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Examining Positive Behavioral Supports for Children with Challenging Behaviors across Culturally and Linguistically Diverse Head Start Settings

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EXAMINING POSITIVE BEHAVIORAL SUPPORTS FOR CHILDREN WITH CHALLENGING BEHAVIORS ACROSS CULTURALLY AND LINGUISTICALLY DIVERSE HEAD START SETTINGS

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To: Dean Michael R. Heithaus
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ABSTRACT OF THE DISSERTATION

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Persistent challenging behaviors occur in approximately 30% of children in Head Start, yet only 2% receive services. Children with persistent challenging behaviors in Head Start do not experience the same academic benefit as their peers. Left untreated, behaviors persist and are related to a number of adverse outcomes, which disproportionately impact children from low-income, culturally and linguistically diverse backgrounds. Preschool staff feel unprepared to manage challenging behaviors and experience high levels of stress and burnout, indicating need for workforce enhancement. Though interventions that address challenging behaviors in Head Start exist, these programs lack wide dissemination and rely heavily on coaching, training, and consultation from research staff, so the extent to which these practices are sustained is unknown. Rooted in implementation science, this mixed method-study aims to take the first step towards developing a method of Head Start workforce enhancement that is sustainable, acceptable, feasible, and culturally-responsive through (a) understanding current practices for children with challenging behaviors, (b) understanding perceptions

of evidence-based strategies, and (c) identifying areas for workforce enhancement. Findings from quantitative survey analyses (n = 346) and qualitative focus groups (n = 57) reveal that staff generally use more universal and social-emotional strategies than targeted or individualized supports. Staff report frequent use of negative practices, including classroom removal, in management of challenging behaviors. Staff perceive a need for better understanding of strategies to manage challenging behaviors, and are mixed in their perceptions of evidence-based practices. Teacher characteristics (e.g., burnout, efficacy, work environment) and cultural factors are highly related to strategy use and perceptions, and should be addressed in interventions. Findings reveal strengths in the Head Start workforce in terms of understanding and use of universal and social emotional strategies, yet there is inconsistency in use and perception of targeted and evidence-based supports for children with persistent challenging behaviors. Staff are left to react in the face of serious challenging behaviors, leading use of negative practices. Intervention efforts should draw upon evidence-based practices and collaborate with the workforce to develop clear and consistent guidelines for management of challenging behaviors in Head Start to enhance both workforce capacity and child outcomes.

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CHAPTER 1. INTRODUCTION

1.1 Challenging Behaviors in Preschool Children

Challenging behaviors, specifically externalizing behaviors, characterized by aggression, hyperactivity, impulsivity, inattention, and oppositionality are extremely common among preschool-aged children (Campbell, 2002; Danielson et al., 2018; Egger & Angold, 2006). Yet, a subset of these children (about 9% to 13%) exhibit challenging behaviors at a persistent, high rate, causing impairment across home and/or school environments (e.g., Danielson et al., 2018; Egger & Angold, 2016). Left untreated, persistent challenging behaviors exhibited in preschool continue into the kindergarten and elementary years (Angold & Egger, 2007; Pianta & Caldwell, 1990), resulting in academic failure (Massetti et al., 2008), referrals for special education (Redden et al., 2003), poor social emotional skills and social relationships (Ros & Graziano, 2017), and increased rates of substance use, antisocial behavior, legal concerns and comorbid mental health problems in adolescence and young adulthood (Biederman et al., 2006; Molina & Pelham, 2003; Shaw & Gilliam, 2017). These children are also at high risk for being diagnosed with attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), or conduct disorder (CD; Lee et al.,, 2008; Schoemaker et al., 2013). In addition to the burden of persistent challenging behavior-related impairments on these children and families, without adequate treatment, persistent behavior problems have a huge societal cost (Pelham et al., 2007). Yet, providing appropriate early services can yield societal returns estimated at $8.70 for every early intervention dollar spent (Heckman, 2000).

