

BEHAVIOR TECHNIQUES USED IN GROUP CARE SETTINGS FOR
AGGRESSIVE AND NON-COMPLIANT PRESCHOOLERS

by

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A Master's Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Master of Science in Education
Curriculum and Instruction in Inclusive Ed
Department of Education
State University of New York at Fredonia
Fredonia, New York

December 2013

State University of New York at Fredonia
Department of CURRICULUM AND INSTRUCTION IN INCLUSIVE EDUCATION

CERTIFICATION OF PROJECT WORK

We, the undersigned, certify that this project entitled BEHAVIOR TECHNIQUES USED IN GROUP CARE SETTINGS FOR AGGRESSIVE AND NON-COMPLIANT PRESCHOOLERS by Jennifer L. Warren, Candidate for the Degree of Master of Science in Education, Curriculum and Instruction in Inclusive Education, is acceptable in form and content and demonstrates a satisfactory knowledge of the field covered by this project.



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Abstract

There is increasing concern over the number of young children who exhibit challenging behaviors in early childhood settings. The question addressed in this comparative case study is: What classroom management techniques do teachers use with preschool children ages 3 to 4 who exhibit non-compliant and aggressive behavior? A secondary question, was how do teachers narrate the effectiveness of these techniques and their centers' behavioral management plan in responding to non-compliant and aggressive behavior of young children? This study examined three preschool teachers' behavior management techniques and practices in controlling non-compliant and aggressive child behavior across two different pre-school settings.

Three preschool teachers participated in face to face audio recorded interviews. Fifteen questions were asked on a range of topics including: teacher's behavioral management techniques, school-wide behavior intervention plans, teachers' narration on the effectiveness of these techniques and their centers' behavior management plan in responding to non-compliant and aggressive behavior. Responses to each question were transcribed, examined and critiqued for common themes using highlighter coding.

The results of this study indicate several commonalties amongst the behavioral techniques teachers used in addressing negative behavior and promoting positive behavior within the classroom and each center's overall philosophy on responding to challenging behaviors.

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Introduction

In recent years, problematic behaviors exhibited by preschool children (ages 3-4 years) have become a topic of concern for parents, educators, and school administrators. According to McMahon, Washburn, Felix, Yakin, and Childrey (2000), “Deterring violence in schools has become a major focal point of our nation’s agenda, as the incidence of aggression and violence among youth has increased over the last several years” (p.271). Research has shown “preschool-age children who demonstrate significant problem behaviors have a 50% chance of experiencing future problems, such as peer rejection, drug abuse, depression, juvenile delinquency, and school dropout during their adolescent years” (Hester, Baltodano, Hendrickson, Tonelson, Conroy, & Gable, 2004, p.5).

Many studies have revealed that challenging behaviors including “any repeated pattern of behavior, or perception of behavior, that interfere with or is at risk of interfering with optimal learning” (Zaghlawan & Ostrosky, 2010, p.439) make it more difficult for children to succeed academically in the classroom (Murphy, Theodore, Aloiso, Alric-Edwards, & Hughes, 2007; Tiano, Forston, McNeil, & Humphreys, 2005; Powell, Boxmeyer, Baden, Stromeyer, Minney, Mushtaq, & Lochman, 2011). Reducing children’s behavior problems is neither simple nor quick; however, there are multiple strategies teachers can use to intervene before problems become well established and more resistant to treatment (Hester et al., 2004). In recent years, there has been extensive research into behavior management and the effectiveness of various techniques for meeting challenging behaviors such as aggression and non-compliance. These include: the use of behavioral management techniques, conceptual school-wide behavioral frameworks, and behavioral intervention plans (Hester et al., 2004).

In the field of education, effective implementation of behavior management techniques and interventions have been shown to be an essential component in the ability to manage a child's challenging behavior, establish teachers' sense of professional identity, and enable more academic success. Today early identification and implementation of classroom interventions for challenging behaviors such as aggression and non-compliance seem to be the most powerful course of action for achieving student success. With young at risk children, problem behavior will likely continue to develop and lead to long-term, chronic, and disabling conditions if early identification and intervention is not implemented (Walker, Ramsey, & Gresham, 2003).

In recent decades:

Great progress has been made in understanding and developing solutions for defiant, disruptive, and aggressive behavior. The field of psychology, in particular, with its increasingly robust theories of "social learning" and "cognition," has developed a powerful empirical literature that can assist school personnel in coping with, and ultimately preventing, a good deal of problematic behavior. Most importantly, a strong knowledge base has been assembled on interventions that can head off this behavior or prevent it from hardening. (Walker et al., 2003, p.1)

Behavior management techniques are important facets of professional practice, with broad implications for student learning and welfare. Two goals many educators value are the achievement of children's academic success and the minimizing of discipline problems through behavioral techniques or school wide intervention programs. Several educators will experience difficulty in managing behaviors effectively throughout their educational career. Preventing the development of classroom problems and examining behavioral techniques to find the most

effective, can become a moderately stressful part of many teachers' professional lives (Lewis, Roache, & Romi, 2011).

As a preschool educator of a Head Start program, I have faced the challenge of educating an increasingly diverse population of children. "This diversity reflects not only children of varying cultural and linguistic backgrounds, but also children with varying readiness skills that relate to communication, socialization, and behavior" (Hester et al., 2004, p.7). Many of these children have exhibited severe and chronic problem behaviors; the most noted are aggression and non-compliance. Aggression in the preschool years begins to become less instrumental and more hostile. It can take many forms; physical forms of aggression that children may display to peers includes hitting, biting, and kicking. Verbal forms of aggression are emotional statements expressing the intent to harm an adult or peer (Bredekamp & Copple, 1997). Non-compliance can best be described as a child's inability to comply with an adult's request within 10 seconds or less.

The Head Start program I work at serves preschoolers ages 3 to 5 from low socioeconomic backgrounds. Several of these children are from troubled, chaotic homes and are bringing well-developed patterns of antisocial behavior to school. Within my first year of teaching, I found it difficult to effectively manage children with aggressive, disruptive, and defiant behaviors. These behaviors overwhelmed me, interfered with my instruction, disrupted the learning of the children, and threatened the safety of children and staff.

My educational philosophy throughout my career has been to create a classroom environment that provides positive child support, and fosters children's social and communication skills. The behavioral management techniques I had developed over my academic career provide me with a good baseline for creating an effective classroom

environment. I realize now that, as a growing educator, I lacked experience with identifying and helping children with developing behavior problems and employing methods for properly supporting their skills and behaviors in proactive ways.

As group care settings face increased pressure to document children's academic and social outcomes, educators have become more concerned about children with challenging behavior and the effects of those behaviors on others in the classroom (Hemmeter, Ostrosky, Artman, & Kinder, 2008). In the future, the findings of this comparative study of behavior management strategies preschool teachers and centers use with aggressive and non-compliant children may enable specialists and educators to develop preventative behavior interventions at a classroom and school-wide level.

The purpose of this comparative case study was to examine preschool teachers' behavior management techniques and practices in controlling non-compliant and aggressive student behavior across two different pre-school settings. In addition, the centers' behavioral management plans were reviewed, evaluated, and compared. The research question I addressed was: what classroom management techniques do teachers describe using with preschool children ages 3 to 4 who exhibit non-compliant and aggressive behavior? A secondary question was, how do teachers narrate the effectiveness of these techniques and their centers' behavioral management plan in responding to non-compliant and aggressive behavior of young children? The findings from this study display commonalities among an array of different teaching styles and center philosophies. The data provides many implications for practice and future research.

Literature Review

This review of literature will examine behavioral management techniques teachers' use with aggressive and non-compliant preschool age children. The review includes literature related

to group care settings, behavioral expectations for preschoolers, and setting the stage for appropriate behavior.

