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Implementing Positive Guidance Strategies to Reduce Challenging Behavior in Preschool Classrooms

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Implementing Positive Guidance Strategies to Reduce Challenging Behavior in Preschool

Classrooms

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ED 590: Research and Complete Capstone

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Dedication

To my husband. You are my rock, my encouragement, and my biggest supporter.

To my mother for allowing me to help with the infants and young children she cared for when I was young. That is when I became passionate about working with children when I grew up. Thank you for being my partner in the group daycare and preschool program. I learned so much during that time that has allowed me to continue learning and growing in the early childhood education field.

To my father, thank you for encouraging me to spread my wings. Thank for making my dream of owning my own childcare business a reality. I learned so much during that time. Thank you for being there during the hard times without you, I would not be this far in life.

Acknowledgments

To my husband for encouraging me to step out of my comfort zone. With your love, encouragement, and support, I have learned that I can do anything I put my mind to. Thank you for always being there for me when I needed someone to encourage me and remind me that I can conquer graduate school. You are my rock.

To my colleagues within the San Bernardino Superintendent of Schools State Preschool Program. Through my preschool teaching position, I have renewed my devotion and dedication to making sure that all children receive high quality education. To my colleagues at Bradach State Preschool, thank you for allowing me to discuss my capstone research and involvement in PBIS. I have learned so much from the teaching staff.

To CAHELP staff that dedicated so much of their time to training the State Preschool staff in PBIS, Conscious Discipline, and Trauma-Informed Care. It is through your dedication and passion that I know I wanted to learn more about these programs. In the process, I have become dedicated to these programs. My goal is to advocate for changes that address using positive discipline practices along with the understanding of trauma-informed care so that children are better equipped to manage their behavior and emotions.

To my family and friends that encouraged me during this long journey, thank you for all the support. It was greatly appreciated. Dad and Mom while are not able to physically be here for this journey, I know that you are watching from heaven and you are proud of this accomplishment.

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Abstract

Preschool teachers are looking for more positive classroom support to handle disruptive behaviors in the classroom such as Positive Behavioral Interventions and Supports Carter ,Van Norman, Tredwell (2011). Conscious Discipline Bailey (2014), and Trauma-Informed Practices Erdman, Colker, Winter (2020). Carter, Van Norman and, Tredwell (2010), discussed how there has been a shift from using punitive discipline practices to incorporating positive guidance strategies in early childhood education classrooms. Clearly defined expectations and teaching the expectations positively guide the child’s social-emotional, cognitive, and physical growth. Researchers have shown that using positive guidance strategies such as Positive Behavioral Interventions and Supports (PBIS), Conscious Discipline, and Trauma-Informed Care in early childhood classrooms greatly reduces challenging behaviors. Resources for this paper include research that was quantitative, qualitative, and mixed studies. The research examined teacher fidelity, training for educators, classroom expectations, teaching the expectations, how to incorporate Conscious Discipline and Trauma-Informed Care into the preschool classroom Voorhees, Walker, Snell, and Smith (2013) indicated that more studies are needed with larger groups that are not all in the same program. Research showed that the use of positive guidance strategies in early childhood classrooms, young children are gaining better social and emotional skills, are taking control of behavior and emotions, and teachers are getting in more learning time with the reduction of challenging behaviors.

Keywords: PBIS, Conscious Discipline, Trauma-Informed Care, Challenging Behaviors, Preschool, Tiered Supports, ECERS, CLASS, Tier Fidelity Inventory (TFI), PreSet, Program-Wide, Classroom-Wide, School-Wide, Culturally Responsive

Chapter One: Introduction

Research analyzed showed that early childhood education programs such as Head Start, state preschools, private preschools, and childcare centers are looking for solutions on how best to handle these challenging behaviors. Duda, M., Dunlap, G., Fox, L., Lentini, R., Clarke, S. (2004) had found that children as young as preschoolers exhibited challenging behaviors that lead to disruption and chaos in the classroom. Research findings demonstrated how young children are also being expelled from schools due to challenging behaviors that included hitting, biting, throwing objects, and other aggressive acts. One of the ways that schools and programs have dealt with disruptive behaviors is to expel the child. According to Flores, Rader, Berlinghof, and Fanok (2018) preschoolers that have been expelled from learning programs have not learned the social competencies needed in later schooling and become disadvantaged academically when entering kindergarten. The problem that needs to be addressed is how to handle challenging behaviors in a positive way allowing children to take control, own the behaviors rather than being disciplined in a punitive way such as expulsion. According to Kemple, Lee, and Ellis (2019), preschool children's challenging behaviors can be a predictor of later problems that may result in expulsion from school, more aggression, and can lead to substance abuse as children become older.

Teachers need to address what behavior is typical for a preschool child's developmental level, which behaviors are not typical, and how to address the behaviors to achieve the desired behavior from the child. Dias, Treisan, Leon, Prust, and Seabra (2017) discussed that typical behavior for preschoolers involved being able to have inhibition or some control over behavior, be flexible in routines so that meltdowns are not common, and follow basic classroom rules. Albrecht, & Brunner (2019) stated that while PBIS used rewards to help children achieve the

correct socially acceptable behavior, the program is evidence-based with the goal of improving classroom behaviors in a safe, nurturing environment. Staff receives professional development training for PBIS implementation in the classroom, school, or program.

In what ways can preschool teachers implement positive guidance strategies that reduce challenging behaviors? The research that guided the question suggested that some of the positive guidance strategies that early childhood educators have utilized are Positive Behavioral Interventions and Supports (PBIS), Conscious Discipline, and Trauma-Informed Care practices. Research had suggested that the positive guidance strategies require teacher training, proper implementation into the classroom, long-term commitment for administration and staff, and teacher fidelity (Chapman, Walker, Voorhees & Snell, 2016; Albrecht & Brunner, 2019; Stanton-Chapman, Walker, Voorhees, & Snell, 2016). The importance of implementing a positive guidance curriculum into preschool classrooms is to eliminate the need to expel young children from preschool programs, and to improve their social and emotional skills which help set them up for future success in learning. Flores, Rader, Berlinghof, and Fanok (2018) discussed how preschool children are among the highest rate of children expelled at three times higher rate of older school children from programs due to challenging behaviors. Early childhood educators need to move away from rewards and punishments, which are only a short-term fix for behavioral problems and begin to implement positive behavior strategies such as PBIS, Conscious Discipline, and Trauma-Informed Care Practices.

Scope of Research

Research has suggested the scope of research within three types of positive behavioral support programs and social-emotional learning programs vary. Some use qualitative research, some quantitative, and some use mixed methods (Voorhees, Walker, Snell, & Smith, 2013;

Albrecht & Brunner, 2019). One of the limitations with the research is that the studies analyzed had limited number of participants. Also, several of the studies used the same program, such as Head Start and did not look at combinations of public and private preschools to widen the scope of research between programs (Steed, Pomerleau, Muscott & Rohde, 2013) Hoffman, Hutchinson, & Reiss (2009). While preschool PBIS is still relatively new, the elementary and secondary schools have established the program for several years. Fox and Binder (2015) discussed strategies for including preschool PBIS in a school-wide capacity but in a developmentally appropriate manner for that age group. Research also suggested teacher fidelity with teaching and using the program in the classroom was a key factor in the successful implementation of preschool PBIS.