Children from low-income, racially and ethnically diverse, linguistically diverse, and historically marginalized backgrounds, with persistent challenging behaviors are more likely to experience adverse outcomes (Mistry et al., 2008; Qi & Kaiser, 2003; Yoshikawa et al., 2012). For example, evidence suggests that having multiple environmental "risk" factors (e.g., racially marginalized, low parental education) and mental health concerns in preschool predict even worse long term academic trajectory (Gutman et al., 2003). There is additional evidence that persistent behavioral challenges may be even more common in marginalized youth (Holtz et al., 2015), though it is important to consider the societal and systemic factors at play. Of additional concern, it is estimated that in preschool settings that serve children from low-income backgrounds, between 17% and 30% of children have persistent challenging behaviors (Feil et al., 2005; Holtz, et al., 2015; Kaiser et al., 2002; Qi & Kaiser, 2003; Yoder & Williford, 2019) yet only 2% receive relevant services (Kaiser et al., 2002; Qi & Kaiser, 2003). Therefore, it is imperative to find ways to enhance outcomes and access to services for children with persistent challenging behaviors who are from low-income, culturally, and linguistically diverse backgrounds.

In the preschool setting, teaching teams are the frontline providers of behavioral supports for children with challenging behaviors. Challenging classroom behaviors are particularly stressful for preschool teachers (Greene et al.,, 2002), and can negatively impact the student-teacher relationship (Graziano et al., 2007; Hamre & Pianta, 2001), which adversely influences children's later school functioning and achievement (Graziano et al., 2016; Hamre & Pianta, 2001; Pianta & Stuhlman, 2004). Data suggest that the severity of challenging behaviors is uniquely related to teachers' stress (Friedman-Krauss et al., 2014), which can lead to teacher turnover and burnout (Jennings & Greenberg, 2009).

Across studies, preschool teachers also report frustration about not knowing how to manage persistent challenging behaviors, especially while balancing the vast needs of the rest of the class (Hemmeter et al., 2006; Zinsser et al., 2019). Additionally, teachers perceive persistent challenging behaviors as occurring in nearly a quarter of their classroom, which is a higher rate than other epidemiological estimates (Yoder & Williford, 2019). This finding is complex, in that teachers from racial and ethnic minority backgrounds rate fewer behavior challenges than white preschool teachers (Yoder & Williford, 2019). Of great concern, in preschool samples, stress caused by challenging classroom behaviors has been related to higher requests for classroom removal, suspension, or expulsion of children with persistent challenging behaviors (Zinsser et al., 2019), and preschool children have been found to be expelled at a rate over three times that of children in grades K-12 (Gilliam 2005). These data suggest that the early childhood workforce may lack the adequate preparation and/or tools needed to effectively manage persistent challenging behaviors in the childcare setting.

Additionally concerning, among historically marginalized youth, specifically Black males, preschool expulsion rates are even higher (U.S. DOE, 2016). There is considerable evidence that implicit teacher biases as early as preschool impact identification and discipline decisions in the face of challenging behaviors (Gilliam et al., 2016). In particular, preschool teachers are more likely to discipline and attribute challenging behavior to Black males (Gilliam et al., 2016; Munzer et al., 2018). The racialization of behavior problems has a deep history in the United States (Children's Defense Fund, 1975) and is related to a disproportionate number of disciplinary acts harsher discipline practices, specifically for Black youth (Office for Civil Rights, 2014). Additionally, white children are more likely

to receive early childhood mental health and consultation services when compared to children from culturally and linguistically diverse backgrounds (Albritton, Mathews, & Anhalt, 2019) and these disparities in intervention acquisition continue throughout schooling (Cramer, 2015). This pattern of systemic racism and inequality in preschool continues throughout the lifespan for marginalized youth and contributes to racism related stress (Jones et al., 2020), which can impact developmental outcomes and achievement (Shonkoff et al., 2021). Therefore, to promote social emotional well-being, equity, and access to services for preschool children from culturally and linguistically diverse backgrounds who have been marginalized, it is imperative for early intervention to incorporate culturally responsive practices that actively dismantle systemic racism and shift the paradigm of racial order in the preschool setting (Bal, 2018). This need is particularly relevant to consider for children with persistent challenging behaviors in preschool settings serving historically marginalized children and families from low-income, racially, ethnically, and linguistically diverse backgrounds, like Head Start.