Group Care Settings

Child-care, for most young children in the United States, is the setting that first equips them with the ability to learn how to interact with other children on a daily basis. It enables children to develop bonds with adults other than their parents, builds early learning and language skills, and provides their first encounter with a school-like environment (Shonkoff & Phillips, 2000). It has become the norm in US society for early and extensive enrollment in child care. The number of programs continues to increase not only in response to the growing demand for out-of-home child-care, but also in recognition of the critical importance of educational experiences during the early years (Bredekamp & Copple, 1997; Shonkoff & Phillips, 2000). For example, in the late 1980s Head Start set out on the largest expansion in its history, providing significant new services for families of low-income status and infants and toddlers.

Several characteristics such as age of children and the length of program day have also changed in recent years within universal pre-k housed in public schools and Head Start programs (Bredekamp & Copple, 1997). Children are now enrolled in programs starting at a young age, many from infancy. The length of the program day for all ages of children has been extended in response to the need for extended hours of care for employed families. While Head Start and public and private preschools are not mandatory for children in the U.S, they do allow families and community members' limited early education services in quality settings. In the majority of states today, public schools now provide prekindergarten programs for children 4 to 5 years of age and some for children as young as 3, and many offer before and after-school child care, as well (Bredekamp & Copple, 1997).

Group care settings serve many purposes for the community, children, and their families. In particular, Head Start is a federally funded program that provides families of low socioeconomic status, not only with education for their children but financial and lifestyle services to better their family unit as a whole. There has been much debate centered on the “distinction between child care as a developmental program for children and child care as a support service for working parents” (Shonkoff & Phillips, 2000, p.299). Although each setting may offer different services, the common purpose to meet learning and developmental needs of children and support working parents should apply to all settings.

Enrollment Statistics

Over the past decade, there has been a significant rise in the number of children in group care settings (U.S Census, 2011). United States Census Bureau reports nearly 11 million children under the age of 5 in the United States are in some type of child care arrangement every week, including center-based services of Head Start, public and private preschool or in-home child care. Each group care setting has an underlying goal to establish nurturing environments that are conducive to student safety, learning, and growth (U.S Census, 2011).

According to the United States Census Bureau, in 2011 there were 8,338,000 children between the ages of 3 and 4 living in the United States. Of those over eight million, 4,169,000 children ages 3 and 4 years old were enrolled in a center-based group care setting. The number of children who were not enrolled in any group care setting or who were receiving in-home care was 4,168,000 children. Throughout the United States, over 50% of children ages 3 through 4 are enrolled in either a part-day or full-day group care setting. Two million, three hundred and ninety five, thousand children in 2011 were enrolled in a public preschool and 1,774,000 children were enrolled in a private preschool setting. Of these settings, 2,163,000 children were in a part-day preschool classroom and 2,006,000 were in a full-day preschool classroom (U.S Census, 2011).

Due to the array of different group care settings and the importance of enhancing school readiness skills, the number of young children entering group care settings is on the rise in the United States (Bredekamp & Copple, 1997).

Behavioral Expectations for Preschoolers

For many young children, making the transition from home to a child care setting can be difficult. As children enter into group care settings for the first time, they may start to exhibit challenging behaviors, as they are in an environment that may have different expectations from home. Some children may not have the social skills to properly engage in appropriate behaviors with peers and adults. They may also be bored, or not know how to communicate emotions in appropriate ways (Hemmeter et al., 2008). As the number of children entering into group care settings rises, educators and families may begin to see children exhibit persistent challenging behaviors, specifically aggression and non-compliance. To gain an understanding of the nature of these behaviors, it is first important to define both terms.

Aggression

According to Bredekamp & Copple (1997), during the preschool years, children's aggression becomes less instrumental and more hostile, compared to their toddler years when their aggression is most often instrumental, that is, connected to obtaining a toy or getting into a space that is occupied by another child. Their hostile behavior is most often directed at other children who anger them in some way. This typical development of increased aggressive behavior in the preschool years is intensified today, by the fact that many young children are regularly exposed to violence through the media, in the community, and even in their own homes, ultimately requiring more adult attention to help children develop effective conflict-resolution skills (Sherburne, Utley, McConnell, & Gannon, 1988; Bredekamp & Copple, 1997).

Overall, this exposure to violence threatens children's emotional and physical health and can lead to future issues for the child.

Aggression during the preschool age can take many forms. Physical forms of aggression that children may display to peers include: hitting, kicking, and biting. These behaviors are, most often seen in preschool settings to express angry feelings with another child or adult. Verbal forms of aggression are emotional statements expressing the intent to harm an adult or peer (Benedict, Horner, & Squires, 2007).

The ability of 3 and 4 year olds to regulate their own emotions and behavior improves greatly over that of toddlers, but verbal and physical aggression increases. When children's aggressive acts are harshly punished or when the children are made to feel ashamed, they can quickly become discouraged. If they experience repeated disapproval, failure, or frustration they have difficulty learning to control their aggression. Because these children are at a developmental age when their egocentric view point of the world is unfolding, they have not yet fully learned that their actions have consequences and are harmful to others (Bredekamp & Copple, 1997).

Preschoolers are capable of engaging in cooperative play with their peers and forming real friendships. However, the development of these important social skills is not automatic for children. They need coaching and adult supervision to learn and maintain appropriate behaviors with others. With a little assistance, young children can conduct themselves in positive ways and learn to play well with peers (Bredekamp & Copple, 1997).

Non-Compliance

Benedict, Horner, & Squires (2007) best describe non-compliance as a child's inability to comply with an adult's request within 10 seconds or less. Some children may respond to a request by ignoring the request, arguing, having a tantrum and/or yelling. For example, when a

preschool teacher has asked children to line up for gym, and the class has complied with the teacher's request in 10 seconds or less, then those children are exhibiting compliant behavior. A child, who exhibits non-compliant behavior, may hide, ignore, or have a tantrum when the teacher gives the request to line up for gym. That child is not complying with the adult's request or following classroom rules.

Aggressive and non-compliant behaviors can act as barriers to young children's development of social competence and effective social networks. As an educator, it is important to understand the typical cognitive, social/emotional, and physical development changes of a 3 or 4 year old. This knowledge will help to guide teacher's decisions about appropriate behavioral techniques that can be implemented within the classroom, to eliminate aggressive and non-compliant behaviors and establish positive and caring relationships with adults and other children (Benedict et al., 2007).

Wilder and Atwell (2006) conducted a study examining the effectiveness of a guided compliance procedure in reducing noncompliance. A total of six preschool age children participated. After baseline data on compliance to common instructions was collected, a parent, instructional assistant, or graduate assistant implemented a three step guided compliance procedure, which involved the delivery of more intrusive prompts dependent upon noncompliance. The first step consisted of a therapist presenting the child with an instruction; the child had 10 seconds or less to comply with the request. Compliance to each request resulted in praise. Initially if the child didn't comply, the second step of the procedure was implemented. The second step of the procedure consisted of the therapist obtaining eye contact and modeling the correct performance for the child. The third step of the procedure was used, if the child continued to be non-compliant with the initial request. The third step involved a therapist

physically guiding the child to perform the request. If the child resisted physical guidance, the therapist simply continued to verbally guide the performance of the task.

The researchers' findings suggest that guided compliance may be an effective treatment for noncompliance in many, but not all, young children. The procedure proved to be effective for 4 of the 6 children who participated. The study also found, that the procedure might not be effective for all types of instructions. An adult who physically guides a child to perform certain tasks needs to be sensitive and aware of the aggressive triggers touching might invoke in some children. For educators, understanding that young children's physical, cognitive, and social development progresses at different rates may elicit an understanding of why some children exhibit aggressive and non-compliant behavior. Young children may lack a developmental understanding of what is expected of them socially, physically, and cognitively within the classroom thus causing a frustrated and confused response to a teacher's demand or request.

