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Factors that Contribute to Challenging Behaviors with Early Childhood Students

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**FACTORS THAT CONTRIBUTE TO CHALLENGING BEHAVIORS IN EARLY
CHILDHOOD STUDENTS**

by

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A dissertation submitted to the faculty of Coastal Carolina University in partial fulfillment of the

requirements for the degree of

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in

Education

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Factors that Contribute to Challenging Behaviors in Early Childhood Students

Abstract

There has been an increasing number of students being referred to mental health services due to behavioral problems they exhibit at school. Behavioral and social concerns impede academic success for the individual child as well as their classroom peers. Many factors can contribute to challenging behaviors in early childhood students within rural and high-poverty communities, an elementary school in the South-Atlantic region of the United States is experiencing some of those factors. The purpose of this qualitative research study is to investigate some of the possible factors which contribute to challenging behaviors and how those factors impact academic achievement. The goal is to provide resources to aid educators and parents with suggested solutions. This is a significant topic because it will contribute to education by facilitating improvements and gaining more knowledge of children with behavioral and mental health concerns.

Keywords: mental health, early childhood, behavior concerns, emotional concerns, social concerns, socioeconomic status, teacher preparation, discipline referrals, discipline

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Dedication

This dissertation is dedicated to God, my family, church family, and friends who have encouraged me on this journey. There have been many challenges throughout this process, and I can only thank God for covering me. He provided the support of my colleagues and family to help me stay on track and finish. I am forever grateful for his love shown towards me when I did not have the strength.

I thank my parents, Wilbert and Janice, for raising such a God-fearing woman and instilling in me to never give up on my dreams. Thank you for your constant prayers and love throughout my entire educational career. I appreciate you both for reminding me keep God first and everything else will fall into place. To my siblings, thank you for your prayers, love, and encouragement. To my church families, St. Andrews A.M.E. and Favor Ministries, thank you for your constant prayers and love.

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I am thankful for the students I have touched throughout my educational career. This dissertation is for them, their parents, and my school families.

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Chapter One: Introduction

Overview

Teachers in a K-12 school setting may encounter students who demonstrate discipline problems, but it is common in early childhood students (Webster-Stratton, 2000). The background of the students, their home lifestyle, and their experience in the school-setting are factors that contribute to success or areas of concern. Students' early childhood experiences establish future school success and influence the ability of a child to adapt to the expectations of formal school, including behaviors and academic engagement (Howes et al., 2008; Garner & Waajid, 2008). Early childhood children, more specifically preschool aged children are between the ages of three to five years old (Southern Regional Education Board, 2020). Children misbehave for many different reasons. A child could have experienced life changing events, trauma, or lack of educational experiences.

The behaviors of students can be detrimental to some educators staying in the profession. Public school teachers abandon the profession due to dissatisfaction with teaching as a career, and the primary reason is classroom behavior problems (National Center for Education Statistics, 2002, p. 513). The behavior problems in the classroom become unbearable where the teacher becomes overwhelmed, stressed, and frustrated. Teachers are ultimately in the profession to teach, and it becomes difficult to do so when there are so many disruptive behaviors. Teachers would like to have a structured classroom with the least number of distractions where students can learn and grow in the least restrictive environment (Thompson & Webber, 2010). A structured environment is one where it is conducive for learning. Children can benefit from teaching and learning by having a set schedule, established routines, and procedures.

Research shows that the effects of disruptive behaviors interfere with instruction (Thompson & Webber, 2010). It is necessary to examine the problem of challenging behaviors because strategies provide social and emotional support for children to overcome negative behaviors will help them engage in learning and create conditions which may lead to overall school success (Howes et al., 2008). One student's disruptive behavior can affect their own learning and can interfere with other students' ability to learn and distract the teacher from focusing on the class's academic progress (Thompson & Webber, 2010). Some educators would approve that children with repeated disruptive behaviors in the classroom should be disciplined, so that order prevails, and teaching is enabled. Order in the classroom is when most students are following directions and students are on task. Learning happens with minimal disruption and maximum engagement (Thorsborne & Vinegrad, 2009). Maximum engagement in a classroom is when students are collaborating with peers, the teacher is having small-group instruction, and students are working independently.

Students may receive many discipline referrals when there is misbehavior happening and an administrator or guidance counselor is involved with deescalating the behavior or removing a child from the classroom. When there are consistent discipline referrals being written for a student, the educator may recommend a mental health referral for more assistance and support for the student. Mental health is defined, "as a state of well-being and every individual realizes his or her own potential" (World Health Organization, 2014). A child can receive mental health support from a mental health counselor, if displaying patterns of behavioral problems in school and interventions and strategies implemented were not successful. Childhood mental, behavioral, and developmental disorders (MBDDs) are associated with adverse outcomes that can persist into adulthood (Cree et al., 2018). The goal is to encourage children to become lifelong learners,

so skills taught on the elementary level will be beneficial as adults. If coping skills are taught early, children can learn ways to become advocates for themselves and identify their triggers that may affect their mental health.

Background of the problem

There were over 50,000 suspensions and over 17,000 expulsions for preschool aged children (National Survey of Children's Health, n.d.). Challenging classroom behaviors in early childhood is a concern on the national level. For many reasons, preschool and kindergarten students are being suspended or expelled from both private and public schools (National Survey of Children's Health, n.d.). Students are suffering emotionally due to traumatic experiences in their homes and communities. Some of those traumatic experiences are divorce, shootings in their neighborhoods, and family members becoming extremely ill. Some students tend to act inappropriately due to the lack of attention or wanting more attention to help ease the internal and external pain felt.

Challenging behaviors affect administrators, guidance counselors, teachers, and parents tremendously. There are many strategies and interventions educators have tried to make learning successful for all students. Teaching a child how to make a better choice, whether responding to their friend or reacting to a strong emotion, is key because their experience is limited (Croft, 2021). Students can have a negative mood towards completing a task independently and actively participating with their peers. A strategy that could assist with a student's mood is giving them breaks throughout the day to keep their sensory system in a better balance and prevent complaints (Croft, 2021).

Students with high energy and activity levels would work better if there were opportunities to blend high interest into other areas of programming (Croft, 2021). The behaviors

of children can have a long impact on them personally and throughout their educational journey if the educator is unable to find ways to help them focus on their specific need and start there. Every child is not the same; however, the strategies and interventions in place can help them become successful.

The South Carolina Department of Education has worked to create pathways for student success academically, behaviorally, socially and emotionally. In comparison to other states, the discipline report shared in 2005 showed that Connecticut's numbers of expulsions on the preschool state-funded level were significant. The state invested in increasing early childhood mental health consultation (William et al., 2016). The report showed that students were suspended at least once, and the numbers were reported from public and private schools (National Survey of Children's Health, n.d.). The concern surrounding the behaviors of early childhood students has impacted local, state, and national school entities. Early childhood education is an integral part of students' foundation in learning and knowing what is expected from them in a school setting. This setting is an intervention all because students are not required to attend school in a preschool environment. In South Carolina, students are required to attend school at the age of five, and parents have the right to waive participation if desired.

Child Development

When a child reaches developmental and emotional milestones, they are considered as being mentally healthy and able to learn healthy social skills to cope when there are problems. (U.S. Department of Health & Human Services, 2021). Some students may have undiagnosed conditions such as attention-deficit hyperactivity disorder (ADHD), Oppositional Defiant Disorder (ODD), Conduct Disorder, anxiety, and other behavior disorders (Poulou, 2015; U.S. Department of Health & Human Services, 2021). Attention-deficit hyperactivity disorder

(ADHD) is one of the most common neurodevelopmental disorders of childhood, and it is usually first diagnosed in childhood and can last into adulthood (American Psychological Association, 2021). Children with ADHD may have trouble controlling impulsive behaviors, paying attention, and staying focused (American Psychological Association, 2021). Conduct disorder (CD) defined by the U.S. Department of Health & Human Services (2021) is when children exhibit ongoing patterns of aggression toward others and violate rules and social norms at home, in school, and with peers. Oppositional defiant disorder (ODD) is communicated as a child who acts out persistently at home, school, or with peers, and they are more likely to act defiant around people they know well (U.S. Department of Health & Human Services, 2021).

According to the Centers for Disease Control and Prevention (CDC), mental disorders are serious conditions which could influence the way children learn, behave, or handle their emotions (2021). The American Psychiatric Association's Manual defines anxiety in children when there are so many fears and worries that they interfere with school, home, or play activities (2021). Those types of anxiety could be, but not limited to, separation anxiety, phobias, social anxiety, general anxiety, or panic disorder (American Psychological Association, 2021). Depression is defined as occasionally being sad or feeling hopelessness (American Psychological Association, 2021). Some common behaviors of depression are no desire to engage in anything enjoyable, change in sleep patterns, change in energy, and a hard time paying attention (American Psychological Association, 2021). Depression affects all children differently, and extreme depression can lead to traumatic experiences. Extreme depression can lead a child to think about suicide or plan for suicide (Cleveland Clinic, 2021). These patterns of depression can continue throughout their youth. For youth ages 10-24 years old, suicide is among the leading cause of death" (American Psychological Association, 2021). Unfortunately, depression has the

potential to have a child make trouble or act unmotivated and incorrectly labeled as a troublemaker or lazy (American Psychological Association, 2021). Knowing the warning signs of students who may need medical attention is important. Noticing the behaviors of children is our responsibility. Educators and parents have a responsibility to make sure children are mentally healthy to achieve overall success.

Effective classroom management helps with the normal operations in the class. An effective classroom management system refers to the way a teacher organizes their students, space, time, and materials so that learning can take place (Wong & Wong, 1997). Having an effective classroom management system may not fix the problem of all disruptive behaviors. More assistance from administrators and guidance counselors may be needed. Children in rural areas are at a greater disadvantage to receive services due to limited availability of qualified mental health counselors (Moon et al., 2017). Some parents are also unable to schedule their children to appointments to seek care. Educators are a group of people who provide early prevention and interventions in school.

The Teaching Pyramid Model is a resource used to address the social-emotional development and behavior of all children (Oklahoma Department of Education, 2021). The Teaching Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's health, social, and emotional development (Oklahoma Department of Education, 2021). The first two levels are universal levels. The third level is targeted social emotional support. The support may include, but not limited to time with a guidance counselor, small group sessions, a check-in or check-out process (Center of PBIS, 2021). The fourth level is intensive individual intervention. Intensive individual intervention includes, but not limited to, one-to-one support, assessment based, and durable practices (State of South Carolina Department

of Education Office of Early Learning and Literacy, 2021). The model is like Positive Behavior and Intervention Supports (PBIS), and it also places a heavy emphasis on social-emotional behavior (Oklahoma Department of Education, 2021). The PBIS program is designed to improve, “social, emotional and academic outcomes for all students, including students with disabilities and students from underrepresented groups” (OSEP Technical Assistance Center on Positive Behavioral Interventions & Supports, 2019). A discipline behavior report can be printed to show students with referrals and other specifics. Both the Teaching Pyramid Model and Positive Behavior and Intervention Supports are ways educators focus on behaviors to ensure the appropriate behaviors are celebrated in class and unwarranted behaviors are being redirected.

There is an increasing awareness among educators, researchers, and policymakers that many young children are beginning their school experiences without the requisite emotional, social, behavioral, and academic skills that will be necessary for success (Fox et.al., 2002). Screening takes place with a mental health counselor if a child needs further emotional and social assistance. If the child qualifies for mental health services, the student is added to a list of students being served by a provider.