Definitions

There are many different types of social-emotional learning programs and programs that utilize positive behavioral strategies for preschools to choose from. For the purpose of this paper, the three programs to be examined are Positive Behavioral Interventions and Supports (PBIS), Conscious Discipline, and Trauma-Informed Care Practices. These programs may be used separately, or the programs may also be combined. Some programs follow a tiered model (PBIS) some follow a brain state model (Conscious Discipline), and some programs may use a combination of different formats (Trauma-Informed Practices). Each program had specific components, but Conscious Discipline interweaves trauma-informed practices into their social and emotional learning program.

Positive Behavioral Interventions and Supports. Positive behavioral interventions and supports (PBIS) is a three-tiered program aimed at classroom management. The first tier of PBIS is a universal tier, which is for all the children in the classroom and clearly defines the classroom

expectations. The second tier is considered secondary prevention, and that is for an estimated fifteen percent of the children. The third tier is for children that will need an individualized action plan, and this is for an estimated ten percent of the children in preschool classrooms. PBIS is evidence-based and uses data such as child observations. Data is entered into a software program once it is collected, which allows educators to analyze behavior patterns. Albrecht, and Brunner (2019) stated that while PBIS used rewards to help children achieve the correct socially acceptable behavior, the program is evidence-based with a goal of improving classroom behaviors in a safe, nurturing environment. Staff receives professional development training for PBIS implementation in the classroom, school, or program. The goal of PBIS is to use positives rather than negatives and to model the correct desirable behavior allowing children to learn the socially acceptable behavior expected in the classroom.

Conscious Discipline. Conscious Discipline is an emotional learning curriculum that teaches children how to deal with emotions in a safe way without resorting to aggression. Conscious Discipline was developed by Dr. Becky Bailey, is evidence-based, backed by research, and is also trauma-informed. Bailey (2014) explained that Conscious Discipline is a neurological model, which based on the brain state. The brain state model has three components: the survival state, emotional state, and the executive states. There are many components within Conscious Discipline, including the brain state model that explains learning in three areas of the brain and how trauma can affect the learning in the higher levels (Bailey, 2014). Children who experience trauma cannot access the executive function part of the brain as easily and are more inclined to be in the fight or flight area, which inhibits impulse control and safe display of emotions. Conscious Discipline is taught and modeled by teachers in the classroom. Within the seven skills of discipline, part of Conscious Discipline everyday discipline moments turn into

teaching moments. The seven skills are “composure, encouragement, assertiveness, choices, empathy, positive content and consequences” (Conscious Discipline, 2001, p. 15). Conscious Discipline is a program geared towards empowering teachers and the school family to teach children how to use socially acceptable behavior through turning challenging behavior incidents into learning or teachable moments to reduce challenging behaviors in the classroom.

Trauma-Informed Care. Children are experiencing more stress and trauma in today’s society. Trauma-Informed Care and Practice is an approach that encompasses six principals which include: one, giving the children a voice to allow them to be empowered. Two, creating a safe and nurturing environment. Three, building a trusting relationship with the child and family. Four, children as peer supports. Five, the aspect of collaboration with families, educators, and child. Six, acknowledging gender issues, culture, and any other issues that are related to the family. Children that have experienced trauma are in the fight or flight area of their brain more often than other children. Research suggested children in the fight or flight stage are incapable of controlling emotions and even using executive function skills. Constantly being in fight or flight inhibits the child’s ability to inhibit actions and emotions, which brings on challenging behaviors disrupting the flow of learning in the classroom. Children that have experienced trauma do not form secure attachments with adults. NAEYC (2015) discussed how children not having experienced traumas form secure attachments, are able to trust feelings, and how emotions are displayed. Children having experienced trauma do not trust the emotions and have a hard time with inhibition control. Research analyzed showed that educators need to receive training in order to better understand and implement trauma-informed care and practices into the classroom. According to Pickens and Tschopp (2017), goals of trauma-formed care is to recognize the

impact on trauma and learning, provide a safe place where children can learn to manage the triggers that cause challenging behaviors, and foster resiliency.

Importance of Positive Guidance Strategies

Research has suggested that punishments or negative talk brings a child's self-esteem down, positive guidance helps to build the child and their self-esteem up. Through positive guidance, children learn self-regulation skills, healthy coping mechanisms, problem-solving, reasoning, and empathy along with other essential skills. Preschool children are beginning to develop executive functioning skills, which continues to adulthood. Children who have experienced trauma have a hard time accessing the executive part of their brain, which make it difficult to gain executive functioning skills. According to Barkac (2017), people's brain recall the behaviors and coping mechanisms that have been learned and used the most. Carter and Pool (2012) discussed how teachers needed to teach and re-teach the proper skills during times that are not stressful so that the brain begins to recognize new skills. Research has indicated that children are not acting out to be disrespectful but are not equipped with the necessary or correct social and emotional skills.

Conclusion

Research findings have shown that positive guidance strategies are now being used in more early childhood education programs. The disruption from learning and children being expelled from early childhood programs have created a need to find developmentally appropriate programs that foster healthy social and emotional growth through positive guidance, teaching, and understanding that children coming from trauma are lacking the necessary skills. Cater and Pool (2012) describe PBIS as being a proactive tiered system that promotes socially acceptable behavior through the use of modeling and teaching children expected behaviors, and rules

through teaching and modeling. Children often act out because that is how communication of needs is expressed. Conscious Discipline (2020) creates a school-home climate, empowers children to want to learn, increase their impulse control, and increase their attention spans. Pickens and Tschopp (2017) discussed how knowledge in trauma-informed care practices are needed for children that have experienced trauma, allowing the teacher to build better trusting relationship with children. Berardi and Morton (2017) discussed how children and teachers build better, stronger, trusting relationship when teachers have had training in trauma-informed practices. The next section will analyze research studies and the effectiveness of positive guidance strategies are.

Chapter Two: Literature Review

Research has shown that Behavioral Interventions and Supports (PBIS), Conscious Discipline, and Trauma-Informed Care have shown improvements in children's behaviors. Cater and Pool (2012) described PBIS as being a proactive tiered system that promotes socially acceptable behavior through the use of modeling and teaching children's behavioral expectations and rules through teaching and modeling the correct behaviors. Bailey (2014) wrote that Conscious Discipline is comprised of three different components that include using conflict as a teaching opportunity, teach self-control over actions, and self-corrected behavior taught to children through connectedness. Ryan and Lane (2017) discussed the importance of understanding how early trauma and stress affects child development. Holmes, Levy Smith, Pinne, and Neese (2015) mentioned the need for trauma-informed care practices in early childhood settings because trauma will affect children's social-emotional skills.