Preschooler Development

Considerable growth and change occur in children during their transition from 3 to 4 years of age, in all areas of development: physical, cognitive, and social/emotional. Although compared to what occurs in the first three years of their life, change is steadier and slower. Among the biggest challenges when describing children's development, is to convey the degree to which development and learning are interconnected across and within domains. Numerous examples of this integration exist, the most noticeable being; as children develop physically during the preschool years, the array of environments and opportunities for social interaction that they are capable of exploring expands greatly, thus influencing their cognitive and social development as well (Bredekamp & Copple, 1997).

Physical development. The amount and rate of growth in children between the ages of 3 and 4 varies. Children are growing out of their toddler-like appearance and into a longer, less top-heavy physique. All children's physical growth rate vary, and the images of their bodies often lag behind their increasing size. Learning how to monitor their bodies in space becomes a challenge for this age group, and often mishaps arise from their lack of awareness of their actual size and motor-skill planning. Physical growth is quite visible during these years; less visible changes are brain growth (Bredekamp & Copple, 1997). The brain grows from "75% to 90% of its adult size during these years" (Bredekamp & Copple, 1997, p.100).

Three and four year olds', gross-motor development progresses rapidly as children begin to define new skills and refine others. Three year olds begin to show improvements in coordination as they learn to move their arms and legs when pumping a swing or riding a tricycle. Four year- olds begin to coordinate their movements to climb on a jungle gym or jump on a small trampoline. During gym or outdoor activities, 3 year olds play actively with peers, although they will need the occasional rest, as they fatigue fast and can become cranky if overly tired. Four year olds exhibit more endurance, with longer periods of high energy (Bredekamp & Copple, 1997).

As preschoolers' gross-motor skills develop, children are also benefiting from activities that develop their hand muscles and fine-motor skills. Children begin learning to use their hands and fingers by watching peers. Three year olds begin enhancing their fine-motor skills through tower building with blocks. Four year olds start completing more complex block structures and show limited spatial judgment as they tend to knock things over (Hughes, 2010). Lastly, 3 year olds fatigue quicker if a lot of hand coordination is required in a certain activity, whereas a 4 year old enjoys manipulating new objects that have fine parts. Four year olds manipulate scissors

better and practice more in order to gain mastery (Bredekamp & Copple, 1997; Hughes, 2010). Understanding stages of young children's physical growth, enables educators to modify the daily routine to avoid periods of fatigue and crankiness that can lead to challenging classroom behaviors.

Cognitive development. As has been seen in the description of physical development, cognitive changes occur dramatically during the preschool years. Cognition in children ages 3 to 4 is different than that of infants and toddlers because children have acquired the ability to use language and mental representation. Between the years of 3 to 4, children's cognitive capacities are increasing enormously, enabling them to engage in more complex learning activities and social relationships (Bredekamp & Copple, 1997).

The work of Vygotsky illuminates the role of language development and social interaction in cognitive development. According to Vygotsky young children often use private speech when they are trying to

perform a task in their "zone of proximal development" that is just beyond their current level of functioning but achievable with another person's assistance or supportive scaffolding. Cues, questions, and other forms of assistance are given by adults and other children. Vygotsky demonstrated that much of children's understanding first occurs in communication with other people, then appears in private speech, and eventually is internalized as thought (Bredekamp & Copple, 1997, p.112).

From 3 to 4 years of age, children are continuously developing in key areas of cognition. Children begin to increase their ability to mentally or symbolically represent concrete objects. For example, preschoolers are able to think ahead and anticipate consequences of their physical actions, allowing them to make plans before taking action, increasing their ability to use mental

representation. Preschool children's thinking continues to be influenced by their tendency to have an egocentric view of the world, meaning they see things from their point of view and have difficulty understanding others' points of view. They assume that people see and experience things in the same way they do (Bredekamp & Copple, 1997). During early childhood, children have limitations in their ability to reason and solve problems; this is due to their attention and memory not being fully developed. Preschoolers have difficulty focusing on details and are more distractible especially when required to listen intently or work on an arranged task.

Social development. Young children's social and emotional development is apparent during the preschool years in their play, peer interaction, pro-social behavior, aggression, self-regulation, and expression of feelings. These social aspects play an important role in children's cognitive development. As children's growth progresses with age, their memory and other aspects of cognition improve and change, ultimately affecting their relationships with others. True relationships between peers first occur within the preschool years (Bredekamp & Copple, 1997). According to Bredekamp & Copple (1997), "Peers become important agents of socialization and provide important learning opportunities as well as the rough-and-tumble, playful, and inventive forms of interaction that young children enjoy at these ages" (p.115). Many 3 and 4 year olds become capable of playing together for extended periods, though they need occasional adult guidance to learn appropriate socialized patterns of play, positive ways of dealing with others, and effective verbal communication with peers.

During play situations 3 year olds often exhibit difficulty taking turns and sharing objects, while 4 year olds can easily become angry if things do not go their way. Three year olds are more solitary players during social situations and 4 year olds prefer to play with others more often. Also, 4 year olds seek to resolve negative interactions with peers, although they lack

verbal skills to resolve all conflicts. Whereas, 3 year olds are unable to solve problems among peers, and need help to resolve a social situation if a conflict arises (Bredekamp & Copple, 1997; Hughes, 2010).

From their experiences and interactions, children discover that other people have different points of view, which challenges them and begins to break down their egocentrism. As children overcome their egocentric perspectives, their interactions with others begin to be more successful. Children are able to develop a more constant and stable perception of themselves, despite the difference in their behaviors and in the responses they receive from others, self-evaluations and perceptions regarding their own worth, whether positive or negative, make-up their self-esteem (Bredekamp & Copple, 1997).

As children begin to develop a sense of self and learn to understand their emotions, their ability to represent thoughts and feelings verbally allows development of new social strategies and participation with others in many ways. Three year olds begin to express intense feelings, such as fear and affection. Four year olds show a greater ability to control intense feelings like fear or anger (no more temper tantrums),but still need adults to help them express or control feelings at times. Children are able to express their emotions at this age through the use of facial expressions and gestures. They also read others for body cues and copy behaviors (such as hand gestures) of older children or adults (Bredekamp & Copple, 1997; Hughes, 2010).

Behavioral Expectations in Group Care

Upon a child's entry into a group care setting, teachers create academic and behavioral expectations for preschool children to meet throughout the year, such as learning to share, negotiating disagreements, dealing with conflicts, and participating in teacher-directed and student-directed activities (Walker, Ramsey, & Gresham, 2003). These expectations are explicit

to teaching students what is expected of them, and acknowledging appropriate behaviors in ways that are valued by them.

Within most preschool settings, there are likely to be a few children with persistent challenging behaviors such as aggression and non-compliance. If these children's behaviors increase throughout the academic year, they start to disrupt the learning of their peers, interrupt instructional time, and derail the daily routine. Often, teachers' stated behavioral expectations and classroom management techniques are not enough to redirect these behaviors, so in turn a classroom-level intervention may be needed to effectively manage children's inappropriate behavior.

In recent years, group care settings throughout the United States have experienced increased pressure to document children's academic and social outcomes (Hemmeter, Ostrosky, Artman, & Kinder, 2008). As these pressures mount and teachers work toward these outcomes, they have become more concerned about children with challenging behaviors and the effects of those behaviors on others in the classroom. Within most preschool settings, there are likely to be only a few children with persistent challenging behavior. On any given day, however, there may be a number of children who engage in some form of aggressive or non-compliant behavior (Hemmeter et al., 2008).

Setting the Stage for Appropriate Behavior

Within preschool classrooms, teachers play a large role in the promotion of young children's cognitive development (Honig, 1999). Most early education teachers have been taught skills on how to promote intellectual and thinking skills, which leads them to emphasize academic aspects of the curriculum more than affective pro-social aspects such as teaching the children to be cooperative, kind, and caring (Honig, 1999).