The mental health population is increasing in elementary schools (NAMI, 2021). According to NAMI (2021), it was reported that one in six students aged 6-17 years old experience a mental health disorder each year, and half of the mental health conditions begin at age 14. Evidence shows that administrators need to provide support for classroom teachers and parents (NAMI, 2021). With proper support, children will be able to use the strategies provided and decrease unwanted or undesired behaviors in other grades (NAMI, 2021).

Interventions

Behavioral and mental health interventions are specific strategies given to the student, teacher, or parent on ways to help the student cope with trauma, stress, emotional concerns, aggressive behavior, etc. Early behavioral and mental health intervention are ways for children to find success academically and socially; however, some families may find it difficult to access interventions in place at home (Fox, Dunlap, & Powell, 2002). Therefore, implementing an effective behavior system requires the involvement of all parties involved (Fox, Dunlap, & Powell, 2002). In the 2018-2019 school year, Drier Elementary School (DES) had 399 major referrals and 496 minor referrals. In 2019-2020 school year, DES had 369 major referrals and 305 minor discipline slips. The 2020-2021 school year, DES data shows 132 major referrals, and 94 minor referrals. The 2021-2022 school year had 321 referrals and 265 minor referrals. The 2022-2023 school year, DES data reflected 811 major and 456 minor referrals. Table 1 shows kindergarten referrals at Drier Elementary School. Each year the kindergarten referrals continue to increase.

Table 1

Number of Kindergarten Referrals by Year

Years	Minor	Major
2018-2019	28	28
2019-2020	30	56
2020-2021	9	12
2021-2022	42	79
2022-2023	68	141

Interventions Which Impact Improvement of Challenging Behaviors

There are some interventions and successful strategies designed to assist children in early childhood, so they can overcome obstacles of problematic challenging behaviors. These strategies involve using praise, planned-ignoring, and teaching and enforcing classroom rules and expectations (Hester, Hendrickson, & Gable, 2009). Using praise in the classroom is giving an affirmation to a student about good choices being made. As defined by Hester et al. (2009), praise is a verbal statement that follows a target behavior (p. 515). The student is following the procedures and expectations set in the classroom. Planned-ignoring is limiting how often a teacher gives attention to a problem or behavior in the class. The student will notice that their undesired behavior is not gaining them additional attention from the teacher. When planned-ignoring is used correctly, it can assist the child in discriminating between appropriate and inappropriate behavior (Hester, Hendrickson, & Gable, 2009, p. 522). Reteaching and enforcing the classroom rules daily helps keep students on track with what is expected from their teacher. Teaching and enforcing classroom rules and expectations should be modeled and systematically taught to children (Hester, Hendrickson, & Gable, 2009, p. 526). These interventions take time, consistency, and used with fidelity. Teachers would want to make sure they are trying classroom interventions for the specific child and not for the specific scenario in the class. Every child responds to interventions in a different manner, so trial and error will be paramount in noticing improvements with inappropriate behaviors.

Students with emotional and behavioral disorders (EBDs) experience negative outcomes (McKenna, Flower, Falcomata, Adamson, 2015) in school such as grade retention, referral to intervention or special education, and long-term educational and societal consequences (McGuire & Meadan, 2020). According to Georgia Department of Education (2021), an

emotional and behavioral disorder is an emotional disability where a child's difficulty to learn is emotionally based and not explained by intellectual, cultural, or general health factors. A functional behavioral assessment (FBA) can be used to identify individual interventions (McKenna et al., 2015). A FBA is a process used to help schools identify causes of challenging behaviors.

Positive Behavior Interventions & Supports (PBIS) Model

The Positive Behavior Interventions & Supports (PBIS) Model provides consequences and has Tier I, Tier II, and Tier III interventions to provide behavior support (Center on PBIS, 2021). Tier I interventions are universal interventions, Tier II is intended for a targeted group of students, and Tier III is an intensive intervention with a specific group of students (Center on PBIS, 2021). The tertiary level prevention is the area of most concern because the intervention must be specialized and individualized. The tertiary level is also called as the intensive intervention (Center on PBIS, 2021). When schools, parents, and teachers work collaboratively to achieve a common goal, students will perform better (Center on PBIS, 2021).

The PBIS model provides consequences and encourages positive behaviors with children. One of the goals is to make sure students know it is important to display good behavior and rewards will be given to a child for those choices. When negative behaviors do happen, an intervention will happen with the student. Those interventions can be, but are not limited to a behavior chart, check-in/check-out system, or reflection time. The student will have a behavior chart to focus on a specific behavior to change. The student will have goals and a reward to work towards if the goal is met. The behavior chart is shared between the teacher and parent. It is encouraged for parents to reward students at home when the goal is met at school. It fosters the home-school relationship with the student. The check-in/check-out system is when an adult

checks-in with the student at the beginning of the day to review their goals. The check-out system is when the student talks with an adult about the mastery or not mastered of the goal for the specific day. Reflection time is when the student is given reflection questions to write a response or draw a response depending on the grade level.

Intervention Plan

Challenging behaviors may arise in a class where the next steps are deemed appropriate for a child to be successful. Those next steps would be using an intervention in place to assist with the unwarranted behaviors. When intensive interventions are provided to students, those interventions can be, but are not limited to, referral to seek a school counselor, mental health counselor, or create a behavior intervention plan (SCMTSS, 2019). An intervention plan can identify and address the learning needs of all students (SCMTSS, 2019). The intervention practices between home and school must be clear and consistent (SCMTSS, 2019). When the intervention plans and practices are not clear and concise, it makes communicating the need for the child disconnected. The communication between parents and families on their child's academic and behavior progress should be at least two to three times a week, so families can become active participants in the school's educational efforts (SCMTSS, 2019). The more communication that happens with parents and the appropriate people involved, it can yield a better home and school connection.

All students may receive services in any tier given their academic and behavioral needs.

It is possible for a student to be in a tier for one academic area and not another. Similarly, a student may receive additional supports for social/emotional and/or behavioral needs and not in academics. (SCMTSS, 2019, p. 9)

Tier I is the foundation of a tiered instructional delivery model and is provided to all students in the school (SCMTSS, 2019). Tier I strategies should assist between 80-90 percent of students meeting grade-level standards and behavioral expectations (SCMTSS, 2019). Teachers should deliver research-based differentiated instruction with fidelity (SCMTSS, 2019). Teachers play a major role in Tier I intervention. This type of instruction happens often in the whole group setting. In whole group instruction, the teacher is presenting content to the entire class in a collaborative manner. The teacher can conduct informal assessments while teaching to see where students' progress falls – meet, approaching, or exceeding.

If a significant number of students do not succeed with quality instruction, the staff examines all variables to strengthen Tier I (SCMTSS, 2019, p.16). Tier I instructional and behavior programs should be implemented and evaluated so majority of the students are successful. (SCMTSS, 2019)

Tier II intervention is data informed, supports core instruction, delivered in small group or in a one-on-one setting (SCMTSS, 2019, p. 6). The teacher will be able to identify the student's needs at a closer level when working with them one-on-one. In the small groups, the teacher can group students' academic levels to assist the teacher work on their strengths and areas of improvement. Research and evidence-based small group intervention is provided for students who are not meeting grade-level academic and behavior expectations (SCMTSS, 2019). Collaboration is increased with stakeholders such as parents, teachers, instructional leaders, and interventionists (SCMTSS, 2019). Tier II intervention supports approximately 15 percent of students (SCMTSS, 2019). Progress monitoring occurs more often in Tier II to help teachers facilitate data-based adjustments (SCMTSS, 2019).

“Tier III intervention provides research-supported, individualized, intensive instructional intervention, and more frequent progress monitoring for students not responding to Tier II interventions” (SCMTSS, 2019, p. 16). Two to five percent of students will be placed in Tier III interventions (SCMTSS, 2019). Tier III interventions are not necessarily special education; however, if a disability is suspected, school staff must inform parents of their procedural safeguards and an evaluation planning meeting is formed to determine if the student meets special education eligibility (SCMTSS, 2019). Students may receive services in any given tier at any time (SCMTSS, 2019).

An alternative strategy is for early childhood teachers to take time to work with families to receive interventions which can be utilized at home and at school. Teachers’ diverse class population is not just cultural, but also students have varying behavior and emotional skills (Hester et al., 2004). Teachers who can include struggling children in a more socially inclusive classroom environment helps promote positivity and opportunities to be successful (McGuire & Meadan, 2020). It would be helpful for early-childhood teachers to receive more support at the beginning of the year on how to manage students with challenging behaviors. This is a constant trend in earlier elementary grades. Teachers and parents are unsure how to deal with such challenging behaviors at such an early age, and there are few intervention programs and suggestions that directly address the concerns facing our preschool and elementary-aged students (Conroy & Davis, 2000). Children in preschool and early elementary grades can sometimes engage in persistent challenging behaviors (PCBs) (McGuire & Meadan, 2020). Persistent challenging behaviors (PCBs) can result from lack of school readiness and/or having social-emotional delays (Bettencourt et al., 2018; Crane et al., 2013; Montes et al., 2012).

Children are moving into Tier III interventions and during those interventions some children are being referred services from a mental health counselor. Mental health has become a sensitive and growing topic over the past 10 years in our country. Mental health is defined as a state of well-being and every individual realizes his or her own potential (World Health Organization, 2014). Children are constantly being identified as having mental health concerns or issues due to constant behavioral problems in the schools. Childhood mental, behavioral, and developmental disorders (MBDDs) are associated with adverse outcomes that can persist into adulthood (Cree et al., 2018). An educator on the elementary level, would consider this statement vital in ensuring students have what is needed to be successful. Educators encourage students to become lifelong learners, so the skills taught could aid students as they matriculate through school. The goal is to help students learn problem solving strategies and assist teachers with ways to deescalate behaviors on the elementary level. If taught early, children can learn ways to become advocates for themselves and identify their triggers (Sanchez, 2021). Behavioral issues are rooted in social conflict (Sanchez, 2021). Encouraging and teaching students how to lower their defenses provide opportunities for them to connect with other students (Sanchez, 2021). Social skills will impact them for a lifetime (Sanchez, 2021).

Since concerns begin in childhood, it would help educators if administrators could focus on strategies and interventions to assist teachers in the classroom with challenging behaviors. As a school building administrator, teachers are not aware of how to handle certain behaviors. This in return causes teachers to burnout and have the desire to leave the profession (National Center for Education Statistics, 2002).

The purpose of the study is to investigate what factors contribute to the increased population of challenging behaviors in early childhood students within rural and high-poverty

communities. The study examines some contributing factors and if those factors are linked to the increased mental health referrals in the elementary school setting. The study will identify some steps educators and parents can take to assist our students to be successful lifelong learners.

Evidence-Based Practice

There are times when teachers and parents need support with their early childhood student's behavior. The Center for Evidence-Based Practice: Young Children with Challenging Behavior (2006) provided eight practical tips for parents and these same tips can be applied in the classroom with teachers. The suggestion is to establish and maintain expectations and know the child's abilities and limitations. Educators and parents should not expect too much or too little because do so can lead to problems and frustrations. Planning and anticipating what children may do or need in various situations allows parents to be proactive. Clearly stating the expectations in advance eliminates undesired behavior. Students may display undesirable behavior because the student cannot act differently and other times the student does not want to act differently. Adults should offer limited, reasonable choices. Most students do not have the ability to make decisions, and adults will need to provide support and practice until they are able to do so on their own. Using if, then contingency statements are beneficial so students know what must be done to earn a desired consequence (Center for Evidence-Based Practice: Young Children with Challenging Behavior, 2006).