1.2 Head Start

Head Start is a federally funded early childhood program established in 1965 as part of the War on Poverty. Head Start specifically serves children ages three to five living at or below the poverty level. Since Head Start's inception, the goal has been to enhance school readiness by adopting a "whole child" model. That is, Head Start is dedicated to the education, health, and social outcomes for the children and families they serve. As such, Head Start programs are guided by a set of Performance Standards established by the Department of Health and Human Services. These standards include information about the program governance, workforce requirements, program structure, the education and child

development guidelines, family and community engagement guidelines, guidelines for students with disabilities, and other guidelines and regulations about the program operations. The most recent revision of the Performance Standards was in 2016 (U.S. DHHS, 2016). To provide context, we will present details about Head Start standards and regulations, including information about the workforce, that are relevant to the present study's method and focus.

According to the Performance Standards, Head Start classrooms require a 1:10 staff to student ratio, which typically means that there are 20 students per class with a head teacher and an assistant teacher. In terms of teacher education level, all head teachers must have a minimum of an associate's degree in child development, early childhood education, or equivalent coursework. It is also mandated that 50% of all Head Start head teachers, nationwide, have a bachelor's degree. Relatedly, all assistant teachers must have a Child Development Associate (CDA) credential or be enrolled in a CDA credential program to be completed within two years of initial hire (U.S. DHHS, 2016). Therefore, as is common in early childhood settings, there is some variability in education level among the teaching workforce both within centers and across Head Starts in the United States.

To carry out the programming necessary to educate the "whole child," the workforce also includes several other staff members that are crucial to program operations. Center directors or administrators oversee the center and supervision of staff. They must have a bachelor's degree, at minimum. To carry out family engagement programming, Head Start programs hire family support staff, or family support specialists, who are also required to have a minimum of a bachelor's degree, and within 18 months of being hired, must have a credential or certification in social work, human services, family services,

counseling, or a related field. Family support staff vary in terms of number of staff across centers, with some centers having several family support specialists, and others having one. Head Start also employs curriculum specialists, who provide ongoing support to teachers in delivery of the education curriculum. Curriculum specialists are also required to have a bachelor's degree, at minimum and vary in terms of the number per center and program. Sometimes a single curriculum specialist serves multiple centers, while others focus their efforts on a coaching staff in a single center. Head Start standards also necessitate that programs must incorporate mental health staff who are licensed or certified mental health professionals. Mental health staff also vary in numbers and role across centers, with some coordinating mental health and disabilities services, full time, for a center or program, and others serving as consultants on a part-time basis. Regardless of position, Head Start requires all aforementioned personnel to complete a minimum of 15 hours of professional development and training each year (U.S. DHHS, 2016).

It is important to note that Head Start is invested in serving children with disabilities and promoting practices that enhance children's social emotional development. In fact, it is required that 10% of the total students enrolled in a Head Start program are eligible for services under IDEA (U.S. DHHS, 2016), which may include children with persistent challenging behaviors, who are the focus of the current study. Additionally, in Head Start's most recent revision of their Performance Standards, expulsions resulting from children's behavior are now prohibited, and suspensions (defined as removing children from the classroom environment) are limited (U.S. DHHS, 2016). While this standard demonstrates an investment from Head Start in ensuring the success of all children, including those with persistent behavioral challenges, there are no alternative strategies outlined. This lack of

guidance leaves their frontline workforce with the daunting task of finding ways to appropriately manage these serious persistent challenging behaviors in the classroom setting.