Behavioral Management Techniques

Aside from instructional techniques that promote academic success, teachers need tips and techniques on how to promote pro-social behaviors in order to eliminate challenging behaviors such as aggression and non-compliance (Honig, 1999). Early childhood teachers can make use of setting variables to prevent problem behavior and promote pro-social learning. Examples of opportunities that can create a supportive environment and influence positive adult and peer interactions, are room arrangements, routines and schedules, and teacher to child interactions. The physical environment is a child's third teacher, so it is essential that the classroom have "well-designed arrangements that foster positive, creative interactions among children and provide comfortable, enclosed spaces for children to spend quiet time" (Powell, Dunlap, & Fox, 2006, p.29).

Aside from the environment, classroom schedules, routines and activities can be used as valuable tools in preventing the development of problematic behavior. It is important when establishing daily schedules to provide consistency, as it permits children to anticipate what will occur next, along with establishing clear rules that help children know what is expected to keep a classroom cooperative and friendly (Powell et al., 2006). Daily schedules should provide a mixture of teacher and child directed activities, large and small group activities, and structured and unstructured activities, to create a healthy instructional balance for children who may become overwhelmed quickly (Powell et al., 2006).

Throughout the day, as children are transitioning from one activity to another, teachers are more likely to see children engaging in challenging behavior (Hemmeter, Ostrosky, Artman, & Kinder, 2008; Honig, 2009; Powell et al., 2006). Challenging behavior is "more likely to occur when there are too many transitions, when all the children transition at the same time in the same

way, when transitions are too long and children spend too much time waiting with nothing to do, and when there are not clear instructions” (Hemmeter et al., 2008, p.18). According to Ardoin, Martens, and Wolfe (1999) “excessive transition time is a common problem in the schools, with students spending over 70 minutes a day engaging in preparation and clean-up activities in some classrooms” (p.339). Children can often become emotional, angry, or non-compliant when engaged in an activity of interest and the teacher announces it is time to regroup to another location. It is important for teachers to help children enjoy transitioning from one activity or location to the next by incorporating calm music, special songs, or physical movements such as skipping or marching (Honig, 2009). For young children, it is imperative that the teacher give directions that are clear and understandable, in a positive tone. Teachers need to inform the child what to do, rather than only what not to do, to help contribute to compliance. Lastly, monitoring and redirecting children’s behavior can often prevent behavioral problems from escalating (Powell et al., 2006).

Often children exhibit challenging behaviors within the classroom during transition times, as they may not understand what the expectations for the transition are. These children may be coming from another center that had different expectations or may be new to the group care and the routines. It is important as a teacher when designing a classroom schedule to minimize transitions and maximize the time children spend engaged in developmentally appropriate activities, because children who are fully engaged in classroom activities are less likely to engage in disruptive behavior (Hemmeter et al., 2008; Powell et al., 2006).

Hemmeter, Ostrosky, Artman, & Kinder’s (2008) research shows teachers can develop ways to minimize daily transitions, especially those that require all children to move at the same time. By reviewing the schedule, teachers can omit unnecessary transitions. For example, they

could create longer center times within the daily schedule during which teachers can focus on goals with small groups of children. This change, allows children more opportunities to be engaged with materials and the teacher more one-on-one instructional time with individual children, as well as more flexibility to bring small groups together based on their interests or needs.

As continuing research is conducted on the topic of childhood behaviors, early childhood educators are continuously being equipped with multiple techniques and materials to create a classroom characterized by prosocial interactions as well as cognitive competence. These techniques such as using words to describe feelings, active listening, and providing models of kindness promote children's cooperation in classrooms, understanding of empathy for adults and peers, helpfulness towards one another, kindness and sharing, generosity, turn-taking, and friendliness (Honig, 1999).

The use of active listening within the classroom is a means for teachers to convey empathy for a distressed child. A child who exhibits feelings of grief, sadness, or anger is more likely to "cooperate with a caring adult who they feel really understands and validates their feelings. If a child is feeling grumpy, a teacher can acknowledge the feelings even when they cannot allow a behavior" (Honig, 1999, p.35). Establishing a prosocial environment requires models of kindness, helpfulness, and caring through daily adult responsive interactions with children. "Gentle voice tones and calm, soothing words help. A caring hand on a tense shoulder, massaging of arms or hands, a gentle stroking of a child's back can decrease body tension and restore harmony sometimes when a situation escalates" (Honig, 1999, p.35). Children look to adults to meet their emotional cravings for acceptance and love, it is imperative for the teacher to

not only meet the child's needs but to set clear, reasonable and firm rules as well (Honig, 1999; Honig, 2009).

Establishing clear, reasonable rules within the classroom helps children know what is expected to keep a classroom cooperative and friendly. Often children struggle to follow the rules because they lack an understanding of what rules are and the purpose they serve, it is important to provide children with an explanation that classroom rules are established to keep children safe and create a positive and welcoming atmosphere (Honig, 1999). Classroom rules and reasons for rules often need to be restated several times throughout the school day. Some children may become non-cooperative at following the rules that have been taught often such as no running in the classroom. Asking those children to restate the rule and the reason for the rule, may give children a sense of responsibility for their own actions (Honig, 2009).

When children have persistent challenging behavior that is often not responsive to interventions, behavior support plans are used to address problem behavior specific to the child in need. These can be used within all natural environments and are centered on the support of the child developing new skills (Powell et al., 2006).

Behavior Support Plan

The use of behavior support plans with young children and families is increasing rapidly in group care settings. As more resources and knowledge is gathered, numerous young children affected by challenging behavior can be rerouted on a path of social-emotional competence and school readiness (Powell et al., 2006).

A behavior support plan is a process implemented by behavior specialists, teaching staff, and the child's family. Behavior support plans define challenging behavior, focus on factors that contribute to a child's use of problem behavior, and identify the function or purpose of the

behavior (Powell et al., 2006). The overall goal for a child on a behavior support plan is to increase the use of appropriate behavior and new skills. Each team member within the behavior support plan process brings a unique perspective about the child and contributes knowledge to the development of the plan that can be implemented within the child's natural environments (Powell et al., 2006).

The behavior support plan team first begins the behavior support plan process by conducting a functional assessment. "Functional assessment involves conducting observations and collecting information that leads to an understanding of the factors that relate to the child's engagement in challenging behavior" (Powell et al., 2006, p.32). The functional assessment establishes hypotheses about the purpose or "function" of the child's problem behavior. Once the function of the behavior is identified, "strategies can be developed to prevent the problem behavior from occurring and to teach the child new ways to communicate or get his or her needs met without using problem behavior" (Powell et al., 2006, p.32).

A behavior support plan includes the following components: hypotheses about the function of the problem behavior, strategies to prevent and lessen the child's use of problem behavior, new skills that will be taught to the child to replace problem behavior, and responses to behavior that make sure that problem behavior will not be maintained. It is important to promote the child's social, emotional, and behavioral progress and access to a quality lifestyle through long-term support strategies included within most behavior support plans (Powell et al., 2006). The final part is a process for measuring the outcomes of the plan's implementation in the classroom or in the home environment. Measurement of the outcomes may include changes in problem behavior, changes in the use of appropriate behavior, changes in the use of appropriate

communication or social skills, and/or changes in larger outcomes, such as parenting satisfaction, child friendship development, or family stress reduction (Powell et al., 2006).

After the development of a behavior support plan, implementation of the plan is undertaken by the child's caregivers within the natural environment. In "early education and care environments, teaching staff implement the behavior support plan within the child's routine activities and play and the family implements the support plan at home" (Powell et al., 2006, p.32). Periodically, team members meet to review the child's progress and to monitor the plan's implementation within the classroom.

Left unaddressed, the occurrence of challenging behaviors can have serious and harmful implications in all aspects of a young child's development. As awareness of these issues grows, it is important to establish effective prevention and intervention strategies to help teachers, care givers, and parents address the challenging behaviors of young children (Powell et al., 2006).

