbally indicate his "all done"-ness. While this was happening, we became acutely aware that the other children were tuning into the interactions between Antonio and his therapist, which made us realize they had been tuning into our interactions with him as well.

One day, Antonio's refusal to say "all done" was especially strong. He cried out and tried to get away from the table, and the adults, several times. His therapist, while physically restraining him to remain on his chair, went through a seemingly endless string of requests, "are you all done? ... say all done... all done." After a few minutes of this, two-year old Rickie, who had been watching intently, said loudly, "all done!" and clapped his hands and smiled, congratulating himself on performing this task. A few more rounds from the therapist and three-year-old Sarah called across the table to offer, "Just say, 'all done!'"

After questioning what our actions with Antonio were communicating to the other children, seeing these obvious effects on them intensified our dilemma. How were these practices constituting their idea of who Antonio was? Of who we were? Did watching us work like this with Antonio worry them? Scare them, perhaps? I began to worry that these physical, authoritative practices might be making the other children feel unsafe, and yet I never thought about that for Antonio. We saw the intervention working, we saw him making progress, we saw him begin to speak, to eat—but it just didn't "feel" right. We adults often do things to or for a child with the disclaimer, "I'm doing this for your own good," most often without question. But where is the opportunity for the child to take responsibility for their own good?

**The Committee on Preschool Special Education (CPSE) Meeting**

Our time with Antonio ended with the school year and with a meeting as he transitioned out of early intervention services into the preschool special education system. This meeting is where we came face-to-face with the special education discourse, and I knew from the moment we sat down that his diagnosis determined the type of classroom he would be allocated to—a self-contained, intervention-based model. The connections I had seen him make with peers, his creative use of materials, his joy in free exploration were never part of the conversation. All I heard was that our "kind of school"—child centered, play-based, emergent, all those "best practices" of early childhood for "normal" kids—could never support him.

The CPSE representative offered Antonio's mother a choice of a handful of schools, all of which were specifically for children with disabilities. I was familiar with a few of them, which had very small classrooms, materials primarily meant for skill-and-drill instruction, and little opportunity for self-directed play or learning. In these schools, children spend most of their day one-on-one at a table with an adult working on interventions, such as the worksheets I saw three-year-olds doing at one school.

I felt sad for Antonio in his remaining preschool years, knowing he might not find the joy in play that I had seen him find in our classroom, but at the same time, knowing the system of schooling that he would face in the future, I reluctantly bought into the need for him to be in a special classroom.

**Broadening Discourses of Disability and Inclusion**

There is of course more to this story and more ways of telling it. Our time with Antonio raised questions for our own practice and brought to light the ways we have so habitually accepted the medicalized discourses around autism and other disability diagnoses. Our practice is being unpacked and transformed as a result of what Antonio brought to our classroom, as we fought to see the individual within the diagnosis. Aiming towards equitable practices in our toddler classroom is a never-ending journey of action, reflection, and reconceptualization. Perspectives and stories from inclusive classrooms that confront dominant discourses of disability need to be made more accessible if we hope to address inequities for children diagnosed from early ages and support greater inclusivity in early childhood classrooms. Our work, and that of others (e.g. Recchia & Lee, 2013; Sapon-Shevin, 2007), strives to rewrite the discourses around special education and inclusion, moving towards an understanding of inclusivity that goes well beyond addressing the diagnosis.

Through this work we seek to start a conversation about how teachers negotiate competing discourses and practices around autism in an inclusive early childhood setting. From our experiences, we have come to form a more critical, reflexive perspective in our practice and our understandings of the early childhood field. Practices like using writing as inquiry (Richardson, 2000) can help teachers examine their beliefs around inclusive practices and take teacher reflection to more critical spaces. It is not an easy task, however, to shift perspective and confront the dominant discourses around disability. Ferr and Bacon (2011) remind us that this requires a pragmatic shift in the way teachers see children and their practice. Continuing to focus only on the child and individual differences between students will continue to reproduce the system of inequity in special education. But if we can make that shift to examine our teaching practices and bring them into question, there is great potential for change.

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