Within the review of literature, research discussed the multi-faceted layers of PBIS. The PBIS pyramid is a multi-layered pyramid broken down into three tiers using evidence-based methods to look at challenging behavior. The tiers are organized into layers that focus on prevention of challenging behavior, promotion of expectations, and interventions for persistent challenging behaviors (Dunlap & Fox, 2015). Research examined teacher involvement in the program, classroom arrangement, staff training, fidelity, family involvement, and cultural relevance. The research analyzed also included components of Conscious Discipline and trauma-informed care. The analyzed components included teacher involvement, family involvement, and cultural relevance.

Positive Behavioral Interventions and Supports

PBIS can be implemented into individual classrooms, programs, or school-wide.

Research has indicated the PBIS program was restructured to be developmentally appropriate for preschoolers (Carter, Van Norman, & Tredwell, 2011). Research has shown that PBIS incorporates classroom expectations or rules, into the classroom, program, or school. The tiered program has a universal tier that supports all children. The second-tier utilization for children in need of small group additional support. The last tier designed to provide individual support. Research analyzed indicated PBIS components included teacher training, family involvement, and cultural relevancy.

Tiered Support Pyramid

The PBIS pyramid model was developed so that preschool programs could utilize the program within a developmentally appropriate model. Fox et al. (2003) explained “in 2003, a group of federally-funded researchers and program developers described a multi-tier approach for early intervention and early childhood programs (birth to five years) that they titled the “Pyramid Model” (as cited in Dunlap and Fox, 2015, p.1). The pyramid model is designed to create stronger classroom or school climate to reduce challenging behaviors. Dunlap and Fox (2015) described the PBIS pyramid tier system as the biggest part of the pyramid being universal support of all children, the second largest tier is for a group of children needing a little more support grasping the expectations, and the smallest part of the pyramid is for a very small percentage of children needing individualized supports.

Tier One. PBIS starts with teaching children the expectations for behavior in the classroom. Carter and Pool (2012) described how teaching and re-teaching the classroom expectations to children become a vital part of reducing challenging behaviors. The study by

Carter and Pool (2012) was a qualitative study. Participants were three-year-old children in one preschool classroom. The method used was to first define the greater expectations such as be nice, then further define the expectations into smaller subsections or areas of the classroom. Next, research indicated was to teach expectations, then practice expectations so that children become familiar with the expectations (Carter & Pool, 2012). The research explained when teaching the expectations to children, teachers can be creative by using puppets and other teaching materials to make the learning fun. Another aspect of the universal tier is positive feedback to children when they are following expectations. Carter and Pool (2012) demonstrated in the study how PBIS is designed to build social-emotional skills within the universal support tier. The biggest limitations to the Carter and Pool (2012) study was that they only conducted the research within one classroom, with one teacher, and a small number of children. Key findings from the Carter and Pool (2012) research included how to correctly define classroom expectations, the importance of teaching expectations, and the importance of giving positive feedback to children when following the expectations. The Carter and Pool (2012) study was small; however, research clearly endorsed the use of PBIS in preschool classrooms.

Jolstead, Caldarella, Hansen, Korth, Williams, and Kamps (2016) discussed how one of the main components of PBIS is the use of praise when teachers noticed children following the expectations. Jolstead et al. (2016) also explained that the use of praise is used in place of yelling, or only noticing the challenging behavior, also instead of trying to coerce the child into following rules. Jolstead et al. (2016) were the first to try Class-Wide Function-Related Intervention Teams (CW-FIT), which is used in elementary schools as part of the PBS program, in a preschool program. CW-FIT assessed teachers praise and children's on-task behaviors within four preschool classrooms. The study conducted by Jolstead et al. (2016) was a mixed

methods study. Jolstead et al. (2016) noted the procedures included the use of baseline data, training of teachers, teaching social skills lessons to children, and children practiced the skills while being timed. When the timer buzzed if the group reached the predetermined goal, a reward was given. The CW-FIT procedure included a withdrawal period where students are not taught the social skills lesson and interventions and no practice time was involved. Jolstead et al. (2016) explained that after the withdrawal period, the skills lessons and interventions were then re-established. Jolstead et al. (2016) wrote that the participants in the study were twenty-eight four-year-old children in two Title One elementary preschool classrooms.

The results of the study showed that overall CW-FIT was valid in the preschool classroom. Jolstead et al. (2016) discussed limitations that included a small classroom sample and limited number of teachers. Jolstead et al. (2016) pointed out children were four years old and came from low-income families. This was the first study of CW-Fit in preschool classrooms and further research is required to see if it will work with younger ages and different program types. The key findings from the Jolstead et al. (2016) study included the importance of pre-teaching the expectations, and the implementation of CW-PBIS has the ability to improve challenging behaviors and teacher-child relationship.

Tiers two and three. The research that was analyzed indicated a lack of research within the tier two section of the PBIS pyramid model. One of the biggest limitations of the research analyzed indicated the need for further research studies to be conducted within tier two interventions and supports., Voorhees, Walker, Snell, and Smith (2013) conducted a mixed study using qualitative and quantitative measures with all three tiers of the PBIS model. Voorhees et al., (2013) wrote how the study was conducted in two preschool classrooms in the Mid-Atlantic region and were located within a public school. Voorhees et al. (2013) explained that one

classroom had seventeen children. Of those children, more than half were girls, the majority of the children were African American, then Caucasian, and the smallest percentage of children being Hispanic. Voorhees et al. (2013) described the second classroom as having the majority of children being boys. Of those children the majority were Caucasian, under fifteen percent African American, and a small group of Hispanic children. Voorhees et al. (2013) discussed the need for three children to go on to receive tier three individualized supports after tier one and tier two supports were proven to not be enough support.

The methods used in the Voorhees et al. (2013) study included base-line observations for the three children, teacher workshops, and consultations for implementing tier three individualized strategies over an eight-to-eleven-week period. Strategies included visual aids to cue the correct behaviors, creating a visual schedule, and having teachers next to child during circle, transition times, and a special chair. Voorhees et al. (2013) explained that the three children did exhibit more appropriate behaviors after the implementation of the individualized supports. Research also indicated that teacher fidelity or commitment to the individual support plans remained high. Research analysis has shown that if teacher fidelity is low, there is a greater risk for lower success rates with tier three supports. While Voorhees et al. (2013) discussed how the results of the study held promise, the researchers acknowledged the importance of teacher implementation, fidelity when implementing tier three interventions and supports, and success rate of appropriate behaviors of children. Limitations of the study included small sample size, and limited school participation. Research has indicated that there is definitely correlation between positive behavioral interventions and supports and improved behaviors.

Another research study done by Blair, Fox, and Lentini (2010) examined the effects of implementing tier three supports to three children with challenging behaviors in one early

childhood education program accredited by the National Education for the Education of Young Children (NAEYC). Blair et al. (2010) conducted a quantitative study using an interval system. Blair et al. (2010) looked at the assessment-based support plans for each child and how the outcome changed the behaviors. The participants were three three-year-old children in one early childhood education classroom. The program was located in a low-income neighborhood serving children that had disabilities and different ethnicities. The classroom involved in the study had eleven children enrolled with a lead teacher and one assistant teacher. According to Blair et al. (2010) the measures to identify challenging behaviors included not engaging in activities, leaving a certain area such as circle, throwing a tantrum, throwing objects, hitting, kicking, or biting of other children.