Encouraging adults to witness positive behaviors is a helpful tip. Focusing on specific and giving positive attention to the desired behavior teaches the child what is expected and will increase the likelihood of the desired behavior. Parents have a choice on how to respond (Center for Evidence-Based Practice: Young Children with Challenging Behavior, 2006). The option is either to respond to the undesired behavior or ignore it. Modeling the desired behavior is an

important part of this step. When parents remain calm, the child will learn appropriate ways to respond in difficult situations. The final recommendation mentions using neutral time when appropriate. It is important to discuss behavior challenges when everyone is calm enough to think, talk, and listen. These research-based strategies can be used at home and implemented with fidelity at school (Center for Evidence-Based Practice: Young Children with Challenging Behavior, 2006).

Poverty, Discipline, and Education

Students living in poverty may be insecure about the necessities, living in unsafe conditions, untreated health conditions, or a parent in jail (Sanchez, 2021). The goal is to have students' basic needs met, so they can achieve optimum level in school (Hopper, 2021). In reference to Maslow's Hierarchy of Needs, it becomes difficult for a student to reach the highest level- desire to become the most that one can be" (Hopper, 2021). Educators must be conscious of using compassionate discipline with students in poverty (Sanchez, 2021). According to Sanchez (2021), research shows living in poverty can produce changes in the human brain. The stresses of living in poverty often cause a loss in the prefrontal cortex, which plays a role in complex cognitive tasks, social behavior, and decision-making (Sanchez, 2021). Living in poverty is related to the drop in brain white matter, which lowers communication between the cortex and the amygdala and resulting in self-control (Sanchez, 2021; Javanbakht et.al., 2015). The development of the prefrontal cortex is an extended process and environmental and experimental factors can contribute to brain white matter (Sanchez, 2021). If a child has less self-control, then they may display unwanted behaviors in the classroom with peers and other adults.

It will be difficult for a child to stay focused on academics when there are behavior concerns that could have transpired from home-life situations (Edmentum, 2020). However, the

goal is to assist students early. Early intervention has been an ongoing concern. Andrew Carnegie along with the Carnegie Task Force on Learning in the Primary Grades examined all the forces which contribute to children's learning and development during the age span from three to 10 (Carnegie Corporation, 1996). It was discovered many students are not being exposed to quality early childcare and education (Carnegie Corporation, 1996). Kindergarten students who have a difficult time performing at the same rate as their peers also fall in the category of "low-income families and children of diverse cultural, linguistic, and racial backgrounds" (Carnegie Corporation, 1996, p. 2). It is not solely the school's responsibility for students' success (Carnegie Corporation, 1996). "Families and communities, preschools, after-school programs", ... and summer school enrichment programs all have a profound impact on children's learning ... "well before they enter the classroom" (Carnegie Corporation, 1996). When children begin school for the first-time without needed preparation and show signs of any deficiencies, they may be referred to Tier III interventions which could lead to a mental health counselor, guidance counselor, or special education services (SCMTSS, 2019).

Some examples of common kindergarten behaviors are crying, throwing temper tantrums, fighting, whining, spitting, urinating, and screaming which can interfere with school success (Kauffman & Landrum, 2009). Those behaviors are expected of early childhood students. However, the intensity and rate of these behaviors determine rather it is a behavioral concern or classified as an emotional or behavioral disorder (Kauffman & Landrum, 2009). When the intensity and the rate of the behavior increases, then those behaviors become a concern in the classroom.

Problem Statement

The research problem investigated is a concern in schools, especially in the early childhood grades (Christakis, 2016). The researcher would like to discover what has caused the representation of more elementary students in the mental health population in schools. The concerns are both at home and school. Due to the constant discipline referrals, many mental health referrals have been given to mental health counselors. A piece of advice that has been given to parents about their child's behavior concerns is for parents to communicate with their child's doctor about concerns at school and at home. However, Cree et al. (2018) mentioned children living in lower-income households are less likely to have income to visit a health provider compared to children living in higher-income households. This study will add to the school system, homes, and churches. This study will help enlighten teachers on what is happening in the schools in which they serve.

Nature of the Study

A qualitative research study will be conducted to understand what factors contribute to the state of kindergarten students' challenging behaviors in school. The purpose of the study is to determine how the repeated behaviors in kindergarten students suggest a mental health referral or added school interventions for the student.

The following research questions are examined for this study:

Research questions

Central question: What is the state of kindergarten students' mental health in school according to educators?

Related question 1: What do educators perceive the connection between challenging behaviors and mental health referrals in kindergarten students?

Related question 2: How are students' mental health supported?

Significance of the Study

This is a significant topic for the field of early childhood education. This topic will contribute to educators and help them understand children with challenging behaviors and how to best support students. It is difficult for teachers to fulfill academic needs of children, if the behavioral and emotional needs are not met. Nationally, discipline referrals for the early childhood population are increasing in a rapid rate. More specifically, in the kindergarten population. When students are not receiving the support needed on an emotional, social, and behavioral level, that impedes their quality of education and can result in discipline referral or mental health referral. “The experiences of suspension and expulsion are stressful and negative experiences that can potentially influence adverse outcomes across later child development, health, and education” (Stegelin, 2018). The research conducted in the study analyzes teacher preparedness to challenging behaviors and factors that may contribute to early childhood students being represented in the mental health population.

This study on challenging behaviors in early childhood is important on the national, state, and local levels in education. The high suspension and expulsion rates in the early childhood programs have made it difficult for educators to meet students’ needs (Meek & Gilliam, 2016). This study is focused on kindergarten students, and the researcher can determine that some behavior concerns started in preschool before starting in kindergarten. Preschool is defined as a funded program which provides care and educational activities for children ages three to five (Southern Regional Education Board, 2015).

Nationally, school districts are working on addressing the disproportion of disciplinary actions in early childhood (Hemmeter et al., 2021). The state of Illinois was one of the first states to reform their school discipline (Fenning & Johnson, 2016). It requires school districts to limit

unnecessary out-of-school suspensions, expulsions, and disciplinary transfers to alternative schools (Hemmeter et al., 2021). Suspensions can do what the intent is set out to do by reminding students of the desired behavior and keep students and staff members safe (Chin et al., 2012). However, some children view suspensions as a reward than a negative consequence (Chin et al., 2012). Suspensions are seen as a reinforcer and a day of relaxation (Chin et al., 2012). Home environments also play a major role in how students behave at school (Chin et al., 2012).

The COVID-19 pandemic, swept across the nation and more children and adults are dealing with more mental health concerns now more than ever (Palmer, 2021). Behavioral health issues have affected not only the K-12 school system, but also other institutions worldwide in every area considered (Suicide Prevention Resource Center, 2021). Behavioral health is “the scientific study of the emotions, behaviors and biology relating to a person’s mental well-being, their ability to function in everyday life and their concept of self” (Array Behavioral Care, 2021).

Operational Definitions

This section provided terms which are necessary for understanding the purpose of the research.

Mental health: Mental health is defined as a state of well-being and every individual realizes his or her own potential. They can cope with the normal stresses of life and make a contribution to society (World Health Organization, 2014).

Challenging behaviors: In elementary school, the most frequent behaviors were fighting, defiance, disruption, and harassment (Alter, Walker, & Landers, 2013).

Kindergarten: “Kindergarten provides your child with an opportunity to learn and practice the essential social, emotional, problem-solving, and study skills that he will use throughout his schooling” (Scholastic Parents Staff, 2019).

Private Preschool: “Programs that provide care and educational activities for children ages three to five. They receive funding from private sources, generally tuition and operate for three to four hours per day, from two to five days a week” (Southern Regional Education Board, 2015).

Private prekindergarten (pre-K): “Programs generally designed to provide children who are ages three to five with early education experiences that prepare them for school. Programs receive funding from private sources, generally tuition” (Southern Regional Education Board, 2015).

Public preschool: “Publicly funded programs that provide care and educational activities for children ages three to five. Normally, these programs operate for three to four hours per day, two to five days a week” (Southern Regional Education Board, 2015).

Preschool: On June 11, 2014, Governor Nikki Haley signed Act 284 (Read to Succeed); section 2 of that act codified the Child Early Reading and Development Education Program (CERDEP). Section 59 156 110 states, “There is created the South Carolina Child Early Reading Development and Education Program which is a full day, four-year old kindergarten program for at risk children which must be made available to qualified children in all public school districts within the State” (CERDEP, 2019).

Public prekindergarten (pre-K): “Programs that are funded through state budget appropriations to a state agency (usually the state education department) to administer a defined program to be operated by school districts directly or by other entities in communities. 1 These programs are designed for children who are ages 3 to 5, generally to provide them with early education experiences that prepare them for school” (Southern Regional Education Board, 2015).

Early childhood: “The period from birth through age eight during which children grow, learn, and develop more rapidly than at any other time in their lives” (Southern Regional Education Board, 2015).

Socioeconomic status: “Socioeconomic status is the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation.” (American Psychological Association, 2021).

Low socioeconomic status: “Low socioeconomic status and its correlates, such as lower educational achievement, poverty and poor health, ultimately affect our society (American Psychological Association, 2021).

Title I: A Title I school is a school receiving federal funds for students. (USLegal, 2016). “Title 1 is the largest federally funded educational program”, and it can be used to support reading and math (USLegal, 2016).

Behavioral health: Behavioral health is “the scientific study of the emotions, behaviors and biology relating to a person’s mental well-being, their ability to function in everyday life and their concept of self” (Array Behavioral Care, 2021).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions were made by the researcher that students in low-income school areas have more behavioral and academic concerns. The study assumes those schools may not have adequate support and interventions in place due to the lack of funding and access to health care. The study also indicates students who have not had experience in school before kindergarten have increased behavioral concerns in the classroom. The researcher also suggests that students who have challenging behaviors lack support at home.

Limitations

Some limitations to this research study are the experience of the educators and understanding mental health concerns or needs. The research will be conducted at Title I schools. Title I is the largest federal aid program for our nation's schools (USLegal, 2016). The students' need at the schools may vary from neighboring school districts. Schools may limit the amount of information and access provided. If there are no behavioral concerns in the classroom, then the study will not be able to continue. For the study to continue, the kindergarten teachers should respond openly and share valid information.

Delimitations

The concern brought forth in this study has been an ongoing problem nationally and across the state of South Carolina. Teachers are willing to work with administrators and mental health counselors to find solutions. Not one child performs or behaves exactly like the next child. However, every child knows what it means to be in a safe place and in a peaceful setting while learning. A famous quote from Ignacio Estrada says, "If a child can't learn the way we teach, maybe we should teach the way they learn."

Conclusion

Students entering school for the first-time in kindergarten is a major adjustment for parents and teachers. Challenging behaviors may arise which result in multiple discipline referrals. Teachers, parents, and administrators discuss concerns with the student to identify solutions to help the child be successful at school and at home with handling the challenging behaviors. If screening is needed for mental health, a mental health counselor will complete necessary steps.

“Mental health screenings in schools allow staff to identify mental health conditions early and connect students with help. School staff should be able to recognize warning signs. They should also be trained to work with the community mental health system and discuss mental health concerns with families” (NAMI, 2019).

The mental health population is increasing in elementary schools. Evidence shows educators need to provide support for the classroom teacher and parents. With proper support, such as interventions and other behavior incentives children may have an opportunity to adjust and excel, not spiral in higher grades. The main goal is to make sure educators are aware of the increased behavior concerns and make sure the appropriate resources are in place to help students. The literature review will disclose additional information that will be helpful in addressing behaviors, behavior concerns, and successful interventions.