The Department of Health and Human Services (DHHS) dedicates consistent funding to research on Head Start outcomes. One study, the National Head Start Impact Study (NHSIS) longitudinally investigated the impact of Head Start on participating youth, and followed them through the spring of their first grade year (U.S. DHHS, 2010). Data from the NHSIS suggest that while there appear to be overall effects of Head Start on children's language, literacy, and health, there are not similarly lasting effects on children's mental health or behavior (U.S. DHHS, 2010). In closer examinations, there is variability in these benefits, dependent on child characteristics. That is, subsequent investigation of children with high levels of behavior problems reveals that they do not show the same academic or behavioral benefits as their peers without or with few behavioral concerns (Cooper & Lanza, 2014; Miller et al., 2016). This discrepancy is consistent across other Head Start samples (Bulotsky-Shearer & Fantuzzo, 2011). These striking data combined with high prevalence estimates of children with persistent challenging behaviors in Head Start (Kaiser et al., 2002; Qi & Kaiser, 2003), and the adverse outcomes associated with untreated behavior challenges, especially for children from low-income, racial and ethnic minority backgrounds, provide strong evidence for the need to find ways to support the Head Start workforce in better serving these children in the classroom setting in order to increase, not only their mental health and behavioral outcomes, but also their academic readiness for school.

1.3 Head Start Enhancements to Address Challenging Behaviors

Given the aforementioned data, a number of enhancements to Head Start have been implemented to address challenging classroom behavior and social-emotional well-being. Many of the enhancements to Head Start have been adopted within multi-tiered systems of support (MTSS) frameworks including Positive Behavior Support (PBS; Conroy, Dunlap, Clarke, & Alter, 2005) and the Pyramid Model (Fox et al., 2003; Fox et al., 2010; Hemmeter et al., 2013; Hemmeter et al., 2006; Hemmeter et al., 2016). In MTSS, the first tier represents universal techniques used to prevent problem behavior and promote prosocial behavior for most children (e.g., establishing a nurturing relationship, using praise and positive acknowledgement of desired behaviors, setting clear rules with consistent follow-through). The second tier represents selected interventions for children who are not responding to the universal supports (e.g., teaching children to identify their emotions, manage difficult emotions, and use social problem solving; Hemmeter et al., 2016). Finally, tier three interventions are targeted, function-based, and individualized interventions for children who are exhibiting persistent problematic behavior, and for whom tier one and tier two supports are not adequate. There has been considerable work in preschool samples that demonstrates positive impacts of MTSS models in increasing social emotional skills and decreasing overall levels of persistent challenging behaviors across early childhood education settings, including Head Start (Benedict et al., 2007; Hemmeter et al., 2016; Serna et al., 2000; Stormont et al., 2007; Feil et al., 2009; Hemmeter et al., 2007). Such supports, too, can have a positive impact on teacher stress and perceptions of their environment (Zinsser et al., 2016), which may lead to more positive teacher-student interactions. These models and frameworks are often implemented school

wide, and the participating Head Start partners in the current study utilize the Pyramid Model strategies (Fox et al., 2003; Fox et al., 2010; Hemmeter et al., 2006; Hemmeter et al., 2013) to train staff on classroom practices.

Outside of the MTSS framework, there have been other universal enhancements to the Head Start curriculum, some of which overlap with the tier one and tier two strategies described above. Some of the interventions targeting social emotional and school readiness, such as the Preschool PATHS (Promoting Alternative Thinking Strategies) Program (Domitrovitch et al., 2007), the Incredible Years Teacher Training Program (IYTTP; Webster-Stratton, et al., 2001), and the Tools of the Mind-Play curriculum (Diamond et al., 2007), have yielded positive overall effects on children's school readiness outcomes (Morris et al., 2014). When the differential impact was examined in a Head Start sample, however, only the IYTTP significantly improved behavior outcomes for those children at the highest "risk" for developing persistent challenging behaviors, with some effects lasting into the kindergarten year (Morris et al., 2014). The Chicago School Readiness Project (CSRP; Raver et al., 2009), which used the IYTTP, and the Head Start REDI (Research-based, Developmentally Informed) program (Bierman et al., 2008), which used the Preschool PATHS curriculum, are two other school readiness programs that have been universally implemented in Head Starts, and have been found to positively impact children's behavior (Bierman et al 2008; Raver et al., 2009; Raver et al., 2008) and academic skills (Bierman et al., 2008). The universal impact of these programs is encouraging, in that they reveal some promise in reducing problem behaviors. Still, many of the studies did not differentially investigate the impact for children with high levels of challenging behaviors, who are at risk for the most adverse outcomes. Therefore, the extent

to which these universal supports are sufficient in addressing the needs of children with persistent challenging behaviors remains unknown.