Blair et al. (2010) listed the procedures as baseline assessments, using functional behavioral assessment (FBA) which included interviews with staff and the children's mothers. Next, a behavioral support plan was developed for each child. Blair et al. (2010) described how the two-hour staff meetings developed strategies for supporting each identified child. Researchers explained that for one child the support plan included offering choices, helping the child with taking turns by using visuals, and using verbal praise when child was using the appropriate behavior. Blair et al. (2010) indicated the results of the study showed that during the intervention period, teacher fidelity was high, and the children's challenging behaviors decreased. Blair et al. (2010) also pointed out that the children exhibited no challenging behaviors during a follow-up visit. The limitations of the study included small sample size of children and only one early childhood program classroom. Blair et al. (2010) indicated that the findings from the study show promise for reducing or eliminating children's challenging behaviors through the use of PBIS.

Teacher Involvement

The research analyzed has indicated that the higher the percentage of teacher involvement or fidelity in PBIS the smaller percentage of challenging behaviors occur in preschool classrooms. Steed, Pomerleau, Muscott, and Rohde (2013) wrote that one of the key features of PBIS was creating a positive trusting relationship between teacher and child. Another key element of PBIS is fostering the positive social and emotional growth in young children through teacher child interactions. Research has pointed out that teacher involvement included staff training, classroom evaluation, and teacher fidelity when implementing PBIS in preschool.

Staff Training

In a study done by Steed et al. (2013) implementation of PBIS was done in rural preschools. The study was quantitative, and the purpose of the study was to see how effective PBIS was in three rural preschools. According to Steed et al. (2013), rural preschools face certain challenges such as getting the necessary tier three support services, training, and coaching for the staff. Another challenge is the large service area of rural communities. The participants in the study included three rural preschools, the administrators, teachers, and children. Steed et al., (2013) emphasized that the programs were selected through announcements, mailings, and orientation meetings. The children were between the ages of three and five-years-old. Steed et al. (2013) indicated the measures used in this study included staff training, the Preschool-wide Evaluation tool (PreSet). The PreSet has different subcategories that included defined expectations, teaching the expectations, the classroom management, and organization. Steed et al. (2013) explained that the classroom was rated according to the Classroom Assessment Scoring System Pre-K (CLASS Pre-k). With the CLASS assessment, Steed et al. (2013) noted that it involved a series of observations lasting approximately fifteen minutes.

Steed et al. (2013) emphasized the need for administrators and teachers to have a long-term commitment of three years to the PBIS program. Once that commitment was agreed upon, training and coaching began. Steed et al. (2013) explained that there was a team collaboration meeting with a coach to establish program guidelines. Once guidelines were set, the training began for the administrators and teachers. Staff at each of the preschools then participated in a training session lasting three hours. Research indicated the training was provided on-site for the staff. Steed et al. (2013) pointed out that the training consisted of helping the staff define the classroom expectations, give guidance on how to teach the expectations, along with record keeping for data collected. After the on-site training, staff were provided with a coach that came to the classroom once a month to guide and give feedback to staff regarding the implementation of PBIS in the classroom. Steed et al. (2013) discussed that during the site visits there was a team consultation meeting where data was looked at and feedback given to staff on what may need to change or what is working. Researchers acknowledged that there were plenty of limitations with the study that included small sample size of rural preschools, limited data analysis, and limited services available for children needing additional tier three individual support. Research pointed out that staff commitment and training played a key role in the fidelity of defining and teaching expectations.

Another study done by Carter, Van Norman, and Tredwell (2011) looked at lessons for getting started implementing PBIS in the classroom. The study participants was one early childhood program with approximately 250 children. Children were between the ages of six weeks up to five years. The program was located on a university campus. The research analyzed showed that Carter, et al. (2011) used PreSet evaluation in each classroom. The method for staff training began with an orientation that led to the staff signing a three-year commitment to the

PBIS program. However, Carter, et al. (2011) admitted that during the three-year period, some of the staff were less committed to implementing PBIS in the classroom. Carter et al. (2011) explained that the university early childhood program was partnered with PBIS consultants when providing training and staff commitment. After the orientation, there was a two-day training period for staff. Research analyzed showed training guided the staff so expectations could be defined, along with identifying what teachers thought was the correct behavior. Carter, et al. (2011) discussed how subsequent monthly meetings were held for consultation until the end of the school year, along with end of year PreSet. Also, leadership teams were created from staff members so that staff helped other staff with any part of implementing PBIS into the classroom. Carter, et al. (2011) pointed out that after the PreSet is done, an action plan is created so that an area that needs work such as teaching expectations has a plan and a goal for the following school year.

Carter, et al. (2011) discussed findings for this study which included a higher percentage of tier one support usage from the beginning of the school year to the end of the school year. The limitations of the study included small sample size of classrooms, and lack of teacher fidelity at the beginning. Carter, et al. (2011) admitted that with more teacher support and fidelity other classrooms had success in lowering challenging behaviors. The main recommendation that Carter, et.al (2011) made was that PBIS leadership teams needed to be established from the very beginning.

Family Involvement

The research analyzed has shown that a major component of PBIS was to strengthen the family-school connection. Chai and Lieberman-Betz (2016) talked about how a child's challenging behavior disrupts the classroom and the time that the teacher can spend on teaching.

Children's challenging behaviors cause stress within the home and may lead to negative punishment. Pinkelman and Horner (2019) discussed the importance of including families in the leadership or stakeholder positions to the overall success of PBIS in the classrooms and at home. Other ways that the family school partnership can be strengthened is by having families coach other families. Families who have received training now help create the expectations posters. Families can help teachers come up with a reward system that helps children achieve success with following the expectations. Weist, Garbacz, Lane, Kincaid (2017) discussed how families can provide guidance on cultural issues, community issues, co-lead workshops, and develop materials needed for the PBIS program. All of which allows a place in the decision-making process. As research has indicated, there are plenty of ways to involve families in PBIS.

The purpose of the qualitative study done by Garbacz, Hirano, McIntosh, Eagle, and Vatland (2018), was to identify whatever barriers existed that may exclude families. There were 204 PBIS participating schools in Florida, Illinois, and Colorado that included family involvement. Garbacz et al. (2018) discussed how the methods included open-ended surveys designed to identify barriers that restricted family participation. The questions ranged from what a few barriers are, what is something being done that is effective, and something the school should be doing to help families participate in PBIS. Garbacz et al. (2018) explained that the results of the survey varied due to some participants not answering all of the questions. Research showed one of the biggest barriers was communication, lack of resources, family's unwillingness to participate in PBIS, and schools not willing to participate in PBIS to create partnerships with families. The findings of this study showed that there needs to be better communication between families and school. More willingness to participate in the PBIS program for both staff and families. Garbacz et al. (2018) discussed that the findings from this study indicated the

importance of building relationships with families. Limitations from this study included small sample sizes, and lack of full participation with participant surveys.