Chapter Two: Literature Review

Introduction

Discipline problems are common in the early childhood years (Webster-Stratton, 2000). When looking at discipline problems, they have affected the classroom environment. The most prevalent behavior concerns which are occurring in classrooms will be highlighted in the review of literature. The expectation is for families to receive interventions that can be employed at home and interventions educators can practice in schools to ensure students ages four to six, who are experiencing certain disorders, are successful.

Before the review of literature was determined, the researcher identified the search procedures utilized in approaching the literature. The researcher generated a list of search terms to access in assisting with finding related literature. The terms connected concerns with students and challenging behaviors. There were searches with challenging behaviors and elementary students, and challenging behaviors in early childhood students.

The specific review of literature targets research which describes general early childhood behavior concerns experienced by early childhood teachers. Certain behaviors are expected of young-aged students. However, the intensity and rate of these behaviors determine rather it is a behavioral concern or classified as an emotional or behavioral disorder (Kauffman & Landrum, 2009). When the intensity and the rate of the behavior increases, then those behaviors become a concern in the classroom.

The literature review serves as an overview of the common emotional and behavioral disorders common in early childhood aged children. Attention deficit hyperactivity disorder (ADHD) (Gnoulati, 2013), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD) are common behavioral diagnosis in preschool (Poulou, 2013). ODD is a condition that is present

in a child who has frequent and persistent patterns of anger, arguing, or defiant behavior toward authority figures (Mayo Foundation for Medical Education and Research, 2019). A conduct disorder is considered a repetitive and persistent pattern of behavior in children and adolescents where the rights of others or social rules are violated (Mental Health America, 2019). With many of these conditions, there are steps teachers can take in the classroom.

The history of challenging behaviors in the school system are discussed to shed light on the current issues faced in the school setting. Treatments and interventions can assist some of the behaviors and help students have success at school. Some other concerns stem from trauma and other home concerns. Young children are vulnerable to experiencing adverse outcomes as they undergo a rapid developmental period. They depend primarily on their caregivers for emotional and physical support (De Young et al., 2011). Children are most vulnerable to events that create stress and fear (Kohlboeck et al., 2023). Children who have experienced certain traumatic events will reenact those behaviors through their playtime (De Young et al., 2011). During the COVID-19 pandemic, most children's lifestyles were interrupted and dealt with loss of relationships and social interactions (Kohlboeck et al., 2023). Some children were unable to understand how the world around them was shifting. Trauma may interfere with a child's ability to accomplish developmental tasks (De Young et al., 2011). Some children are exposed to trauma from abuse, violence, or death of a loved one (Gardner and Stephens-Pisecco, 2019). Children may have difficulties with their emotions and knowing how to regulate their physical behaviors as well.

There have been successful strategies and interventions used for preschoolers, early elementary and special education students ages four to six include, but are not limited to, praise, planned ignoring, and enforcing classroom rules (Hester, Hendrickson, & Gable, 2009). It is highly suggested that teachers are introduced and properly trained on potential strategies to assist

students with emotional and behavioral disorders (Hester, Hendrickson, & Gable, 2009). Educators will be able to use strategies as proactive steps to students who misbehave. These strategies and interventions may help students; however, further assistance may be needed from mental health counselors or pediatricians.

Educators try to assist their students to the best of their ability. Unfortunately, teachers face many challenges of educating a diverse population of students. There were many researchers who contributed to the literature review. The main researchers associated in this literature review are Hester, Hendrickson, and Gable (2009); Poulou (2013), and Wester-Stratton (1997 & 2000).

Search Description

The sources used to compile this review of literature are Coastal Carolina University's library catalog and the public library. The researcher located books in the stacks related to emotional and behavioral disorders and challenging behaviors. The databases used were Academic Search Premier, JSTOR, ERIC and PsycINFO. The terms used in search were behavioral concerns, early childhood, interventions, best practices, classroom management, emotional and behavioral disorders, and common behavior concerns in preschool and kindergarten.

Review of Research

Behavioral Concerns

Effective classroom management is a very important skill for teachers from Head Start to the university level (Kamarulzaman & Siew, 2015). When students are walking around the room and refusing to submit an assignment, making noises, and pushing and hitting one another, students' behaviors are considered an uncommon distraction (Kamarulzaman & Siew, 2015).

The teacher must be skillful in classroom management when those behaviors arise to make sure learning is occurring in the classroom and the behavior weakens (Kamarulzaman & Siew, 2015).

However, adjusting classroom management may not be the remedy to all problems. Since children may not be diagnosed or identified for a mental illness by a healthcare provider, educators are able to provide early preventions and interventions in schools (Moon et al., 2017). Allowing those parameters to be in place, behavior problems are reduced (Moon et al., 2017). During the early stages of school, it is difficult to determine if the behavioral concern is related to a mental illness, lack of classroom management skills, or the effects of school readiness.

Emotional and Behavioral Disorders

“Disruptive behaviors such as high levels of noncompliance and aggression are identifiable as early as the preschool years” (Poulou, 2015, p. 227). However, it is also hard to identify disruptive behaviors in preschool because some students are unable to communicate their emotions or adults’ inability to notice emotional difficulty as worrying (Poulou, 2015). Meagher et al. (2009) and Pianta and Caldwell (1990) argue externalizing behaviors are more stable internalizing behaviors. Slemming et al. (2010) found students in preschool with anxiousness and aggressive behavior would later have emotional difficulties at a later age.

Early Intervention

The early childhood education field has been rich with data on the impact of children. The Head Start and Pre-K programs have been effective through many evaluations. Students randomly selected who were exposed to early intervention programs scored at a higher skill level compared to children who did not attend kindergarten (Watts et al., 2023). The students’ academic skills are farther than their peers. When it comes to behavior, research shows that problem behaviors are associated with weaker responses to effective early literacy intervention

(Al Otaiba & Fuchs, 2002; Lam & McMaster, 2014; Nelson, Benner, & Gonzalez, 2003).

Morgan and researchers (2008) shared reading problems can make reading boring, frustrating, which could lead to off-task behavior, anxiety, and disruptive behavior or aggression. Reading and behavior problems could be linked. The attended programs may not have the resources or proper training to teach students necessary social skills.

Strategies and Interventions

If childhood behavior disorders are becoming more common than uncommon, then educators and parents could properly assist students in how to control some of their impulsive behaviors. Even though parents and educators may notice behaviors in a child, “a pediatrician is the professional who is most likely to be consulted when a child is suspected of having ADHD” (Gnaulti, 2013, p. 4). Evidence indicates teaching parents new parenting skills tailored to the child’s needs is a successful intervention (Poulou, 2015). Bayer et al. (2008) states training programs should provide parents with reducing stress and negative parenting practices. Primary interventions involving all students focuses on eliminating learning and behavioral concerns (Lane et al., 2002). Some of those examples include school-wide social-skills, literacy, and discipline programs (Lane, et al., 2002). Including these universal interventions school-wide, about 80% of the school populations will benefit from them (Lane et al., 2002). Teachers who work with children who have behavioral and learning challenges may want to have a more intensive and individualized approach to professional development (Conroy et al., 2014). Teachers may have an overall approach for classroom management strategies and practices; however, they may not have individualized practices for specific children (Hemmeter, Corso & Cheatham, 2006).

The Teaching Pyramid model is a resource to address the social-emotional development and behavior of all children (Fox et al., 2003).

According to Hemmeter et al. (2008), the four levels are:

- (a) building relationships with children, families, and colleagues;
- (b) designing supportive environments;
- (c) social-emotional teaching strategies;
- (d) individualized interventions for children with persistent challenging behavior”

Letters a and b are the universal levels. The secondary level is letter c, and the tertiary level is letter d (Hemmeter et al., 2008).

Some other areas of strategies and interventions are praise, planned ignoring, and classroom rules (Hester et al., 2009). Praise is a verbal statement which provides positive feedback to the student from the teacher, encourage and support the targeted behavior (Hester et al., 2009). When applied correctly and well-timed, the targeted behavior will be strengthened (Hester et al., 2009). Classes who experienced more intentional targeted praise, the ratio of reprimands were lower (Sutherland & Wehby, 2001). When students receive more praise, there are fewer opportunities for behavioral problems to occur.

“Planned ignoring, used correctly, can assist the child in discriminating between appropriate and inappropriate behavior” (Hester et al., 2009, p. 522). The teacher must model appropriate alternative behavior for children (Hester et al., 2009). The teacher should specifically describe the desired and undesired behavior, so the child will know which one is acceptable (Hester et al., 2009).

Hester et al. (2009) states:

To ensure that the connection between the negative target behavior and teacher ignoring is clear to the child, planned ignoring should occur immediately upon the occurrence of the behavior that the teacher plans to ignore. Thus, a general rule for the teacher is to be quick to ignore inappropriate behavior and quick to praise the desired replacement behavior. (p. 523)

The teacher could successfully use these strategies if executed properly. The last area is classroom rules. Rules provide structure and safety when applied. They should be simple (Hester et al., 2009). Some teachers do allow the students to determine a list of rules to encourage the students to be involved; however, the teacher must guide the conversation to ensure the appropriate rules assigned with reasonable consequences (Gable et al., 2009).

National, state, and local concern

Nationally, it has been found that preschool aged children who have problems with language expression have behavior concerns (Long et al., 2008). Having these concerns could make it difficult for productive intervention. It may also make it difficult and challenging for the adults involved with the children. It was noted by Long, Gurka, and Blackman (2008) that parents may even limit how much they interact with their child due to frustration and increased stress levels. Some of the external behaviors are aggression, and may lead to irritability, attention-deficit, and impulsiveness (Brier, 1995). According to the National Center for Education Statistics, 2.9 % of kindergarten students were suspended out-of-school in 2012 (United States Department of Education, n.d.).

Malik (2017) reported that Yale University researchers uncovered that preschoolers were more likely to be expelled from school than children in any other grade. In some instances, preschoolers were expelled three times higher than school-aged children. The report did not

include preschool programs in private educational organizations. With many suspensions and expulsions, it can be the first stage in a preschool-to-prison pipeline. The American Civil Liberties Union (ACLU) (2023) defines the school-to-prison pipeline as “a disturbing national trend wherein children are funneled out of public schools and into the juvenile and criminal justice systems.” The preschool program is a preparatory program for kindergarten. Some students can attend preschool programs and other children are exempt from being invited to attend.

In Washington, an advocate director shared that young children should not be suspended from school. Students are learning the appropriate responses and adults should be teaching the desired behavior (Hernandez, 2017). It was reported that one of the school districts suspended 110 kindergarten and first graders within the first 35 days of school (Hernandez, 2017). Hernandez shared teachers, support staff, and counselors should have more training to work with students who may have challenging behaviors and a product of childhood trauma (2017).

In South Carolina, positive behavior supports are included in statewide initiatives (Wagner, 2004). The southeastern part of South Carolina recognized the need of support to assist students with behavioral health concerns (Southeastern School Behavioral Health Community, 2023). The Southeastern School Behavioral Health Community was formed to focus on emotional needs for students in South Carolina. The goal was to work with schools to have unified agenda for effective prevention, early intervention, and treatment for students with emotional behavioral problems (SCSBHC, 2023). The Positive Behavior Interventions and Support (PBIS) is a multitiered framework that provides school personnel with prevention. (Center on PBIS, 2023) The focus is on leadership, decision-making, behavior monitoring, screening, and professional development and support (Center on PBIS, 2023)

Attendance and behavior concerns

Chronic absenteeism is a problem across the nation (REL, 2019). It is particularly high for pre-kindergarten and kindergarten students. Students who are chronically absent in the early years often lack critical school readiness skills, are more likely to miss important academic milestones, and their social-emotional development may lag behind their peers (REL, 2019). The most common mental health syndromes linked with absenteeism are disruptive behavior disorders (and high levels of conduct problems) (Wood et al., 2013).