Group Care Setting Interventions

Once a child enters school, other factors begin to influence a child's behavior. Among the most important factors are the "quality of the classroom instruction, the quality of the teacher-child interaction, peer influences, and the child's social communication abilities. Thus, the child's developmental level, his or her parents, teachers, peers, and others with whom the child interacts all play a role in the child's overall development and, in turn, underscore the need for interventions on multiple levels over time" (Hester et al., 2004, p.6). A child's long-term success with early intervention is dependent on the consistency and continuity of interaction across their environment, the people they interact with, and over time (Hester et al., 2004).

There are, however, a number of problems that can make it difficult to accurately identify these children with social problems requiring intervention. For example:

When children are young, it is often difficult to determine if they might be at risk, or if the presenting behaviors are merely a part of normative child development. Often teachers and other education personnel working with young children take a “wait and see” approach, based on the misguided belief that the child will “grow out of it (Hester et al., 2004, 6).

Often educators are reluctant to label children “at risk” for fear of falsely identifying a child. Although educators may be hesitant to introduce an unnecessary intervention, it is imperative that prevention and intervention efforts are emphasized constantly in early childhood, because at this age children are most responsive to intervention and are more likely to maintain those outcomes throughout their lives (Hester et al., 2004).

Although there is concern about identifying a child at risk, the problem is that without identification, there will be no intervention. The most common method for determining the presence or absence of problem behaviors in young children is a self-report questionnaire, typically completed by parents, teachers, peers, and/or the target child. Direct observation documents specific behaviors, such as the frequency or duration and/or severity of episodes of problem behavior. Direct observation measures provide more objective data and a broader understanding of child behavior in specific settings (Hester et al., 2004). Most experts agree that prevention/intervention efforts should occur across multiple environments and should be conducted by multiple agents over time with continued intervention, support, and transition services as children reach various developmental milestone and advance to new settings with new expectations (Hester et al., 2004).

Research shows multiple strategies and techniques are available to early childhood educators for handling challenging behaviors within the classroom. Some techniques prove to be

more effective than others. Many teachers have gathered a few effective techniques that are successful within their classroom for handling challenging behaviors such as aggression and non-compliance. My proposed study will examine how educators narrate their effective and ineffective behavioral techniques and interventions used with aggressive and non-compliant 3 and 4 year olds. In addition these narrations will be examined in comparison to the articulated behavior management policies of the group care setting.

Methodology

I conducted a qualitative comparative study examining a variety of preschool teachers' behavior management techniques and practices in controlling non-compliant and aggressive child behavior across two different pre-school settings. In addition, the centers' behavioral management plans were reviewed, evaluated, and compared.

Setting

Two group care settings, one housed on a campus university and another in a public school were recruited for this study. The first center housed on a campus university, served children of students and working staff and some of the general public. The second center within a public school served children primarily from geographically close communities in Western New York. These settings were similar in that each program provides quality and developmentally appropriate care that promotes kindergarten readiness skills for preschool age children by enhancing their cognitive, physical and social/emotional development.

Socially/emotionally each center promoted positive cooperation, empathic responsiveness to peer distress, helpfulness toward younger children in program, kindness and sharing, generosity, turn-taking, positive group-entry skills, and friendliness. Teachers provide a developmentally appropriate curriculum that guides and develops children's cognitive skills in the areas of: math,

language, art, science, social studies, and music skills. As well, both centers provide gym/outdoor play, cardio activities, and fine/gross motor skill support for developing children.

Participants

Four preschool teachers from two small culturally and linguistically diverse day care centers in Western New York were recruited to participate in the study but only three were available to participate. The first center was comprised of four preschool teachers, while the second center had two preschool teachers. Out of the pool within the first center, one preschool teacher from each classroom was randomly selected and invited to participate within the study. All teachers chosen were Caucasian middle class females, and their experience in early childhood settings ranged from one to six years. In addition, the teachers appeared to be in good health and ranged in ages from late twenties to mid-forties. Prior to the onset of this study, I communicated with the four chosen teachers through email, to inform them of the purpose of the study and to invite them to be a part of it. After three teachers verbally agreed through email to participate in the study, the researcher scheduled a meeting for the participants to sign an informed consent form and to schedule an interview session after school hours at an offsite location.

Design

The overall goal for this study was to conduct a comparative case study examining preschool teachers' behavior management techniques and practices in controlling non-compliant and aggressive child behavior across two different pre-school settings. The study was designed to address the research question "What classroom management techniques do teachers describe using with preschool children ages 3 to 4 who exhibit non-compliant and aggressive behavior?" A secondary question was, "How do teachers narrate the effectiveness of these techniques and

their centers' behavioral management plan in responding to non-compliant and aggressive behavior of young children?"

Firstly, I obtained written consent via email from each director of the two day care settings. After approval was granted, I emailed two teachers from each center to inform them of the purpose of the study and to invite them to be a part of it. After three of the four teachers verbally agreed through email to participate in the study, I scheduled a meeting with each teacher to explain the study in further detail and presented two copies of the informed consent to have signed. Each teacher signed a copy; I kept one while the other was for the participants to keep. After consent was obtained from all participants, an interview appointment was scheduled with each teacher individually based upon their availability. The interviews were conducted in November, and extended over a three week period. Each individual interview lasted 35 to 40 minutes. The interview consisted of 15 to 20 open-ended questions developed by (Varjas, Meyers, Collins & Meyers, 2010) that included the following topics: teacher's behavioral management techniques, school-wide behavior intervention plans, teachers' narration on the effectiveness of these techniques and their centers' behavior management plan in responding to non-compliant and aggressive behavior. (See Appendix for a copy of the interview questions)

Data Collection

Interviews were conducted at an offsite location agreeable to the researcher and each of the participants. Each interview was recorded using a medium sized audio voice recorder placed in the middle of the table at the location of the interview. While the interview was being conducted, I recorded notes in a notebook along with audio recording each interview session. The notes were used as an extra resource tool for data analysis. Once each interview was completed, I listened to each teacher's interview recording multiple times to ensure accuracy, as

I transcribed the teacher's responses to the questions into a Microsoft Word software program. Any identifying information that the teachers disclosed during the interview was removed from each transcript. After transcribing the interviews into Microsoft Word, I typed up my notes that were recorded during the interview process, using the same word processing program. After the completion of this study, the deidentified transcribed audio-taped interviews and notes recorded were locked in a filing cabinet. These will be destroyed within three years of completing the study.

Data Analysis

With the combination of written notes and the transcribed interviews, I meticulously examined and critiqued the information for commonalities using highlighter coding, which allowed me to assign meaning to the data I collected and group it accordingly. Commonalities were coded in different highlighted colors to represent similar themes in management techniques, school procedures/interventions, and effectiveness of teacher behavioral techniques and centers' management plans in responding to aggressive and non-compliant behavior. After themes were highlighted within the transcribed interviews and notes, I cut out each highlighted section from both documents and taped them onto a blank sheet of printer paper. This was used to help me formulate my findings in the results and discussion section.

Limitations

First, due to the small sample size of this study, I was not able to gather extensive teacher feedback about classroom behavioral techniques that are used with non-compliant and aggressive children. I also was not able to get information on how a variety of different centers handle these behaviors through intervention and behavioral plans. Secondly, this study examined teachers' perceptions and use of behavioral management techniques, as well as looked at teachers' views

on the effectiveness of the centers behavioral plans. Throughout this study, I did not observe teachers' use of classroom behavior techniques with aggressive and non-compliant preschoolers. Therefore, it is important to consider that the teachers' perceptions and an accurate understanding of behavior management techniques are not necessarily equivalent. For example, it is possible that the teachers in this study may not have fully understood the appropriateness of utilizing various techniques with different children and could unknowingly apply techniques that are ineffective but which they perceive to be effective. Finally, comparison of the interview data with observational data would have provided more corroboration of data from multiple sources and would have enabled the findings to be stronger.