A study done by Pinkelman and Homer (2019) talked about lessons learned from a Teaching-Family Model within PBIS. This study looked at the quantitative scientific approach to applying the Teaching-Family Model to build better school to home culture. The first initial look was at the tier one universal supports for all children and how it can be utilized in the family home. Pinkelman and Homer (2019) discussed the importance of values, science, analysis, measurement, team support, and organization of data collected. One of the key findings that Pinkelman and Homer (2019) noted was the importance of stakeholders which included administrators, staff, and families. Another key finding is that PBIS relied on the use of science to evaluate the efficacy of the Teaching-Family Model. Pinkelman and Homer (2019) noted that the Teaching-Family model is designed to benefit the PBIS model in order to improve family involvement in PBIS. Research indicated limitations of this study included no real participants, just the researchers looking at data from the Teaching-Family Model.

Culturally Responsive PBIS

Research done by Bal, Thorius, and Kozleski (2012) indicated that PBIS culturally incorporated relevancy into the program. Research has explained that children deserve the right to an equal opportunity for education in a setting that is developmentally, culturally, and linguistically responsive. The research analyzed discussed the need to self-reflect, figure out any hidden biases, reflect of how personal beliefs, and experiences shape responses to children. Bal, et al. (2012) explained culture as being a complex system that includes languages, ethnicity, abilities, home culture within cultures, and more. Bal, et al. (2012) discussed the need for programs like PBIS to be responsive to culture, language, and all unique traits that children and

families bring into the classroom. Research indicated that Culturally Responsive PBIS relies on data analysis to continually improve the home-school climate. Data assessed the needs of all students indicating where there needs to be improvement. A few studies have looked at the validity of culturally responsive PBIS in schools.

A qualitative research review conducted by Allen and Steed (2016) examined the culturally responsive pyramid model and practices for a program-wide PBIS. The research reviewed by Allen and Steed (2016) stressed the need to create positive trusting relationships with families and children in the program. Allen and Steed (2016) focused on what is needed to build those trusting positive relations. The research indicated that administrators, teachers, and other staff working with children and families look at any biases, identify and recognize the bias so that the bias does not become a barrier. Research has indicated that having implicit biases influences the interactions between teacher-child and teacher-family. Allen and Steed (2016) emphasized the importance of learning about the family's culture and extending that culture into the classroom. In one study that Allen and Steed (2016) looked at, children who were greeted by the teacher and were asked about interests and feelings lead to more teacher child positive interactions.

One of the limitations that Allen and Steed (2016) noted was the limited amount of training that staff had in regard to culturally responsive PBIS. Administrators, teachers, and other staff working with children and families would benefit from regular bias training. Allen and Steed (2016) also noted that staff could use more training working with children and families from diverse backgrounds. Research suggested that administrators, teachers, and other staff benefit from learning new cultures. Allen and Steed (2016) acknowledged that professional development should follow evidence-based practice, should include ways to identify personal biases and how

biases affect everyday decisions and interactions with children and families. Allen and Steed (2016) discussed how review of research indicated how important leadership teams are when using PBIS and Culturally Responsive PBIS. Research analyzed showed that leadership teams are designed to help teachers, keep teacher fidelity in check, and provide positive constructive feedback for improving implementation of Culturally Responsive PBIS. Allen and Steed (2016) discussed the need for future development of culturally relevant training, evaluation systems for Culturally Responsive programs, and more research with children in preschool. Research indicated that culturally responsive PBIS is continually changing and growing within the Pre-K to twelve school programs.

Another qualitative study done by Banks and Obiakor (2015) suggested that there needs to be more considerations for culturally responsiveness with the PBIS model. According to Banks and Obiakor (2015), the participants were 324 children in one school. Of those children a large percentage lived at or below the poverty level. Research emphasized that the school dealt with a wide range of behavioral problems on a daily basis. Banks and Obiakor (2015) examined the PBIS model and how teachers were addressing challenging behaviors. One major implication from this research is that with the implementation of Culturally Responsive PBIS (CRPBIS) changed the way teachers dealt with challenging behaviors. Banks and Obiakor (2015) examined white and African American teachers and how they handled challenging behaviors. As noted in an earlier study by Allen and Steed (2016) teachers personal biases play a role in how challenging behaviors are addressed. Banks and Obiakor (2015) identified the need for better tolerance of expectations in regard to cultural and linguistic barriers, the need for teachers to identify personal biases and how biases relate to teacher-child, teacher-family interactions. Research also indicated that there existed the need for cultural validity and an understanding that

there is a need for cultural validity when dealing with interventions and supports. Banks and Obiakor (2015) discussed the need for future research to be done using the CRPBIS model.

Conscious Discipline

Conscious Discipline is a social-emotional learning program that fosters healthy social and emotional growth among young children. Conscious Discipline was developed by Dr. Becky Bailey in 1996. Bailey (2014) indicated that “Conscious Discipline is a comprehensive, multi-disciplinary self-regulation program that integrates social-emotional learning, school culture, and discipline” (p.12). Bailey (2012) pointed out how Conscious Discipline is backed by research and is evidence-based. Research has shown that Conscious Discipline looks at how the brain regulates emotions and how emotional intelligence plays a key part in trusting teacher-child relationships. Conscious Discipline is also a trauma-informed practice. Bailey (2000) discussed how the seven basic skills for classroom management when implemented correctly will show permanent behavior change within children and teachers. Research has shown that Conscious Discipline empowers teachers and children to look at and change behaviors in a positive learning atmosphere. Research analyzed looked at teacher involvement, family involvement, and culturally responsiveness of Conscious Discipline.

Teacher Involvement

Research analyzed suggested that teacher involvement and commitment are needed to ensure the changes in behavior among children and teachers is effective. One quantitative study by Anderson, Weimer and Fuhs (2019) looked at teacher fidelity in relation to children’s executive functioning skills. The participants in the study were from 45 different classrooms. There were approximately 293 children that participated in the study. Anderson et al. (2019) emphasized that children who participated had parental approval, and were enrolled in the fall

and spring. The research indicated that the majority of the children enrolled were African American followed by Caucasian. Anderson et al. (2019) explained one of the methods used was the Bracken Basic Concept Scale-Third edition (BBCS-3R). This scale was used to assess children's basic skills in academic and social skills. Research has shown through past studies that the BBCS-3R has reliability and validity when assessing young children's social and academic skills.

Anderson et al., (2019) discussed that the study was to analyze teacher fidelity, how much and how effective teachers used the Conscious Discipline curriculum. The teacher's fidelity was rated according to the Conscious Discipline Rubric Progress Assessment. The research noted that the items in the rubric are specific to Conscious Discipline and included empathy, consequences, assertiveness, choices, and positive intentions. Anderson et al. (2019) explained that the teachers had a coach that helped teachers with implementing the Conscious Discipline curriculum into the classroom. The research pointed out that the classroom was rated using the Classroom Assessment Scoring System (CLASS). Anderson et al (2019) explained that CLASS rates the classroom environment, classroom organization, and emotional and instruction support. CLASS through previous research studies had proven to be a valid and reliable classroom scoring instrument. The children were assessed in both the fall and spring by trained assessors. Anderson et al. (2019) acknowledged that out of 293 children, only 258 children had been assessed in both the fall and spring. Research results indicated that family income played a part in children's fall and spring Executive functioning (EF) skills. Children from higher income homes had higher EF skills. Anderson et al. (2019) discussed that higher teacher fidelity in Conscious Discipline did show higher EF skills in children during the spring assessment. However, research acknowledged that the teachers did not use much peer interaction for the

assessment. Anderson et al. (2019) acknowledged limitations in the study included the need for randomized trials with control groups to determine how much Conscious Discipline and teacher fidelity affect children's EF assessment scores.