Socioeconomic status and behavior concern

Children in poverty exhibit higher rates of behavior problems than children with greater economic resources and are well documented to be at risk for poor school outcomes (Allhusen et al., 2005; Anthony et al., 2005; Qi & Kaiser, 2004). Lower reading achievement in kindergarten are exhibited with students who have severe or mild behavior problems (Vaughn et al., 1992). It is found that students in poverty hinders children's early development (Brooks-Gunn, 2003; Currie & Thomas, 1995; Duncan et al., 1994, McLeod & Shanahan, 1993, McLoyd, 1990).

The Whole Child

Schools, churches, and mental health facilities will forever be changed when it is understood that those invested in children must teach "the whole child". The "Whole Child Instruction is an approach to education that aims to ensure each child, in each school, in each community is healthy, safe, engaged, supported, and challenged" (Association for Supervision and Curriculum Development, 2015). The Association for Supervision and Curriculum Development (ASCD) launched the Whole Child Initiative in 2007. Learning and teaching is a wholistic approach. However, children are also impacted by extrinsic influences such as their community. The common proverb states, "It takes a village to raise a child" is still true and

important for children to be successful. “The whole child instruction understands that a child must have their social, emotional, and personal health needs met before cognitive skills, like critical thinking, can be developed” (Edmentum, 2020).

Whole Child instruction is closely connected to understanding Social Emotional Learning (SEL) and the connection to classroom instruction (Edmentum, 2020). SEL is defined as the educational process that focuses on development of social-emotional competencies (Edmentum, 2020). Whole Child instruction allows educators to take education to another level to address a child’s experiences with a wholistic approach.

Conclusion

There were many researchers who contributed to the literature review. The goal is for educators to focus on nurturing positive and quality teacher-to-student relationships. Strong relationships build trust and children will accept positive rewards or redirection immediately with a desired response. Unfortunately, situations may warrant interventions to be in place to assist students. The interventions should be purposeful and constantly monitored or adjusted to fit the student’s needs. Early childhood students enter school not knowing the rules and procedures and educators must follow the necessary steps to provide the needed assistance.

Chapter 3: Methodology

Introduction

Historically, research indicates challenging behaviors for kindergarten students is extensive (Thompson & Webber, 2010). Children have home-life, personal, and other external factors which contribute to the behavior concerns in school. There are many factors which could contribute to unwanted behaviors at such a young age. Trauma is one of those factors which influence a child's thinking about themselves. The primary purpose of this qualitative study is to uncover educators' perception of the state of mental health with students in their kindergarten population. The goal is to determine how the repeated behaviors in kindergarten students suggests a mental health referral or added school interventions to be provided for a student.

In this chapter, the research design and approach to this qualitative study will be introduced. The sample will include two guidance counselors and two kindergarten teachers from two different elementary schools in the southeastern region of South Carolina. According to the South Carolina Department of Education (2019), teachers, guidance counselors, school psychologists along with administrators attempt to close any emotional, social, and academic gaps with students of concern. Students of concern may be, but not limited to, students with hearing, vision, physical, social, emotional, or academic needs not met. This process is called the South Carolina Multi-tiered System Supports (SCMTSS) Framework (SCDE, 2019). The researcher has selected the two schools since there is a partnership with the schools. The demographics from the two schools are similar in size and different in other subgroups. This chapter will describe the research design and instrumentation used.

Research Design and Approach

The types of qualitative research include narrative, phenomenology, grounded theory, ethnography, and case study. The purpose of this qualitative case study is to identify educators' perception of the state of mental health with students in the kindergarten population. A qualitative case study is the "analytic thought process of inquiry into social interactions in the natural setting" (Salmona et al., 2020). The case study will be conducted in a small group. This case study will be studying teachers' and guidance counselors' understanding of students with challenging behaviors who may need mental health assistance. Case study research is to determine how a specific culture works (Creswell, 2018). The study is to recognize student behaviors in kindergarten and how educators respond to the specific behaviors. This case study raises a concern that has affected the way educators operate and function throughout their school day. As defined by Creswell (2018), case study research begins with the identification of a specific case study. There can be multiple cases or a single case. This research is focused on a single case study approach because it is related to real-life events focused on one concern.

Focus group interviews will be conducted with teachers and guidance counselors. This method of study is appropriate because it allows further exploration of what is happening in the school setting with challenging behaviors. Conducting qualitative research allows the researcher to delve deeper into understanding the current trends in education with challenging behaviors, educators view challenging behaviors, and the impact of challenging behaviors in the school setting. This method helps the researcher focus on next steps to help teachers, guidance counselors, and parents. The research is conducted to get a clear understanding of early childhood students with challenging behaviors in elementary schools. The case study approach is being used to analyze the phenomenon of behaviors in early childhood students in an elementary school setting. This type of research was chosen because of the specifications associated with it.

It is considered a bounded system. The boundaries include selecting two schools, questions focused on the school day hours, and educators experience in a school environment.

This research is needed to find out kindergarten teachers' and guidance counselors' perceptions and perspectives when it comes to challenging behaviors in the classroom. They will be asked to answer questions during an interview to help the researcher understand areas that may need administration, school psychologist, or mental health assistance. This will also give the researcher information on teacher preparation training. This research is important because it is an ongoing concern in the public school system that deserves further research. The information discovered could be helpful in knowing how to better help teachers and students who are directly impacted in the classroom with challenging behaviors.

The semi-structured interview questions will be based on the research from the literature review. The literature review mentioned many discipline concerns starting in kindergarten. Some of the concerns ranged from students hitting others to throwing items in the classroom. It was also reported that some students did not have exposure to a school setting until the age of five (Watts et al., 2023). The interviews are needed to delve deeper in the conversation of what happens in the classroom. Conducting the focus group will assist the researcher in identifying common themes in the kindergarten population. Sample interview questions have been created to invite the interviewees to talk freely and have a conversation about the topic. The goal is to have a focus group, so the participants will be more confident to open and share answers. The interviewees will use a platform called Zoom to conduct the interview. The interviewees will be invited via email to join the focus group. There will be a combination of guidance counselors and teachers present for the interviews.

Justification

The main reason for this type of qualitative case study is to determine and explore the different approaches school officials use to collaborate and identify behavioral needs. These behavioral needs may result in a mental health referral. The study will be a single case study. In this research, the researcher will gain an understanding of early childhood students with challenging behaviors in elementary schools. This type of qualitative case study is better for this study because it focuses on one topic. The study will use between-site implementation to gather interviews from teachers and guidance counselors. Between-site data collection will be gathering data from two different schools in a school district and will be used to triangulate the data.

The purpose of interviewing current kindergarten teachers and elementary school counselors is to acknowledge and adhere to the current state of challenging behaviors in the early childhood population specifically with kindergarten students. Qualitative research samples are generally different, smaller, and less (p.159) represented due to the purpose of the research (Mills & Gay, 2019). The researcher may ask questions that yield more in-depth data collection (Mills & Gay, 2019). The participants being selected to participate in the study are to help the reader understand the state of mental health concerns in the kindergarten population.

The researcher has experience in the elementary school setting and has assisted with challenging behaviors in the school building. As an assistant principal, discipline referral data from kindergarten students can be used as first steps of initiating mental health referrals or suggesting that a teacher submits MTSS behavior paperwork for the team of school officials to review. In 2019, the MTSS framework was implemented in South Carolina to address the whole child – academically, behaviorally, socially, and emotionally (South Carolina Department of Education, 2023). To follow-through with completing the referral process, the educator builds trust, discuss the purpose and use of the data, and stores data and materials in secure locations for

five years (Creswell & Poth, 2018). While collecting data, the researcher will report multiple perspectives and report contrary findings (Creswell & Poth, 2018).

Role of Researcher

The primary role of the researcher was to collect and analyze data and minimize personal bias. The entire process was documented in a journal. The purpose of the journal was to document thoughts, actions, and next steps. Using the journal will help keep the researcher's thoughts clear of existing prejudices and ideas. The researcher abided by Coastal Carolina University's ethical procedures, laws, and cannons to safeguard human subject rights and privacy. An IRB approval (#2024.92) was acquired from Coastal Carolina University. In addition, the supporting school district approved the research proposal.

In qualitative research, the researcher is the instrument (Mills & Gay, 2019). The data will be collected by using Zoom transcripts and identifying common themes. The researcher's personal bias will be reduced by allowing the participants to give their feedback from the findings and make sure all items are reported accurately (Creswell, 2018). This procedure is called member checking (Creswell, 2018). Member checking will increase the quality of the research. It will increase the validity of the study. The participants used in the research will get an opportunity to clarify statements shared in the interview via email or phone call. Giving the interviewees a chance to elaborate during the interview or asking them if they can be contacted after the interview can be beneficial to the study. If there is any uncertainty on a response, the researcher could reach out to a participant. After the interview is transcribed, the researcher will send the participants the entire interview transcript. The researcher will ask them to review the transcript to make sure all items were perceived correctly from the researcher's interpretations of the interview.

The researcher is one of the assistant principals at a rural, high-poverty school. The study will involve two elementary schools in the school district. The participants are general education teachers and school counselors for the 2023-2024 school year. Before collecting data, all participants were aware of my roles and responsibilities while serving in the capacity of an assistant principal. Some of those roles and responsibilities include, but are not limited to, supporting teachers in whole group, one-on-one, small-group, and differentiated instruction. In addition, the researcher issues consequences to unwarranted student behaviors and assists the building principal with their vision and goals for our school.

While collecting data, the researcher made sure to respect the study site and minimized disruptions, avoided deceiving participants, and stored data and materials using appropriate security measures (Creswell & Poth, 2018). The researcher made sure to get permission from the school sites and the school district directly impacted. The researcher's personal bias was minimized so the data collected was not impacted.

Setting and Participant Selection

The study took place at two schools with over 1,100 students in the rural southeastern part of the Pee Dee Region in South Carolina. The participants involved in this study will participate willingly and provide informed consent. The researcher will make sure the participants complete informed consent paperwork and keep all answers confidential. The survey will be voluntary. The schools' demographics are included in the table below.

Table 2

School A and School B Demographics

School Demographics	African American/Black	White	Hispanic/Latino	American Indian or Alaska Native	Two or more races	Female	Male	Free/Reduced Lunch
School A	177	576	106	4	91	448	511	507
School B	186	893	64	10	89	632	627	459

There are about 50-60 teachers at each school. There are two guidance counselors at each school shared among the different grade levels. One guidance counselor who works closely with grades 4K, kindergarten, second, fourth and one guidance counselor who works closely with first, third, and fifth grades. There are about five to seven kindergarten teachers at each school. The teachers and guidance counselors have a varied amount of teaching and counseling experiences. The teacher demographics were acquired from the South Carolina School report card. The student demographics were gathered from a report generated from the management software technology, PowerSchool.

This is an appropriate group of participants for this study because it is beneficial to work in a district with professionals who could answer these questions with their experience and expertise. The school district and school gave their permission to proceed with the interview. The participants' experience ranges from one year of experience to 15 years of experience. Some of the individuals have worked in other buildings and with other grade levels. Once the researcher received Coastal Carolina University's IRB protocol approval, an email was sent asking participants if they would be willing to conduct an interview. No recruitment tools were utilized prior to the approval from Coastal Carolina University. The teachers and guidance

counselors were reminded that their willingness to participate was voluntary, and they would be entered in a drawing for a \$25 Amazon gift card following their participation. If all participants agree to participate, there will be three focus groups. There will be about 18 participants and four to six participants in each focus group. Triangulation would be evident in three different ways. Data will be collected at multiple sites. Multiple populations will be used – guidance counselors and teachers. There will also be multiple focus groups. Having the groups split up allows an opportunity for the participants to talk freely. In the event, the participants share similar answers it becomes useful data to what is happening in schools.