Findings

The behavioral management techniques of three preschool teachers were described in face to face audio recorded interviews with the teachers and the resulting interview transcripts were reviewed to isolate recurring themes. The interviews probed each teacher's classroom management techniques, the effectiveness of those techniques, and the center's procedures and behavioral intervention plans used with children, ages 3 to 4 who exhibit aggressive and non-compliant behavior. Three teachers were recruited for this study. Two teachers were from a day care center housed in a public school in a rural community while the last teacher was from a campus university day care. Fifteen questions were asked addressing the following topics: teacher's behavioral management techniques, school-wide behavior intervention plans, and teachers' narration on the effectiveness of these techniques and their center's behavior management plan in responding to non-compliant and aggressive behavior. Responses to each question were transcribed, examined and critiqued for commonalities using highlighter coding.

Results of this qualitative comparative study show several commonalities amongst the behavioral techniques teachers used in addressing positive and negative behavior within the classroom and each center's overall philosophy on responding to challenging behaviors. The results include three themes related to behavioral response, classroom behavioral management, and behavioral interventions and procedures.

Group Care Centers

Center one. Center one is housed on a university college campus in a small village in Western New York. The center provides quality, developmentally appropriate care and education to the children of students and working families. Center one currently serves fewer than a hundred children 8 weeks to 5 years of age, as well as school age children 5 to 12 years of age. Center one provides children with an array of activities that enhance their development through meaningful activities such as art projects, cooking, outdoor play, music, science, and special projects. Teacher C is a forty six year old female, co-teacher within one of the preschool classrooms who teaches 3 to 5 year olds. Teacher C has been teaching for 6 years with a Bachelor's degree in Early Childhood Education and Master's in Special Education. Teacher C's educational philosophy mirrors that of the center's, as she provides opportunities for children to learn problem solving and conflict resolution skills.

Center two. Center two is housed within a public school in a small village in Western New York. The center develops and fosters positive relationships with children and families while providing a loving, caring, and secure learning environment. Center two provides care to children of working families from geographically close communities around Chautauqua County. Center two currently serves fewer than a hundred children 6 weeks to 5 years of age, as well as school age children 5 to 12 years of age. Teacher A is a 25 year old female teacher within

one of the preschool classrooms who teaches 3 to 4 year olds. Teacher A has been teaching for a year with a Bachelor's degree in Early Childhood Education and is currently working to obtain her Master's in Curriculum and Instruction. Teacher B is a 26 year old female preschool teacher within the center who teaches 4 to 5 year olds. Teacher B has been teaching for 3 years with a Bachelor's degree in Early Childhood Education and a Master's in Curriculum and Instruction. Each teacher within the center believes communication, consequences, and effective use of modeling addresses and contributes to preventing negative behavior in the classroom.

Behavioral Response

Addressing and preventing negative behavior. In reviewing and analyzing teachers' responses for addressing negative and positive behavior in the classroom, each teacher, although unique in teaching style, had similar techniques for preventing and addressing challenging behaviors. During the interview, when asked, "how do you address negative behavior in the classroom?" Teacher C (center one) believed in a child-centered approach such as allowing children to be their own guides to learning and understanding their emotions and actions. Teacher C stated that she teaches appropriate behavior "through modeling and play, positive praise, reading literature about appropriate behaviors, redirection, proximity control, distracting children before doing the wrong things, verbal and visual reminders." She believes that children should be in charge of generating their own safety by establishing their own rules for the classroom. Teacher C uses age appropriate language and leads discussions with children who may have difficulty following the rules instead of shouting with the language "no" so that a child stops a certain behavior.

Along with addressing negative behavior in the classroom is establishing techniques to prevent it as well. Teacher C finds ignoring a child who may be looking for negative attention as

long as it is not harmful to the child or others is an effective tool. Also having an area within the classroom that promotes calming and tranquility is an essential component in preventing and addressing negative behaviors. Teacher C has a box full of pillows, sensory balls, and calming objects arranged in an area called the “relaxation station.” The relaxation station is optional for children who need to calm down and work through their emotions, aside from the box are pictures of waterfalls, a feelings chart, and visually calming things that are a part of their non-violent social/ emotional curriculum called second step. Second step uses posters and puppets to teach children how to regulate their emotions, express their feelings, and become problem solvers.

Teacher A (center two) addresses negative behavior with a more teacher-directed firmer approach, such as following up each child’s negative actions with a consequence for example, having the child sit a minute for every year of age. Teacher A stated that she communicates with children about their actions and how they affect others and tries to recognize the positive actions displayed by the other children. She uses the children’s peers to model how to appropriately behave to a child who may be struggling with a variety of challenging behaviors. With a particular child on a behavioral plan, teacher A uses visual cues to help the child process thoughts and feelings along with redirecting the child when aggressive with peers or himself. Lastly teacher A along with teacher C uses proximity control to monitor and step in when a challenging behavior is occurring. Teacher A feels that the close proximity and monitoring leads to less aggressive behaviors with one particular child, but due to the class size and availability of the teachers this is not always a plausible solution. Aside from addressing negative behavior in the classroom, teacher A believes that engaging activities that are hands-on and interest based help in preventing further challenging behaviors. Similar to teacher C, teacher A has a cool down

area that is optional for children who need to manage their emotions. The cool down area is a spacious cupboard without the doors that consists of beanbags and soft sensory items. A feelings chart or visually calming things are not posted as the center believes verbally communicating with children about their feelings is more effective than visual aids.

Teacher B (center two) addresses negative behavior similar to teacher A using a consequence based approach. Teacher B stated that she removes children exhibiting aggressive behaviors towards adults and peers and places the child in a calm area with a timer. The child knows when the timer buzzes that teacher B will address the child's behavior and talk about how to problem solve in the future, if the child has aggressive feelings towards another peer. Teacher B also feels similar to teacher C and A believing that praising the positive behavior is essential. She also doesn't believe focusing on the negative is beneficial to a child's social/emotional growth. Aside from addressing negative behavior, teacher B also believes like teacher A that having engaging activities is an effective technique to lessen challenging behaviors in young children. Teacher B unlike A and C, doesn't have a specific area within the classroom for the children to calm down. She allows children who have difficulty sitting during structured activities, to sit quietly and read a book or do a puzzle but she doesn't have a designated area for calming down. She speaks to children individually throughout the room when they are upset or want to express their emotions.

Addressing positive behavior. Negative behaviors such as aggression and non-compliance within the classroom can be disruptive, impact children's learning, and reduce instructional time. Implementing successful techniques to reduce negative behaviors is important as well as focusing on the positive behaviors and growth children are making.

During the interview, when asked, “how do you address positive behavior in the classroom?” Teacher C felt that recognition of appropriate social behaviors and children’s accomplishments of a skill decreased the amount of challenging behaviors and promoted a more positive, caring partnership between teacher and child. Teacher C steers away from using “I like the way” to recognize positive behavior, as she feels it is not about what she likes, it should be about the children’s accomplishments. Teacher C uses descriptive language such as, “you worked really hard cutting on the line”, or “you just shared that play dough with your friend; that’s a fair way to play” to describe positive ways the children are playing or interacting with their peers.

Teacher A recognizes the positive actions of children using “I like the way” language. Teacher A has a similar belief as teacher C that recognizing the positive and showing affection to children with a simple hug, builds a trusting bond between teacher and child thus reducing the occurrence of aggressive and non-compliant behaviors.

Teacher B’s approach to addressing positive behavior is very similar to teacher A’s. Teacher B recognizes the positive actions of children using “I like the way” language and steers away from focusing on the negative. Teacher B feels that focusing a child who is having a difficult time on an activity that adheres to their interests, is more appropriately meeting that child’s needs than requiring the child to complete a task that may trigger them to become aggressive or frustrated.

Classroom Behavioral Management

Behavioral management techniques are an essential component of professional practice in managing challenging behaviors and creating academic success. Overall, each center believed an incentive based behavioral management system designed for the whole classroom, was not age

appropriate or effective in addressing and preventing aggressive and non-compliant behaviors.