Though universal interventions improve social emotional outcomes for Head Start students, overall, one meta-analysis (i.e., Schindler et al., 2015) examined the differential impact of various levels of intervention intensity on persistent challenging behaviors. Findings indicate that, as would be expected, intensive interventions that target social emotional development have greatest relative impact on children's challenging behaviors (Schindler et al., 2015). Such findings suggest a need for more targeted approaches for children with persistent behavior challenges to have optimal impact on these children's school readiness.

Indeed, there is an existing literature on targeted interventions and novel teacher training, coaching, and consultation programs that have been implemented in preschools and Head Starts, with promising findings. Behavioral, Emotional, and Social Training: Competent Learners Achieving School Success (BEST in CLASS; Conroy et al., 2014), Teacher-Child Interaction Therapy (TCIT; Gershenson et al., 2010; McIntosh et al., 2000; Filcheck et al., 2004; Tiano & McNeil, 2006), Preschool First Step (PFS) to Success (Feil et al., 2016), and Learning to Objectively Observe Kids (LOOK; Downer et al., 2017) have demonstrated reductions in problem child behavior (Feil et al., 2016; Sutherland et al., 2018a), increases in positive child behavior (Downer et al., 2017; Filcheck et al., 2004; Tiano & McNeil, 2006), and improvements in teacher behavior and strategies (Downer et al., 2017; Filcheck et al., 2004; Tiano & McNeil, 2006). These interventions include a number of common strategies such as praise, corrective feedback, group contingencies, and home-school reward systems (Gershenson et al., 2010; Sutherland et al., 2018a). To learn

and implement the strategies, these interventions provide a combination of initial training and ongoing classroom coaching and consultation. Such studies are encouraging, in demonstration of the impact of targeted interventions, and teacher training, coaching, and consultation models, on school readiness and provide solid evidence of strategies that are effective in management of persistent challenging behaviors.

Few studies within Head Start have documented the use of tier three interventions, despite the expressed need from teachers to better understand management of persistent challenging behaviors (Hemmeter et al., 2006). We have found that preschool teachers lack knowledge about the causes, treatments, and symptoms of externalizing behavior problems, (Poznanski et al., 2021), and, in conversations with our Head Start partners, administrators emphatically expressed that teachers need a better understanding of what to do in the face of serious and chronic challenging behaviors (e.g., aggression). Some studies (e.g., Dufrene et al., 2007; McLaren & Nelson, 2009) have documented the use of a functional behavioral assessment (FBA), a first step in developing a tertiary intervention plan, in Head Start, mostly in case-study designs. Such studies document decreases in problem behavior when using an FBA, executed by research staff, to develop tertiary interventions. A recent review reported on practitioner involvement in FBA and subsequent interventions, as reported in the literature, practitioners have had a limited role, and most efforts have been by research staff (Wood et al., 2014).

Despite promise of aforementioned interventions, the extent to which these enhancements are sustainable within Head Start settings is unknown, as they have not been wide-spread throughout Head Starts. It is important to note that the implementation of these interventions is, most often, conducted by university personnel, and involves hours of

professional development, intensive coaching and/or mentoring, ongoing consultation, and observation in which teachers are able to problem solve challenges with study staff as they occur. Without study personnel, the extent to which these interventions would be successfully implemented remains unknown, and the sustainability of such intensive coaching and consultation models, though best practice in increasing fidelity, is unlikely. Moreover, though some studies have investigated the impacts of these interventions on children into elementary school, studies have not investigated the extent to which these interventions can be sustained by and integrated within a Head Start setting, by measuring teacher and organizational behavior long after the conclusion of the study. Sustainability is especially important to consider, as it is typical for classroom climate to decline even as the school year progresses (Raver et al., 2008). Similarly, a recent investigation of school-based coaches versus university-based coaches revealed that university coaches yielded the highest treatment fidelity, indicating that many of the interventions described above that have been stringently implemented in preschool and Head Start settings by university staff, may not be feasible and sustainable solutions to combatting challenging behaviors in the Head Start setting (Gilmour et al., 2017). Though the literature has emphasized a number of strategies to manage challenging behaviors that appear to work when implemented with high university support and fidelity, less is understood about which strategies for children with challenging behaviors can be feasibly implemented in Head Start and ultimately sustained by Head Start personnel. Therefore, an approach that, at the onset, considers treatment fidelity, feasibility, and sustainability, must be considered.