Instrumentation and Materials

The instrumentation designed to use in this study is an interview focused on student behavior and mental health referrals (Appendix A). The interview questions were developed based on the literature review which focused on student behaviors, teacher preparation, and strategies on de-escalating behavior. The intent of the interview was to collect data based on educators' perceptions on challenging behaviors in the classroom and the strategies used to assist them with children. They were able to reflect on their own teaching experiences and opportunities working with children.

The questions in the interview are focused on strategies used in the classroom, repeated behaviors, and mental health concerns and referrals. The questions asked in the interview also focused on student behaviors which can impact their emotional and social aspects of life. These behaviors can also impede their academic success. The challenging behaviors could warrant additional assistance with a mental health service provider. The information received from the interview will evolve as the interview goes on. The intent will be that new information will be exposed and shared during the data analysis.

Data Collection and Analysis

The goal is to conduct interviews in three focus groups using the Zoom platform. The researcher will recruit interviewees by sending an email asking them to participate in a Zoom interview that will take about 45-60 minutes. An informed consent letter will be provided to the kindergarten teachers and guidance counselors informing them that permission was granted to collect data. The data will be collected by using the Zoom recording device. The interviewees will be notified prior to the interview starting that a recording device will be used to collect data.

To triangulate the data the three focus groups were created encompassing four to six members, teachers and guidance counselors were asked questions, and two different schools participated. Looking at the data collected from the interviews, the researcher will be able to identify common themes and notice if similar results are coming from schools in the area. The qualitative data points collected will be from guidance counselors and kindergarten teachers' responses from interviews. The kindergarten teachers' responses are used to establish what consistent behaviors are in the classroom and what are common mental health concerns experienced. The guidance counselor responses will be used to determine what are some strategies used when handling challenging behaviors and common mental health concerns identified. The interviews will be transcribed using Zoom. I will compare my data to find the common themes and gain familiarity. I will code data by grouping statements that express common ideas or experiences. I will organize codes into themes and sub-themes. I will focus on hybrid coding where common themes and ideas will be established before and during the data analysis process. Two of the predetermined themes are behaviors and strategies. The coding will happen right after the interviews are completed. I will follow the in vivo coding method (Creswell, 2018). I will pay close attention to the words given by the participants. I will highlight

similar themes using the same color. I will read through the transcript about three times to determine what the themes are and then organize them using my notes.

Protection of Participants

I considered the protection of the participants in this study to ensure the safety of the individuals who participated. The goal is to ensure participants' identity is protected and does not cause any form of harm and that mutual respect is given. The researcher followed the school district's requirements and Coastal Carolina University's requirements within the Institutional Review Board (IRB). The school district was contacted prior to collecting data. A formal packet was presented with specific information followed by an approval letter from the district office to proceed. It was determined approval was needed since the research involved voluntary participation from human subjects.

The researcher received permission from Coastal Carolina University's IRB to conduct the study and provide the researcher proper documentation. The teachers and guidance counselors were recruited to participate in the research verbally by completing a survey and provided informed consent for human subject research. Three teachers and two guidance counselors expressed interest in the research. The participants can select "I agree to take part in this research study". The participants can select "I DO NOT agree to allow my name or other identifying information to be included in reports, publications and/or presentations resulting from this research study." Even if participants did not select to allow their name or other identifying information to be included, pseudonyms were assigned to ensure there were no identifying information. The purpose was to protect the participants' identity and procedural guidelines were followed to honor the anonymity of the participants in the study. The data collected was kept

confidential and stored in a secure manner. Participants were given an opportunity to review and provide their personal input regarding their responses.

Chapter Four: Findings

Introduction

The purpose of this qualitative study is to investigate what factors contribute to the increased population of challenging behaviors in early childhood students within rural and high-poverty communities. The study examines some contributing factors and if those factors are linked to the increased mental health referrals in the elementary school setting. A total of three kindergarten teachers and two guidance counselors served as participants in the interview focus group and shared their viewpoints on challenging behaviors and mental health referrals. This chapter shares the results of the study to answer the research questions that guided the qualitative study:

- What is the state of kindergarten students' mental health in school according to educators?
- What do educators perceive the connection between challenging behaviors and mental health referrals in kindergarten students?
- How are students' mental health supported?

This chapter will focus on the data collection and analysis of the results. The results will identify the themes from the interviews. The categories will show what common themes were present among guidance counselors and the kindergarten teachers. There will also be a section that will display concerns related to education that came from the interviews. The perspective from teachers and guidance counselors varied due to the population and number of students served. The chapter concludes with a summary of the findings. This chapter's primary focus is to share the data collected in the study and how they connect to the research questions.

Setting

There was a total of three kindergarten teachers and two guidance counselors interviewed. They were all interviewed using the Zoom platform. The participants were sent an invitation link and logged on to participate. The setting of the interviews varied depending on where they were located. Camera footage was not required, and the participants signed waivers to be recorded beforehand. The audio was used after the recording to make no items were missing. The interviews lasted for about 30 minutes. There were no major interruptions during the interviews. There was a technology glitched during one of the interviews, but I was able to repeat the question and ensure that an answer was shared clearly.

Demographics

The participants in this qualitative study were five full-time employees who work in an elementary school setting and employed by the same school district. The participants were from two different schools in the district. All of the participants were females. I invited the participants to participate in the study by sending an email to the principal first to make sure I had all of the kindergarten teachers and guidance counselors from their specific school. I then sent an email to the teachers and guidance counselors cc'ing the principals. There were 12 teachers and four guidance counselors invited to serve as participants. Out of the 16 members, 5 agreed to participate. I assigned the participants and pre-determined alphanumeric qualifier (i.e., Participant 1, Participant 2, etc.). Please see table below on how many years of experience.

Table 3

Participant Years of Experience

Participant	Years of Experience in Position
1	11
2	6
3	4
4	6
5	6

Data Collection

Interviews

I conducted interviews over the period of a month beginning on February 7, 2024 and ending on March 6, 2024. The series of codes were developed based on the responses given in the interview. The interview dates were February 7, 2024, February 8, 2024, February 15, 2024, and March 6, 2024. The last interview was later due to the availability of the participant and willingness to participate. Participant 1 was interviewed on February 7, 2024 from 4:00 PM to 4:33 PM. Participant 2 was interviewed on February 7, 2024 from 4:35 PM to 4:51 PM. Participant 3 was interviewed on February 8, 2024 from 4:30 PM to 4:58 PM. Participant 4 was interviewed on February 15, 2024 from 4:30 PM to 4:55 PM. Participant 5 was interviewed on March 6, 2024 from 4:45 PM to 5:35 PM. Informed consent paperwork and photography and audio release paperwork were submitted prior to the interview.

At each interview, I thanked the participants for their willingness to participate. I made sure they were aware of the Amazon gift card that would be offered at the end of my interviews.

I shared with them that the information shared would be confidential, and if they had any additional information to share, please reach out to me. The participants were aware the results would be shared with my dissertation committee and district staff. I asked the participants interview questions (Appendix A) with two additional questions. I asked the participants if there was anything else they would like to share about challenging behaviors or mental health. I also asked how many years they have been a kindergarten teacher or guidance counselor. I asked additional questions during the interview for clarification. They all shared they would be willing to answer any additional questions.

I used the audio recording to help me focus on the interviews and make sure I captured the responses of the participants. I reviewed the recordings later to make sure I had the correct information. The interviews were also recorded to assist me as I transcribed the responses. I saved a copy of the audio recordings on my computer and a jump drive until my dissertation collection process is over. All records will be maintained with the highest level of confidentiality, destroying any reference to individuals, schools, or the school district whenever possible. After I transcribed the responses, I sent the transcription to the participants to review for accuracy. I allowed the participants to review a copy of their responses and make any corrections or elaborate on an answer given. The participants were given a predetermined number to keep their identity anonymous. I allowed the participants to reach out to me via phone or email.

When finding common themes, I read through the transcripts three times and highlighted common themes in different colors. I made notes of sections to come back to. I narrowed down the categories for the themes identified. I originally had five themes, but I felt as if the mental health concerns and the challenging behaviors theme could be broken up into subthemes based

on the coding process. One of the predetermined themes was challenging behaviors. The participants determined challenging behaviors can fall under different categories – physical behaviors, emotional behaviors, and verbal behaviors. The mental health concerns were divided into emotional behaviors and learning disability. Mental health referrals for the year was its own category, and so was the amount of referrals made normally in year.

Table 3

Themes/Codes

Themes/Codes	<i>Assigned Code</i>	<i>Frequency</i>	<i>Type of Code</i>
Physical Behaviors	<i>Green</i>	<i>14</i>	<i>Expected</i>
Emotional Behaviors	<i>Pink</i>	<i>6</i>	<i>Expected</i>
Verbal Behaviors	<i>Yellow</i>	<i>4</i>	<i>Expected</i>
Emotional/Social Behavior	<i>Red</i>	<i>7</i>	<i>Expected</i>
<i>Learning Disability</i>	<i>Black</i>	<i>2</i>	<i>Expected</i>
<i>Mental Health Referrals</i>	<i>Orange</i>	<i>5</i>	<i>Expected</i>
<i>Amount of Mental Referrals Made Normally in a Year</i>	<i>Blue</i>	<i>4</i>	<i>Expected</i>

When conducting the coding for the responses, I took notes, and I reviewed the transcripts often. The codes were identified in table three. All the codes were expected. I felt as if the responses from the interviews matched well with what I know from the research gathered. I will discuss the codes further and the participants' responses. This qualitative study posed three questions focused on the state of kindergarten students' mental health, what do educators perceive as the connection between challenging behaviors and mental health referrals, and how are students' mental health supported. The participants shared there are concerns with our kindergarten population of students. This year alone the behaviors have been a huge concern to kindergarten teachers and guidance counselors. It was interesting to see the perspective of the teacher versus the guidance counselor. The teacher is only focused on their one classroom with a constant behavior concern, and the guidance counselor may have many students they are concerned about at the same time.

Physical Behaviors

Physical behavior was the code with the highest frequency from the participants. I expected this category to be the highest because this is one of the reasons educators leave the profession. This is one category that makes teaching and learning difficult. Items that were coded as physical behaviors were throwing, kicking, hitting, pushing, running down the hallway/running away, spitting, punching, hurting adults, and biting. Participant one shared, "...I noticed this year, a drastic increase in hurting adults. Spitting, biting, hitting, kicking, and punching. In my 10 -11 years of doing this, I have never seen this. It is mostly 4K and some kindergarteners too. I have more of a break from the ongoing behavior than teachers do, but I am sure it is exhausting." There is a concern with these types of behaviors. Students are not only hurting other children, but they are also hurting other adults. If teachers are unable to teach and

care for students in a safe environment, they will want to leave the profession. The behavior concerns are happening at an early age.