The philosophy of each center for behavior management was more of a holistic approach making it child centered and not incentive driven.

Teacher C's approach to behavioral management was "identifying strengths and weaknesses, targeting behaviors and goals, consistent communication between staff and families, use of timers, relaxation station, music and movement, gross motor play every day, and reading multiple articles and books about challenging behaviors." Teacher C felt that incentives such as stickers or prizes were not age appropriate and did not adhere to the center's or her own philosophy. The center focuses on children's efforts and steers away from reward systems as they become extrinsic and children show behaviors that are geared towards earning a reward rather than for the satisfaction it brings.

Teacher A's approach to behavior management was, "consistent routines, classroom rules, verbal and visual cues, calming area, consequences for negative behavior, praise, modeling, and reminders of appropriate behavior." Teacher A's center takes a subdued approach with challenging behaviors and focuses on redirection and communication about feelings as the best solution to managing behaviors.

Teacher B's approach to behavior management was, "using rock star badges, engaging activities, praise, modeling, and teaching appropriate behaviors through activities." Teacher B believes a classroom incentive is not age appropriate, "as children have a short attention span and can't focus on achieving a goal all day." Instead she uses individual incentives called rock star badges, these badges are focused around clean up time or transitions out of the classroom. The rock star badges are laminated badges that say "preschool rock star" on them and all children can earn a badge if they are making good choices. Days when the rock star badges are not used,

Teacher B hands out stickers to her best cleaners during clean up time. Teacher B also feels maintaining open communication with families about a child's day is the most effective tool to lessening challenging behaviors.

Behavioral Intervention and Procedures

Centers' procedures. Group care centers provide quality, developmentally appropriate care and education to the children of working families. Group care centers promote prosocial behavior, nonviolence, and conflict resolution. Although each of the centers studied is unique, their philosophy of caring for children is similar.

Teacher C's philosophy of caring for children mirrors that of her center's. The center's procedure on handling challenging behaviors such as aggression and non-compliance is making each classroom child centered by offering children choices. If aggressive behaviors occur and become disruptive to classroom learning, children are offered the choice of using the relaxation station or sitting until they are ready to communicate and problem solve. Teacher C finds that children are often eager to work through their feelings when they display negative behaviors, so that they can continue play with peers.

Teacher A's philosophy of caring for children, is firmer and more consequence driven than her center's, which is a more subdued approach. The center's procedure on handling challenging behaviors is, "no corporal punishment, constant redirection, praise, modeling, conflict resolution, and communicating emotions." Teacher A's center doesn't have a specific procedure on handling challenging behaviors as it is mostly left to the discretion of the individual teacher. The center encourages teachers to facilitate their own strategies and techniques for diffusing difficult behaviors.

Teacher B's philosophy of caring for children, is similar to teacher A, with a firmer more consequence driven approach. Teacher B's center also believes in taking a less consequence and subdued approach on handling challenging behaviors with such things as talking problems out, separating children who are having a difficult time and listening and responding to children's feelings. Teacher B's teaching style is similar to the center's, as she is already implementing these approaches, but she also feels that children should be held accountable for their actions such as sitting children out or having them miss a favorite activity if their negative behavior is disruptive or hurtful.

Behavioral intervention plan. Children, who have persistent challenging behaviors and are unresponsive to behavioral techniques from the classroom teacher, may require additional resources or services such as an intervention plan. Within this study, each center believed that teacher techniques, record keeping, and observations were essential first steps before contacting an outside source for assistance. Teacher A and B's center has an outside behavioral specialist who is consulted when they have exhausted all of their strategies and the child is still showing signs of aggressive or non-compliant behavior. In order to initiate this progress, each teacher needs to communicate with their director, go through a trial of observations, and submit a referral to have services provided to that child. Teacher C's center in previous years has worked with psychologists who mirrored the center's holistic approach to handling behaviors but currently does not work with a specific specialist. Teacher C feels that if a specific child is causing concern, running records will be conducted on the child within the center's observation room and from there a referral will be requested.

Although each center doesn't have a specific intervention plan in place, teacher C's center uses the second-step curriculum to teach core social/emotional skills. Teacher C feels that

this curriculum's language communicates the reality of what children's choices are going to be in the classroom and lessens the occurrence of aggressive and non-compliant behavior throughout the day.

Teacher A has a particular child who is both aggressive and non-compliant. This child receives services from a behavioral specialist due to a prior teacher's concerns. The child is on a behavioral plan that consists of data collection from the classroom teacher and strategies to implement that engage the child in appropriate behavior. Teacher A is given a visual schedule and cue cards to use with the child throughout the day in order to see if the child's maladaptive behavior decreases. The behavioral specialist has also implemented an incentive system for the child. When teacher A catches the child doing an appropriate behavior, he gets to put a blue's paw on his sticker chart, once he receives five in a row he is rewarded with a prize. Teacher A expressed that it is difficult to be consistent with this strategy due to time constraints but feels that once the child receives a one on one aide it will be implemented more regularly.

Teacher B's classroom has some children with severe aggressive and non-compliant behaviors. Teacher B is currently working with the director on creating a behavioral management plan that is teacher implemented. The plan is comprised of strategies that Teacher B can implement to decrease the number of challenging behaviors that are occurring. Teacher B has collected her own observations about the occurrence of these behaviors to supplement those of the director. The director feels that it is important to try every possible solution first before involving an outside specialist.

The interview responses from this study display commonalities among an array of different teaching styles and center philosophies. The data gives many implications for practice and future research.

Discussion

There are many dimensions to this study and the results found provide multiple strategies that assist in addressing, preventing, and eliminating aggressive and non-compliant behaviors in the classroom. A detailed outline of the policies/procedures, behavior support plans, and social-emotional curriculums of each center are examined in this analysis.

Social-Emotional Curriculum

A social-emotional curriculum for young children is designed to teach social skills and decrease children's problematic behavior. It increases children's ability to use self-control, understand and care about how others feel, and be able to problem solve during social situations. Teacher A and B's center did not have a social/emotional curriculum implemented. Teacher B mentioned that social skills are taught to children daily through lessons but a structured social/emotional curriculum is not used. Teacher C's center uses a violence prevention program called *Second Step*. Literature states the importance of the *Second Step* program for children ranging from pre-k to eighth grade. McMahon, Washburn, Felix, Yakin, and Childrey (2000) describe it as a curriculum that teaches children skills that are designed to decrease impulsive and aggressive behavior and increase social behavior. The *Second Step* program has been rated as "one of the best school-based violence prevention programs currently available" (p.273) as it is easy to use, developmentally appropriate, and educator friendly. The curriculum is divided into three units: empathy, impulse control, and anger management. Each lesson consists of an activity (including puppets), a photograph of children in a specific circumstance, and role playing situations. McMahon, Washburn, Felix, Yakin, and Childrey's (2000) conducted a study that included the *Second Step* program, the result of which was a decrease in aggression and disruption among preschool and kindergarten children from low income, urban homes.

With the use of a social/emotional curriculum such as *Second Step* or PATHS (promoting alternative thinking strategies), children are able to become more independent problem solvers and understand their feelings and that of their peers. Teacher A and B may have had difficulty managing the challenging behaviors of their classrooms due not having a curriculum that solely focuses on social/emotional needs. It may have been difficult for these teachers to teach prosocial skills on their own. Social/emotional programs such as *Second Step* offer educators a wider range of materials to expand their teaching and children's understanding of their emotions and behaviors.

Behavior Support Plan

When children have persistent challenging behaviors that are not responsive to teacher implemented classroom techniques, a behavior support plan is developed to resolve the problem behavior and support the development of new skills. As indicated, each center believed that teacher techniques, record keeping, and observations were essential first steps before contacting an outside source for assistance. Teacher A and B felt as though when they had exhausted all teacher behavioral management techniques within the classroom and went to their director for further guidance, the director was not proactive in bringing an outside source such as a behavioral specialist to look into the challenging behaviors further.