Another study by Caldarella, Page, and Gunter (2012) wanted to find out how teachers perceived how Conscious Discipline works in special education preschool classrooms. The research showed that this was a mixed study using both qualitative and quantitative research. Caldarella et al (2012), selected 27 early childhood special education teachers to participate in the study on teacher perceptions of Conscious Discipline. Caldarella et al. (2012) discussed the demographics of the study included a total of 17 early childhood teachers. Of those teachers, ten were certified teachers and seven were paraeducators within a public-school system in one western state. Caldarella et al. (2012), reported that all the teachers and paraeducators had received training in the use of Conscious Discipline in the classroom. The research included within the demographics were the number of years of experience in the field was as follows, teachers had an average of thirteen years of experience while the paraeducators only had an average of about three years' experience. Caldarella et. al (2012), reported that all teachers and paraeducators had received training in the use of Conscious Discipline. Caldarella et al. (2012) pointed out the student population for the study consisted of approximately 113 children enrolled in a special needs Title 1 program. Research showed there were more male than female children ranging in age from three to five years and seven months. The ethnicity of the students in the Caldarella et al. (2012) study were comprised of Caucasians, Hispanics, Pacific Islander, Asian American, and African American children.

Teachers in the Caldarella et al. (2012) study were given a survey using the five-point Likert scale with a couple of open-ended questions. The survey consisted of twelve items that

addressed teacher's perceptions of Conscious Discipline and two open-ended questions that addressed what teachers perceived to be the strengths and weaknesses of the Conscious Discipline Program. The early childhood educators' perceptions of Conscious Discipline rated highly according to the survey results. Caldarella et al. (2012), results confirmed that 100% of the teachers agreed that social and emotional skills need to be taught in the classroom. Most of the teachers like using Conscious Discipline in their classroom and find it easy to implement into the current curriculum. Caldarella et al. (2012) acknowledged that results of the survey seemed to indicate slightly over half the students like using Conscious Discipline but do not necessarily use the skills without help from the teacher. According to Caldarella et al. (2012), "most of the open-ended responses indicated that the participants believed *Conscious Discipline* to be socially valid" (2012, p. 595). The Caldarella et al. (2012) study showed how early childhood educators can reduce challenging behaviors in the classroom through positive guidance strategies since teachers feel that social and emotional skills should be taught in preschool classrooms and agreed that it improves the children's social and emotional functions in the classroom. Caldarella et al. (2012) talked about one limitation being the social validity of Conscious Discipline needs to be evaluated by other people involved in the program including more of the children, parents and more of the administrators of the school. While more research on Conscious Discipline needs to be done, research indicates that it has an effect on reducing challenging behaviors in preschool classrooms.

Family Involvement

Research analyzed showed that family involvement was a key component in building the home-school community. Darling, Banghart, Nagle, Todd, and Orfali (2019) conducted a study on social and emotional learning for parents using Conscious Discipline. The purpose of the

study according to the researchers was to examine the parent component of Conscious Discipline and how parenting skills play into children's social and emotional growth. Darling et al. (2019) reported that participants for this study included parents in four Head Start programs, and twenty staff from the four programs were interviewed. Research indicated the study mixed methods using both qualitative and quantitative research. Parents were given an attentive parenting survey and were interviewed before and after the parenting education classes. Darling et al. (2019) discussed how the parenting classes were about parents social-emotional and self-regulation skills. The researchers were interested in knowing if parents' perspectives about social-emotional and self-regulation skills would alter parenting practices. Data was a combination of interviews, questionnaires, and observations. Researchers acknowledged that data was collected before the Conscious Discipline parent education class (CD PEC), then after the last CD PEC class, and finally approximately eight weeks after the last CD PEC session.

Darling et al. (2019) examined the research and found that CD PEC classes changed how parents looked at discipline. Research showed that parent's also changed discipline techniques to align with Conscious Discipline practices. Research indicated that this strengthened the parent-child relationship and reduced children's challenging behaviors in the home. Research pointed out the importance of addressing the social-emotional and self-regulation skills in parents is important in helping children build social-emotional and self-regulation skills. Darling et al. (2019) addressed the fact that if adults do not have healthy social emotional and self-regulation skills, children will be lacking in healthy social-emotional and self-regulation skills. Darling et al. (2019) acknowledged that one of the biggest limitations to the study was the small sample size, along with terminology in the surveys that was not recognized by all participants. Small

sample sizes are a common limitation in research that had been analyzed. Another limitation noted through the research that was analyzed is the lack of research done on parent participation.

Trauma-Informed Care

Research in trauma-informed care practices is still under researched. However, the research analyzed explained the importance of trauma-informed care practices in early childhood education settings. Erdman, Cloker, and Winter (2014) described trauma being a physical harm or other harm that limits the ability to cope. Research showed that there are two categories of trauma. Acute trauma is a one-time event that in time is overcome. Complex trauma happens more than one time and may not be overcome. Research also pointed out that trauma is often associated with adverse childhood experiences (ACES). Erdman et al. (2014) acknowledged that there are several types of ACES that include abuse (physical, verbal, and sexual), neglect (physical and emotional), family who have been incarcerated, family with substance abuse issues, parental separation or divorce, family with mental illness, mother being a victim of domestic abuse. Researchers pointed out that a study done by Kaiser Permanente and the Center for Disease Control (CDC) between 1995 and 1997 showed that the more ACES a person had the more likely they were to suffer long lasting lifetime medical, behavioral, and emotional issues. Researchers concluded that people with higher ACES scores were at higher risk for engaging in risky behavior, having substance abuse issues, and possible limited opportunities in education and employment. Erdman et al. (2014) explained that there are four categories that trauma falls under and in each category there are subcategories. Research explained the four categories as household and family, violence and disaster, loss, and family separation. Erdman et al. (2014) described the subcategory of household and family includes the different types of abuse, dysfunction, and instability within the family, and financial issues such as poverty. Loss included

loss of family or someone that was of importance to a child and traumatic grief. Family separation included Refugees, deployment, and family incarceration. Violence and disaster included natural and man-made, guns, terrorism, witnessing violence, being assaulted, and crashes such as car, train etc. (Erdman et al. 2014) Research has shown that trauma is more prevalent in classrooms needing to be addressed and how to be aware of trauma and children's behavior.