It makes it difficult to teach and for other students to learn when behaviors continue to escalate. Participant three mentioned, “The student is throwing, kicking, hitting, pushing, and/or any displaying aggressive behavior. It was hard for them to calm down due to the mental health part of it. They have been triggered by something.” Trauma related events can influence students emotionally and mentally. Even though these behaviors can be considered challenging, participant three shared, “We do a lot in the classrooms. We have our Physical Education teachers do the schoolwide initiative, and we do have our school counselors.” Participant three explained the schoolwide initiative is where students can go to a place in the room designated as the calm down corner with activities to relax their emotions and feelings. Participant three added, “because of their age, people are quick to say they are too young, or they are just adjusting. People will say they’re too young to diagnosis them. Sometimes it is true, but other times I feel like the younger they are, the more important it is to look for that, be aware of, or notice any mental health challenges and get to the bottom of it when they are younger versus waiting until they are older.” The participant was referring to early intervention. It is helpful for students to have as much support in their early stages of life, so they will not have any educational gaps in learning.

Participant three shared: From personal experiences, I had some students with very challenging behaviors in the past. The response we got and called for backup; the response was they are five this is how they act. I had a child that was physically trying to harm the other kids. I had to get all the other students out because they were scared of a student. The response I got was that this is normal five-year-old behavior. I feel as if this

is not normal behavior. Other kids should not be scared of another five-year-old. I just feel like because of the age group many people just try to dismiss it. We try to do more in the classroom with the mental health piece. I check in with them on their social and emotional well-being. I feel like the students need more support. I know we have the teacher and the teaching assistant. In a kindergarten class, I feel like having two teachers in the classroom is for a reason. That ratio. They need more at an early age as kindergarteners. Then, when big challenging behaviors do happen, it takes a lot away from the other students. That's why when there are challenging behaviors, and one adult has to go to deal with that, it becomes challenging for the rest of the class. It takes a lot from one of the teachers when one person has to address the behavior issue.

It is difficult when you have teachers who do not feel supported by administrators. Teachers are experiencing what is happening first-hand in their classrooms. The participants gave their honest, authentic feedback in their interview. They wanted to be heard and let others know what is happening in kindergarten. Physical behaviors are behaviors that are directly impacting others. Having five-year-old students display physical behaviors that affect others can be alarming.

The participants shared how students were hitting others. Participant Two stated, "Lots of hands on is a big behavioral concern. That [hands on] is not always a gentle or positive hand, but students being physically aggressive towards other students."

Participant five mentioned: Remember my job is to keep you [students] safe. He was hitting the other kids, so I had him sit at my table during all rotations. Students were also hitting adults. His behavior goes from 0-10 fast, he is constantly tripping and falling, and it makes him mad. He doesn't communicate well, so it would make him mad...He would

hit me, he would hit the teaching assistant. Since he had a hard time communicating, it was hard to give him a consequence.

The teachers would ask for their administration team to help them. Many early childhood teachers are feeling overwhelmed and stressed by challenging behavior (Friedman-Krauss et al., 2014; Zulauf-McCurdy & Zinsser, 2020), leaving them unprepared to meet the needs of children who engage in their behaviors (Hemmetter et al., 2021).

Emotional Behaviors

Emotional behaviors were behaviors teachers and guidance counselors noticed in their environments. Emotional behaviors are different than physical behaviors because no one is being affected in a physical manner. Students refused to do work and would display oppositional defiant disorder behaviors. Participant two stated, students, “not wanting to do what is asked of them. Rather that’s specific learning activities with structured learning or independent learning.” They have problems, “doing what is expected.” Participant one shared that some of the challenging behaviors seen in the classroom is “refusal to do things...not wanting to comply, running down the hallway, running away from adults, and difficulties with understanding the structure of the school. Just walking down the hallway going to the cafeteria to the classroom. We walk in a straight line. It is hard for them to adhere to school expectations. It’s basically not doing what they want to do. For most of them, they are not used to a school environment...I feel like it is refusal to do things because it is just not their preferred activity. Participant three mentioned, “Everyday there is a student refusing to do work or they are talking a lot. They can easily be redirected. I have to stop and address it...There are 29 students in my class. I have to stop and reset. It is not necessarily challenging, but those things happen often.”

Emotional behaviors are behaviors that can get in the way of instruction. Teachers may have to reset their classroom and redirect students before moving on to the next topic. At five years old, students are learning how to handle their emotions. They are learning how to express their feelings and their frustrations.

Verbal Behaviors

Some of the participants have shared the verbal behaviors in tandem with some of the physical behaviors. Verbal behaviors are difficult to ignore because they affect the learning environment. Participant four stated, she lets the student, “Get whatever that emotion out first – crying, yelling. Then, I can talk to them. The biggest thing is letting them get their energy out. I can’t talk to a child when their behavior is escalated...This year it has been many things with crying, screaming, and kicking. There have been many tantrums. I use the stress ball sometimes. I have sensory tools that I bring with me.” Participant one shared that a student would scream out, “I hate this class.”

Participant five shared:

We had a boy in our school who was a screamer and a runner. When he came in my classroom, he would just scream and get angry. It was a scream I had never heard before – ears pierced. He would get so mad and clench his fists so tight. I wouldn’t even know what triggered him half of the time. I would pull him out in the hallway thinking that would calm him down. He would kick the walls and continued to scream. I really didn’t know what to do. I would call for an administrator, and he wouldn’t stop screaming for them either. When I picked him up from Physical Education, his fists were clenched super tight. He wasn’t screaming yet, but I knew it was coming. I started rubbing his hands and his fingers. I told

him I like rubbing my hands too to help me calm down. I asked him what made him so upset. He started talking to me.

Participant five shared the school year went on like that for a while until one day the student just opened up to them, started smiling, and laughing with his peers outside at recess. The teachers mentioned that verbal behaviors become disturbing to the class where students need to be removed, so they can continue with instruction. The verbal behaviors have affected more than just one class, and have affected other classrooms on the hallway.

Emotional/Social Behavior

For this code, the frequency was seven. The items listed under this theme are anxiety, low self-esteem, anger/Oppositional Defiant Disorder, trauma, and lack of social skills. Participant three shared:

I have had some students who have been exposed to trauma – something with their family or moving around. I have had students who dealt with abuse or parents dealing with drug abuse. They have been separated from their parents because of drug abuse. That has caused some mental health issues... There was a student who was neglected in their previous home. The child has been adopted. Some behaviors have come up with this child because of the trauma they have endured due to neglect.

In addition, participant three shared the student refuses to do work at times, and he also has trust issues with adults. The student does not always come to them and complete the task at hand. Participant three mentioned, “there has been a student who was neglected in their previous home. The child has been adopted. Some behaviors have come up with this child because of the trauma they have endured due to neglect.”

Participant three said:

Some kids have anxiety being in a new environment. Kids who were in 4K, and they have a hard time adjusting. Not having a nap time or different things in class. They are having some big emotions. In the past few years, some kids have come in with lower self-esteem. It is hard to determine what is causing that. It [having low self-esteem] affects their behavior and how they perform in school.

Some participants have shared their concerns in this area, and it could be explained through parenting. Teachers felt as if some of the problems could be fixed if parents would do something different at home.

Participant one mentioned:

They may not have had proper social interactions. They may not know how to hold their kids accountable all the time. It affects their ability to function in the classroom and I know that's not a disorder of any kind, but it affects their social and emotional well-being. So when another adult challenges that, they don't know how to respond because they haven't had to try. They haven't been told no as often as they should. They may not have been given proper boundaries. That is a common thing that I have seen. It is parent response to behaviors.”

Participant five shared, “The anger is kind of like a bipolar thing. They are fine. Somehow, they get triggered by something, and they just flip and begin throwing things. They resort to violence. Physically hurting other kids.”

The consequences of their behaviors may result in them being suspended or expelled. Children who have experienced trauma are more likely to be expelled (Zeng et al., 2019) as well

as children with disabilities (Zeng et al., 2021). Emotional/social behaviors effects a child internally, and it takes time to get the specific intervention and support that could help the student.

Learning Disability

Some behaviors can come from a learning disability. Participant three shared, there are “ADHD diagnosed students and students who are being tested for it. It is hard for some students to focus. Participant four said, “There is one student who has ADHD and some behavioral concerns.” When students have difficulties focusing on classwork, they may become a distraction to others around them. Students tend to get off task, and they will find other things to do. The teacher will then have to redirect the student to get back on task. That takes away from the rest of the class.

Mental Health Referrals

In this section, I will discuss the mental health referrals made for the year in comparison to how many referrals are typically made in a year. The participants’ responses to how many mental health referrals they made this year ranged from zero to two. When gathering the participants answers for this question, some of the teacher participants were thinking about the names they have submitted versus the referral that’s submitted. Different schools have a different process on making a referral. Participant five shared, “they haven’t been successful because we haven’t had a mental health counselor.” Participant one shared that the mental health referrals have increased over the years. “It has gone from none, one, to four.”

Mental Health Referral Process

The process for making a mental health referral was slightly different at some of the schools. I could tell the guidance counselors knew the process, but the teachers were not sure.

Participant one said, “We have two counselors from Dorchester Mental Health (DMH) and a school social worker. On Monday, they will staff the referral and see if it needs to be with one or the other. It used to be based on insurance, but now it is based on a need. If there is a child exhibiting these explosive behaviors, parents are asking about medication, and they may go through DMH because they have a psychiatrist to set up an appointment. We give some background information to see what the student needs and then they decide based on case load and the need to see who should take it.” Participant five shared that we start with our grade level counselor, they would complete the paperwork and set it up. I am not sure what happens next. Especially because we haven’t had someone long enough to get the students.”

Process of making referrals

The process of making mental health referrals is important for the student to get the necessary assistance with challenging behavior. The guidance counselor and/or the school psychologist play a major role in making mental health referrals. Participant five shared to start the process, “We start with our grade level guidance counselor, and they would complete the paperwork. They [the guidance counselors] would set it up.” Participant four shared, “When I know the student needs Mental Health services, I usually check-in with the student. MH comes once or twice a week. I will sit with the student to make sure they are doing okay.” Participant four added, “Once the actual referral is made, the mental health counselor will contact the parent. They [mental health counselors] will complete intake and reach out to the teachers for a good time to pull the student. Participant four mentioned, “The mental health counselor and guidance counselor talk often about the students they share, and mental health will follow-up with the family.”

Participant three shared, “Usually at our school, it goes through the counselor for counseling services. Depending on the meeting with the counselors and talking with the parents, it is determined if the referral needs to go to mental health. Participant two shared, “I first start documenting, and then I will talk with the guidance counselor. I will set up a meeting or intervention. I will also talk to administration.” Participant one said, “We have two Dorchester Mental Health counselors and a social worker at our school. On Mondays, they staff the referrals and see which counselor will need to take the referral. It used to be based on insurance, but now it is based on need. The inconsistency with the participants sharing the process of making a mental health referral helps the researcher identify next steps.

Chapter 5: Conclusion

Overview

The purpose of this study was to investigate what factors contribute to the increased population of challenging behaviors in early childhood students within rural and high-poverty communities. This study was completed by interviewing five participants. Three of the participants were kindergarten teachers and two of the participants were guidance counselors. Demographic information was gathered on the participants. The open-ended interview responses were organized to develop common themes. This chapter concludes with a summary of findings, implications for practice, limitations of the research, and discuss next steps.

Summary of Findings

RQ1: What is the state of kindergarten students’ mental health in school according to educators?

The data analysis in Chapter Four presented findings on the common themes with challenging behaviors and mental health concerns. The behaviors were placed into three

categories – physical behaviors, emotional behaviors, and verbal behaviors. The physical behaviors were throwing, kicking, hitting, pushing, running down the hallway, running away, spitting, punching, hurting adults, and biting. The emotional behaviors were refusing to do work and oppositional defiance. The verbal behaviors were screaming, yelling, and crying. Crying could go in the category for emotional behaviors and verbal behaviors.