In previous years, Teacher B created a teacher implemented plan with the director for certain aggressive children she had in her classroom. She felt that the techniques provided to her by the director were effective for reducing challenging behaviors short term but were not a long term solution. Teacher A has a particular child who is receiving services from the outside behavioral specialist but the need for those services was not initiated by her, but by the previous teacher. Teacher A feels that the techniques and goals implemented by the behavioral specialist

have enabled tremendous social/emotional growth for the child in her classroom. Teacher C's center also uses outside sources when challenging behaviors persist despite the teachers' best efforts. Teacher C feels that she has the support of her director and that her concerns are addressed. She believes that if all of her classroom techniques have been exhausted and the child is still not showing improvement, then observations and running records are needed in order to refer the child for further services. It is extremely important to have the support of the director and the resources of a behavior specialist when challenging behaviors occur within the classroom. It is often overwhelming for educators to handle such behaviors on their own and it is important to have the support of administrators and service providers in creating and implementing strategies for managing challenging behaviors. One way administrators can assist teachers and families is by having in place a clearly articulated philosophy with policies and procedures for dealing with children's aggressive and non-compliant behavior.

Center's Policies/Procedures

The occurrence of challenging behaviors can present serious implications for all aspects of young children's development. As awareness of these issues grows, it becomes increasingly important that consistent and comprehensible procedures be implemented from administrators for families and educators to follow. It is important for a center to create policies and procedures that are responsive to teacher, administrator, and family values and beliefs about handling children's behaviors. Prior to the teacher interview process, I contacted each center's director to inquire about their policies/procedures on handling children with challenging behaviors and the information they provide to families on the matter as well. After several attempts, I was not able to receive the information from the directors due to lack of response. I did search each center's web page and was able to locate a preschool handbook given to families on center one's

webpage that briefly described the center's discipline policy.

The policy stated the importance of positive guidance and redirection for children so that they make better choices within the classroom. Conflict resolution and negotiation skills are also highly encouraged as opposed to a strong authoritative approach. Center two did not appear to have any information or handbook available for the general public or families on their webpage discussing their policy on handling challenging behaviors. During the interview process with each of the teachers, when asked about their center's policies and procedures, teachers A and B felt their philosophy of handling behaviors did not mirror that of their centers. Teachers A and B believed that every negative action a child displays within the classroom should be followed with a consequence such as sitting out from an activity. The center's philosophy is redirection, communication of emotions, praise, and using conflict resolution skills. Both teachers follow this philosophy in their own teaching style as well, but felt that children should be held accountable for their actions as well. Teacher C's philosophy mirrors that of her center. The center and Teacher C's philosophy are both child-centered. They provide children with choices, teach them how to problem solve, use a relaxation center, and the *Second Step* program.

As I was not able to gather written documentation on the policies and procedures of each center, I could not compare the documentation to that of teacher's responses. Teacher A and B's philosophy of handling behaviors may have differed due to a lack of understanding of what the center's policies were.

Limitations

Findings from this research show commonalities amongst the behavioral management techniques teachers used and each center's overall philosophy in addressing and preventing challenging behaviors. The first limitation was the findings were obtained from a relatively small

sample size thus limiting the amount and variation of extensive teacher feedback about classroom behavioral techniques that are used with non-compliant and aggressive children. I also was not able to get information on how a variety of different centers handle these behaviors through intervention and behavioral plans. Four teachers were recruited, and only three were available to participate in the study. It is possible that teacher D was reluctant to participate in the interviewing process, due to scheduling conflicts during after work hours or lack of support staff for classroom coverage.

The second limitation was the length of the study. I was not able to gather further research, such as classroom observations of teacher's use of behavioral management techniques with aggressive and non-compliant preschoolers. Comparison of the interview data with observational data would have provided more corroboration of data from multiple sources and strengthened the findings. This methodology would also have allowed me to evaluate the techniques that teachers were using to see if they were truly effective or not with children displaying challenging behaviors. Therefore, it is important to consider that the teachers' perceptions and an accurate understanding of behavior management techniques aren't necessarily equivalent. For example, it is possible that the teachers in this study may not have fully understood the appropriateness of utilizing various techniques with different children and could unknowingly apply techniques that were ineffective but which they perceive to be effective.

The last limitation was not having a variety of participants. Each of the three participants were females, I would have liked a male's perspective on the use of behavioral techniques with preschoolers, as they may have a different perspective from the female responses I received. Due to my small sample size, I did not have a range of different ages or teaching experience amongst the participants. I would have liked a mixture of ages and teacher's with 10 or more years of

experience, as they may have been able to offer more insight into challenging behaviors and techniques on how to manage them.

Implications for Practice

Behavioral management techniques are an important facet of professional practice, with broad implications for student learning and welfare. With an array of techniques gathered from two different group care centers, this study offers perspectives and resources for behavioral specialists, administrators, and early childhood educators to develop preventative behavior strategies at a classroom and school-wide level. The data shows the techniques the teachers find effective in addressing and preventing challenging behaviors from occurring within the classroom. If achievement of children's academic success and the minimization of discipline problems are the goals of group care centers, behavioral techniques and school wide intervention programs can be part of the solution, but these are not sufficient on their own. It is essential that they are paired with the guidance of trained behavioral specialists and professional development focused on addressing these behaviors for educators.

Implications for Future Research

Studies of effective classroom behavioral management techniques that can be teacher implemented have been conducted by researchers for many years. This comparative case study was among the first to examine the teachers' narration of behavioral management techniques that they deemed successful in handling and preventing aggressive and non-compliant behavior.

Future researchers could extend this study by conducting classroom observations of teacher's behavioral management techniques in use during the day. This would allow researchers the ability to provide educators not only with behavioral management techniques through several teachers interview responses but the statistical data to support their effectiveness in lessening

challenging behaviors as well. This study could also be conducted on a larger scale, with more preschool teachers. This study's participants were all Caucasian females with a close proximity in age and teaching experience. A study examining different generations of teachers both male and female, from different cultural backgrounds could offer useful results as well. If I were to conduct this study again, I would extend the length of study to provide more opportunities to gather a mixture of participants from different backgrounds.

Today early identification and implementation of classroom interventions and techniques for challenging behaviors such as aggression and non-compliance seem to be the most powerful course of action for achieving classroom success. This study addressed aggressive and non-compliant behavior of young children and the impact of classroom management techniques on lessening these behaviors. Findings from this short-term study show that aside from the teacher's unique teaching styles, their techniques for handling challenging behavior are comparable. This study indicates that positive modeling, praise, and building an open and trustworthy bond with children are some of the most essential strategies to managing behaviors that can be disruptive to the classroom. As an educator, it is encouraging to know that more and more teachers are finding strategies to approach and interact with children to create conditions that are conducive to positive academic and social behavior.

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Teacher Behavioral Techniques Interview Questions

1. How would you define behavior?
2. How would you define aggressive and non-compliant behavior?
3. Describe aggressive and non-compliant behavior within your center.
4. What are some things that cause the development of positive behavior in your center?
5. What are some things that cause the development of negative behavior in your center?
6. How do you address positive behavior in the classroom?
7. How do you address negative behavior in the classroom?
8. How do you prevent negative behavior in the classroom?
9. Tell me about the behavioral management system you use within the classroom.
10. Give an example of how you've supported positive behavior, interrupted negative behavior, and prevented negative behavior in the classroom.
11. What is your center's procedure on handling challenging behaviors such as aggression and non-compliance?

12. Explain your center's behavioral intervention plan.

13. What behavioral management techniques do you find are effective in handling children with aggressive and non-compliant behavior in the classroom?

14. What behavioral management techniques do you find are not effective in handling children with aggressive and non-compliant behavior in the classroom?

15. What kinds of training have you received in behavioral management?