Importance of Trauma-Informed Care

Research has shown trauma affects not only behavior it also effects the brain and how it grows. Nicholson, Perez, and Kurtz (2019) described how the brain grows from the bottom up. When a child experiences trauma, the higher brain is not developing properly. Research indicated that the brain stem is where the fight, flight or freeze response is located. Nicholson et al. (2019) explained that trauma effects the limbic brain which regulations emotions, attachments, and sense of belonging. Research isuggested that when a child is in a constant state of toxic stress the higher brain where executive functioning skills are located cannot be accessed. Executive functioning (EF) skills include such skills as problem solving, self-regulation, and working memory. Nicholson et al. (2019) explained that children constantly in the lower brain states are incapable of regulating their emotions or problem solving. Adults may see a child throwing a tantrum, throwing objects, yelling, and seemingly out of control because they are incapable of handling big emotions. Nicholson et al. (2019) explained the importance of trauma-informed practices as understanding how trauma affects healthy growth and development. Nicholson et al. (2019) added that trauma-informed care practices are environments that provide safe places for children. Care practices include relationships with children that are responsive and attuned to children and adults, self-reflection for educators and anyone working with

children to improve self-awareness and self-regulation, making sure that the classroom and interactions with children and families is culturally responsive, classroom has predictable routines and rules, emotional and sensory literacy, social-emotional curriculum, and visual aids such as a daily schedule. According to research analyzed trauma-informed care practices are building resiliency in young children who have experienced trauma

Trauma-Informed Classroom

A Mixed study research by Holmes, Levy, Smith, Pinne, and Neese (2015) examined a Head Start Trauma Smart (HSTS) which is an early education and mental health combination that work in the child's natural environment of home or school. Research indicated the participants to be 150 children that were referred for assessment in HSTS intense services during 2011-2012 school year. The methods used were Class Assessment Scoring system (CLASS), Childhood Trust Event Survey (CTES), Caregiver Survey, and Achenbach System of Empirically Based Assessment. The results of the study showed children referred to intense services, found significant changes that affect four areas used for school readiness. The major improvement was the ability to be able to pay attention to the teacher. Holmes et al. (2015) noted that there was improvement in children's externalized behaviors and with level and number of times for defiance. Researchers acknowledge that limitations to the study included small sample size and very small number of developmentally appropriate evidence-based programs available.

Another study by Whitaker, Herman, Dearth-Wesley, Smith, Burnim, Myers, Saunders, and Kainz (2019) examined the effects of trauma-awareness on teacher perceptions of conflict with preschool-aged children from low-income urban households. Researchers added that the purpose of the study was to determine if teachers attending training over a twelve-week period and six courses in trauma awareness had improved teacher-child relationships. Research took

place from September 2017 to May 2018. Participants were children ages three and four living in low-income areas within the School District of Philadelphia. Whitaker et al. (2019) also indicated that lead teachers and assistant teachers from 63 classrooms participated in the cluster randomized clinical trial. Researcher acknowledged that 96 teachers were enrolled and assessed at the beginning and 93 were assessed at the follow-up assessment. Researchers explained that 48 teachers received training focuses on the effects of trauma in September of 2017. Researchers chose the cluster design and randomly assigned units because lead teacher and assistant teacher in each classroom needed to be able to work together during the trial. Whitaker et al. (2019) explained that the courses were offered to teachers in four different locations and the group size was between nine and sixteen teachers in attendance. Research indicated that another 48 teachers had no intervention training but had surveys and focus groups at the end of five months. Whitaker et al. (2019) pointed out that the results indicated a decrease in teacher-child conflicts and an increase in positive teacher-child interactions, self-awareness, and self-reflection of ones past helped to strengthen the teacher-child-family relationship. Researchers acknowledged the limitations of the study to be small sample size, trial design limitations that included not being able to have active control groups. Research did indicate that trauma-informed care strengthened relationships and lessened conflict between teachers and children.

Conclusion

The research analyzed has shown that children's challenging behaviors can be reduced by implementing positive behavioral intervention and supports into the preschool classroom (Voorhees, Walker, Snell, & Smith, 2013; Carter and Pool, 2012) The research conducted on PBIS shows that the majority of the children will gain support within the first tier, the universal supports. Children needing a little more help to be successful will receive more teaching in tier

two support groups. The research showed that a small percentage of children most at risk for failure will need the tier three individual support plan (Voorhees, Walker, Snell, & Smith, 2013; Blair, Fox, and Lentini, 2010). Research also indicated that the limitations are clear, the need for larger sample size studies are needed. Research also endorsed teacher involvement, family involvement, and being culturally responsive (Steed, Muscott, & Rohde. 2013; Chai and Lieberman-Betz, 2016; Bal, Thorius, and Kozleski, 2012) The coaching, consulting, and training continued for the three-year commitment contract. The research analyzed acknowledged increased use within Tier One universal supports attributing to lesser incidences of challenging behaviors.

Research analyzed showed that Conscious Discipline which is evidence-based, trauma-informed, backed by research, and uses a brain state model is a curriculum that teaches social and emotional skills to young children. (Bailey, 2014). Teacher commitment and fidelity to teaching the curriculum is important to changing the behaviors of children and behaviors of teachers. (Anderson, Weimer, and Fuhs, 2019). Research suggested that parent-child relationships changed when parents attended the Conscious Discipline parenting education class. Through changing the knowledge of discipline for parents, children's challenging behaviors in the home were reduced significantly (Darling, Banghart, Nagle, Todd, and Orfali, 2019). The last strategy that was researched was trauma-informed care. Trauma-informed care looks at how the brain, health, and behavior is affected when young children experienced acute or complex traumas (Erdman, Cloker, and Winter, 2014; Nicholson, Perez, and Kurtz, 2019). Trauma-informed classrooms offer safe places for children, build attuned, lasting trusting relationships, uses self-reflection for teachers and families on what might be traumas, utilizes social-emotional curriculums, predictable routines, and expectations, along with emotional literacy (Holmes,

Levy, Smith, Pinne, and Neese, 2015). Whitaker, Herman, Dearth-Wesley, Smith, Burnim, Myers, Saunders, and Kainz (2019) suggested that trauma-informed classrooms reduced teacher-child conflicts along with challenging behaviors. Chapter three discusses applications of research, limitations, and future studies will be addressed.

Chapter Three: Discussion, Application, and Future Studies

This chapter summarizes the research from the literature review, the application of PBIS in preschool classrooms, limitations of research, any gaps that have been found, and future research studies. Research within Positive Behavioral Interventions and Supports proved that young children needed more social-emotional learning in order to address challenging behaviors. Conscious Discipline is a social-emotional learning program that is evidenced-based, backed by research, and is trauma-informed. Trauma-informed care starts with the educators first and then the child. If educators are not aware of how traumas and biases effect teaching and interactions with children and families, trusting positive relationships are not built.

Insights Gained from Research

Within the positive research strategies that were analyzed within the literature review, insights were gained from each of the programs, Positive Behavioral Interventions and Supports, Conscious Discipline, and Trauma-Informed Care. The biggest insight gained from the research is all three of the programs reduce challenging behaviors in the classroom and increase learning time. Carter, Van Norman, and Tredwell (2011) showed how within PBIS just implementing tier one universal supports (classroom expectations) cuts down challenging behaviors substantially. Bailey (2014) discussed how teaching young children about emotions and how to handle them prevents challenging behaviors in the classroom by allowing children to take control of their own behavior. Ryan, Lane, and Powers (2017) emphasized the need for educators to be trained in trauma-informed care allowing children a safe place in the classroom and build lasting trusting relationships between teacher and child. When educators are aware of trauma effects on behavior, challenging behaviors can be reduced or eliminated in classrooms.