The mental health concerns were broken into two categories – emotional/social behaviors and learning disability. Emotional/Social behaviors were anxiety, low self-esteem, anger/Oppositional defiance, trauma, and lack of social skills. The learning disability shared was ADHD.

Discussion

Hong et al. (2015) states young children with persistent, challenging behavior face a number of risks, including exclusion from effective instruction, expulsion from educational settings, and development of emotional and behavioral disorders. Educators have identified challenging behaviors in early childhood, and they have noticed an increase in behaviors. Educators are aware of their first steps to receive support for a student with challenging behaviors. They will reach out to parents and guidance counselors to seek guidance on a child. Having conversations with the different groups it was disclosed that the child endured a trauma related experience. That trauma related experience was related to abuse or neglect.

RQ2: What do educators perceive the connection between challenging behaviors and mental health referrals in kindergarten students?

The participants gave answers based off their own experiences. The responses for educators referring students to mental health varied. There was one participant who said they have not referred any students in kindergarten this year. One participant shared that they referred

one student to mental health services. Three participants shared that they have referred two students for mental health services this year. The participants shared that normally in a year they make two or four referrals for students to receive mental health services.

Discussion

The participants in this study are facing challenging behaviors that warrant mental health referrals or some type of intervention. However, every school may not have the support in place to help teachers get the support for their students. There may not be a specific process in place either. The participants found it difficult to speak up for their kindergarten students. They don't feel empowered to be advocates for them. The Administration Team and/or Leadership Team have made participants feel as if these behaviors are normal for kindergarten students. Research states that many educators leave the profession due to these challenging behaviors. Teachers have experienced burnout that has been associated with problematic behaviors of students (Dawes et al., 2024). I could only imagine they are willing to leave sooner because of the lack of support from their team.

Taken together, the research and my data indicate that teachers need to be empowered because they should have a voice in their student's education because they are with them the entire day. Unlike guidance counselors and administrators, the teachers are in the classroom observing the behaviors and seeing firsthand behavior concerns. As administrators, we must empower teachers to be the voice of their students and not dismiss their concerns. Make them feel appreciated, heard, supported, and provide resources that could assist them. If we do not have the answers, we should seek additional support from the district level administrators. Students and teachers in the classroom should not be fearful of a child using physical aggression towards them.

Central Question: How are students' mental health supported?

Participant one shared there are some students who have a check-in/check-out to meet with the same adult at the beginning and end of the school day. Participant one also mentioned short-term care is provided for students by the counseling department. Participant five shared that there is a mentoring program that is at the school. In the mentoring program, students are partnered with high school students. The students and teachers enjoyed having a mentoring program.

Methodology Revisited

This study was conducted in two elementary schools in the Pee Dee Region of South Carolina. The participants included three kindergarten teachers and two elementary guidance counselors in one school district. The participants were selected based on being available when the invitation came from the researcher. This qualitative case study was conducted to study teachers' and guidance counselors' understanding of students with challenging behaviors who may need mental health assistance. The study is to recognize student behaviors in kindergarten and how educators respond to the specific behaviors.

Data was collected by using an interview guide (Appendix A). Two additional questions were asked to the participants. The questions were what are your years of experience in this position and if there were any additional comments they wanted to share related to challenging behaviors with kindergarten students or mental health concerns. The participants expressed many concerns during that last question.

Implications

The research and the results from this study impact students, teachers, educators, and parents. The research will help them better understand children with challenging behaviors. The

literature and findings have the potential to influence policy makers on the national, state, and local schools. Home environments play a major role for families who need medical and financial assistance. It is found that a suspension from school alone does not fix the problem. Using the MTSS process and including all stakeholders help teachers find interventions and strategies to best support students with challenging behaviors. Research indicates challenging behaviors for kindergarten students is extensive (Thompson & Webber, 2010). The behaviors have made it difficult for educators to remain in the profession.

The findings along with research suggest that the behaviors have increased tremendously to the point where educators do not know what to do at this point. It is also indicated that children who engage in persistent challenging behaviors have an impact on classroom activities and classroom experiences for both adults and students. Physical behaviors had the highest frequency. When students and adults are being hurt by a child with challenging behaviors, it is best that the student is being supported with mental health services. A mental health referral should be submitted and follow-up with a conversation on the observed behaviors. The conversation should include, but not limited to a mental health counselor, school guidance counselor, school psychologist, administrator, teacher, and parent.

The results of this qualitative study could aid schools in how to plan for the school year with professional development opportunities. Teachers may benefit from professional development focused on challenging behaviors and strategies to assist in the classroom. It could be helpful to conduct workshops for parents as well who would like resources and strategies to use at home. It would be beneficial, if it is not already in place, for schools to discuss at the beginning of the year the MTSS and mental health referral process. Having these conversations at the beginning of the year allows all educators to be on the same page and know when a good

time is to advocate for a child in their classroom. Kindergarten teachers should be given time to collaborate with one another and reflect on procedures and strategies used in their class.

Consistent classroom management procedures and routines assist teachers in developing a positive classroom environment that nurtures one another. Participant five shared, “That it is important to follow a routine that is predictable. Students do not like change. The students should feel safe and loved.” Participant five also mentioned, “When a teacher is not on schedule, things are constantly changing, not planned, not consistent, and it is too loud, it is least effective... Yelling is going about it in the wrong way. It creates an environment for them to yell.” Teachers can experience some level of difficulty in their classrooms from the environment created. This could be communicated from administrators on the importance of creating a nurturing, warm, and loving environment.

Based on my research and literature, I recommend empowering teachers by allowing them to have authentic conversations with administrators and parents about challenging behaviors. Teachers should have conversations with district officials to see if we are placing students in the correct placement. We should make sure there are steps in place to refer students to mental health counselors or guidance counselors. Teachers should be comfortable asking for interventions that could assist them in the classroom. Teachers should have administrators that follow-up with them about behavior concerns. As an administrator, we must do a better job making sure all teachers are heard and valued when it comes to speaking about challenging behaviors. Those behaviors affect the student, classmates, and the teacher. All parties involved can feel defeated and helpless.

Limitations

The limitations of this qualitative study involved two schools in the Tri-County region of the Lowcountry, South Carolina. The inferences in the findings do not necessarily represent all teachers and guidance counselors in the Tri-County or the nation. The current study discovered themes from the open-ended responses provided by the participants. The participants may have not explained or elaborated as much on an answer because they may have not felt comfortable. Behaviors can change throughout different times of the school year. The study was conducted in the middle of the 2023-2024 school year and may not represent participants' potential responses at the end of the school year. The final limitation for this qualitative study would have been to have a more diverse group of participants. All of the participants have been working in their role as a teacher for at least five years. As the researcher, I wonder if the responses would have been different with a teacher or a guidance counselor with less years of experience. While the study focused on teachers' and guidance counselors' perspective on challenging behaviors, conducting interviews with administrators and families could have resulted in more depth. Hearing their perspectives would contribute to the discussion of what parents and administrators could do to assist teachers in the classroom.

Recommendations for Next Research

Recommendations for next research is to include a diverse group of participants including administrators, novice teachers and guidance counselors, and parents. It would be helpful to hear what special education services provide when students need assistance in the classroom but have not had an Individualized Education Plan or 504 plan created yet. It would be helpful to have formal training annually for teachers and parents to focus on strategies and support available. Further research would help policy makers determine the benefits of smaller class sizes in

kindergarten classes. The research could be replicated by collecting data from other school districts in the state of South Carolina and across the United States.

Conclusion

Challenging behaviors with students in early childhood is caused by many factors. Those factors are not limited to home-life, trauma related experiences, learning disabilities, and their environment. It is imperative to look at all areas when a child is struggling with their behavior. The results of this study had seven themes. Physical behaviors and emotional/social behaviors were the themes with the highest frequency. It is important for all members who work with children have a voice in decision-making. It is important for educators to know when the appropriate time is to reach out to a mental health counselor for assistance with a child. It is important for educators to feel supported by administrators and guidance counselors when asking for help with a child. We must continue to collaborate to help students be successful in the classroom.

Appendix A

Interview Guide

1. What are some strategies you commonly use to handle challenging behaviors?
 - What are least effective strategies used?
 - What are most effective strategies used?
2. Challenging behaviors are behaviors displayed by children in class that disrupt the learning environment. What are some of the challenging behaviors you see in your classroom?
3. What are some common mental health concerns with your kindergartners?
 - What are some least common mental health concerns?
 - What are most common mental health concerns?
4. About how many mental health referrals you have made this year?
 - How many mental health referrals do you normally make in a school year?
5. When you have a child with mental health concerns and you make that referral, what happens then?
6. Can you give examples of ways students are supported with mental health challenges in school?

Added questions

7. How many years have you been in this position?
8. Would you like to share any additional information pertaining to children with challenging behaviors or mental health concerns?

Appendix B

Coastal Carolina University IRB Approval



January 4, 2024

Jennifer Robinson
Coastal Carolina University
Conway, SC 29528

RE: Factors that Contribute to Challenging Behaviors in Early Childhood Students

Jennifer,

It has been determined that your protocol #2024.92 is approved as **EXPEDITED** by the Coastal Carolina University Institutional Review Board (IRB) under the Federal Policy for the Protection of Human Research Subjects (Categories) #6 & 7,

- #6 - Collection of data from voice, video, digital, or image recordings made for research purposes
- #7 – Research on individual or group characteristics, behavior, or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

This approval is good for one calendar year commencing with the date of approval and concludes on 1/3/2025. If your work continues beyond this date, it will be necessary to seek a continuation from the IRB. If your work concludes prior to this date, please inform the IRB.

Approval of this protocol does not provide permission or consent for faculty, staff or students to use university communication channels for contacting or obtaining information from research subjects or participants. Faculty, staff and students are responsible for obtaining appropriate permission to use university communications to contact research participants. For use of university email to groups such as all faculty/staff or all students, requests should be made to the Provost's Office after the research protocol has been approved by the IRB. Please allow at least one week to receive approval.

Please note, it is the responsibility of the Principal Investigator to report immediately to the IRB any changes in procedures involving human subjects and any unexpected risks to human subjects, any detrimental effects to the rights or welfare of any human subjects participating in the project, giving names of persons, dates of occurrences, details of harmful effects, and any remedial actions. Such changes may affect the status of your approved research.

Be advised that study materials and documentation, including signed informed consent documents, must be retained for at least three (3) years after termination of the research and shall be accessible for purposes of audit.

If you have any questions concerning this review, please contact Patty Carter, IRB Coordinator, at pcarter@coastal.edu or extension 2978.

Thank you,

Stephanie Cassavaugh
Director, Office of Sponsored Programs and Research Services
IRB Administrator

cc: Anthony Setari

Appendix C
School District Approval Letter

DR. SHANE ROBBINS
Superintendent



Dorchester
School
District Two

815 SOUTH MAIN STREET SUMMERVILLE, SC 29483 • (843) 873-2901 • FAX (843) 873-4053

January 22, 2024

Ms. Jennifer Robinson
2110 Pimlico Drive
Ridgeville, SC 29472

jrobinson@dorchester2.k12.sc.us

Dear Ms. Robinson,

I am happy to report the Research Review Committee reviewed the research proposal you submitted, and you are granted approval to conduct your research as delineated. For your files, a hard copy of this approval letter is also being sent to the address listed above.

If you have any further questions for the committee, please feel free to contact me. We wish you success in your research.

Sincerely,

A handwritten signature in black ink that reads "Kenneth Wilson". The signature is written in a cursive, flowing style.

Dr. Kenneth Wilson
Assistant Superintendent
Dorchester School District Two

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