Limitations and Gaps

Pinkelman and Horner (2019) emphasized that one of the major gaps and limitations for implementing PBIS in preschool classrooms is funding. Research has suggested that the costs of training staff, the long-term commitment to the program, and initial supplies may not be in the budget for some schools and childcare programs. For private facilities, parents are already paying high costs for children to attend childcare and preschool programs. In state or federally funded programs, the funds are determined by the school budget set for the year. Pinkelman and Horner (2019) discussed how funding is always a major issue when trying to implement PBIS into preschool classrooms or programs.

The gaps in research for PBIS, Conscious Discipline, and Trauma-Informed Care would include family involvement. Garbacz, Hirano, McIntosh, Eagle, and Vatland (2018) emphasized that family involvement in PBIS is a larger part of the program. However, the gaps in research show that there are still barriers that keep families from becoming involved. Banks and Obiakor (2015) emphasized that gaps in discipline styles among different cultures exist and need to be acknowledged. Banks and Obiakor (2015) discussed that gap in research exist relating to cultural and linguistic barriers within family participation in PBIS. Darling et al. (2019) emphasized the need for more social and emotional learning for parents. Parents need to have the social-emotional knowledge so that helping children process emotions and behaviors to reduce or eliminate meltdowns and challenging behaviors. Banks and Obiakor (2015), acknowledged that gaps in research exist within Conscious Discipline and family involvement.

Multiple research articles analyzed showed the major limitations of all the studies was small sample sizes (Van Norman, and Tredwell, 2011; Carter and Pool 2012; Pinkelman and

Horner, 2019). Another limitation discovered through the literature review is the lack of research done on culturally responsiveness with the three programs (Allen and Steed, 2016). The limitations and gaps noted from the literature review give possible ideas for future research studies in PBIS, Conscious Discipline, and Trauma-Informed Care.

Applications of Research

The literature review shows that applications from the research can indicate that PBIS, Conscious Discipline, and Trauma-Informed Care are programs that are being implemented into preschool classrooms and programs around the United States. Within the current state Preschool program in San Bernardino County Superintendent of Schools (SBCSS) PBIS, Conscious Discipline, and Trauma-Informed Care Practices are being implemented into the preschool classrooms. This is a program-wide practice. Cater and Pool (2012) suggested that the application of tier one universal supports alone will substantially reduce challenging behaviors in the classroom. Another strategic application to reduce challenging behaviors in preschool classrooms is the use of a social-emotional program such as Conscious Discipline which is evidence-based, research backed, and has trauma-informed care built in. Baily (2014) discussed the need to teach children social-emotional skills so that children may take control over emotions and behaviors. Another future application is utilizing trauma-informed care practices in preschool classrooms. The use of trauma-informed care practices is also another future application for preschool classrooms. Ryan, et al. (2017) discussed the importance of teachers looking at any past trauma they may have, making sure the teacher is in a high functioning brain state first before looking at the child's needs. As pointed out by Ryan et al. (2017) self-care for teachers is critical in helping children with trauma and even helping any young child. Research suggests that if trauma-informed care practices are utilized in the classrooms, stronger, trusting,

and lasting bonds will be created between the teacher-child and teacher-family. The review of literature has shown that applications of PBIS, Conscious Discipline, and Trauma-Informed Care within preschool classrooms reduces challenging behaviors among preschool children.

Possible Future Studies

Research that had been analyzed for the literature review presented ideas for possible future studies within PBIS, Conscious Discipline, and Trauma-Informed Care. As noted in Carter, Van Norman, and Tredwell (2011), teacher fidelity with implementing tier one support needs more research in order to validate the success of tier one supports for all children. Teacher fidelity was a common limitation among the PBIS research studies in the literature review. Another future research study that came from analyzing research would be family involvement in PBIS, Conscious Discipline, and Trauma-Informed Care Garbacz, Hirano, McIntosh, Eagle, and Vatland (2018). Family involvement is a major component in the three analyzed programs. However, there is a lack of data to support family involvement and reduction of challenging behaviors in the classroom. The future study possibility would be with larger sample sizes within the scope of research from PBIS, Conscious Discipline, and Trauma-Informed Care. Holmes et al., (2015) trauma-informed care within a Head Start program with a fairly small sample size. The study did show that there is a great need for trauma awareness and how it affects a young child's learning, but there needs to be larger studies conducted. All the research analyzed showed reduction of challenging behaviors through positive guidance, social-emotional learning, and trauma-informed care. Another possible study would be on the culturally responsiveness within Conscious Discipline and Trauma-Informed Care. Culturally responsive practices allow for better teacher-child-family relationships, along with making all families feel valued and welcome (Bal, Thorius, and Kozleski, 2012).

Conclusion

Children at young ages exhibit challenging behaviors in the classroom. Programs and educators are beginning to seek ways to handle challenging behaviors in a positive less punitive way (Carter ,Van Norman, Tredwell, 2011; Bailey, 2014). Positive Behavioral Interventions and Supports, Conscious Discipline, and Trauma-Informed Care are three programs that are being implemented into preschool programs and classrooms. The research analyzed has shown that with the use of one or a combination of programs, challenging behaviors have greatly been reduced (Carter, Van Norman, and Tredwell, 2011; Anderson, Weimer, and Fuhs, 2019; Whitaker, Herman, Dearth-Wesley, Smith, Burnim, Myers, Saunders, and Kainz,2019). All three programs require long term commitment, teacher fidelity, family involvement, and a cultural responsiveness to ensure that all children and families benefit. It is important that programs and schools utilize a positive approach to behavioral guidance so that young children can learn how to manage emotions and take control of behaviors (Carter, Van Norman and, Tredwell, 2010; Dias, Treisan, Leon, Prust, and Seabra, 2017; Bailey, 2014; Erdman, Cloker, and Winter, 2014).

Implementing positive behavioral strategies into preschool classrooms comes with some limitation and gaps that research acknowledges. Some of the major hurdles for programs is funding for teacher professional development, supplies needed, and the long-term commitment to the programs (Pinkelman and Horner, 2019). The literature review indicated that within the use of Positive Behavioral Interventions and Supports (PBIS), using just the first-tier universal supports can reduce challenging behaviors significantly (Cater and Pool, 2012). Through the preschool program with San Bernardino County Superintendent of Schools (SBCSS) it was noted that the program uses all three strategies together to help young children manage their emotions and take control of their behaviors. Future studies for positive behavioral strategies

could include studies on culturally responsiveness within Conscious Discipline and Trauma-Informed Care. It is important that all children and families feel valued and are being treated equally (Bal, Thorius, and Kozleski, 2012). The research analyzed has shown how administrators, teachers, and families can use positive guidance strategies in place punitive discipline to cut down on young children's challenging behaviors.

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