1.4 Theoretical Framework

Implementation science is the study of what is needed in terms processes and supports for programs, strategies, or interventions that have compelling research evidence to be implemented in traditional settings (Fixsen et al., 2005; Metz et al., 2013). In terms of intervention development, models of implementation science encourage a comprehensive understanding of the environment in which the intervention intends to be implemented (Sanders & Turner, 2005; Beidas & Kendall, 2010), without which, intervention efforts are deemed futile (Hoagwood & Kolko, 2009).

The current study is grounded in the Clinic/Community Intervention Development Model (CCIDM; Hoagwood et al., 2002) and utilizes concepts from the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009). The CCIDM and CFIR model and framework have been developed to reduce some of the common challenges and barriers to effective implementation (e.g., beliefs, knowledge, values, cost; Blair et al., 2010; Sutherland et al., 2018b), which could be reasons why the interventions discussed thus far have not been widely disseminated or the effects on teacher behavior may have dissipated when university supports were gone. For example, in initial conversations with the Head Start administrators in the district within which this study was conducted, they expressed wariness about the longevity of interventions brought to the district by researchers. They also described cost and inability to hire personnel were noted as key barriers to adoption of various evidence-based interventions for children with persistent challenging behaviors in the classroom. The administrators discussed that they decided to use their current classroom management framework, the Pyramid Model (e.g., Hemmeter et al., 2013), because it is freely available, and they did not have the resources

for training on other more cost-intensive interventions. Additionally, turnover and a lack of personnel to support children with persistent challenging behaviors was a key concern, and common in the Head Start workforce (Wells, 2015). Important information, like this, about the organization is vital to making recommendations for enhancements to current practices.

The CCIDM posits a step-by-step plan to intervention development, which emphasizes constant collaboration with and feedback from the setting in which the intervention intends to be implemented. Therefore, step one, calls for an intervention to be developed "within the practice setting" by first achieving a solid understanding of the setting and needs (Hoagwood et al., 2002). The current study utilizes CFIR guidelines to take the first step, and gain a comprehensive understanding of the Head Start setting related to management of persistent challenging behaviors. The CFIR outlines five constructs necessary for fostering implementation practices: (1) intervention characteristics, (2) outer setting, (3) inner setting, (4) characteristics of individuals, and (5) process.

Within the first domain of CFIR, intervention characteristics, it is necessary to understand the perceptions of key stakeholders about the development of the intervention and the advantage of implementing the intervention over an alternative solution, the perceived difficulty of implementation of the intervention, and their perceptions of the cost of implementation (Damschroder et al., 2009). The second domain, outer setting, and third, inner setting, domains of the CFIR call to understand the needs of the target population, understand overarching organizational policies and structural characteristics including social networks and communication, and social norms, values, and assumptions. These domains also call for the understanding of resources, the extent to which there is desire to

change, the compatibility and priority of the intervention on the organizational level. The fourth domain, characteristics of individuals, calls for a good understanding of the knowledge, beliefs, and efficacy of those who will be implementing the intervention. Finally, Damschroder and colleagues (2009), identify a fifth domain, process, as key to effective implementation. Process focuses on building local capacity for using the intervention by systematically incorporating ways to continuously include and assess the needs and perspectives of stakeholders, using existing communication channels, rigorous measurement and monitoring, and strategies that will simplify the implementation. We investigate the questions proposed by the CFIR through *Phase I* and *Phase II* of our study, outlined in greater detail below.

1.5 Evidence-based Practices for Challenging Behaviors in Preschool Children

Before detailing the current study, it is important to highlight recent efforts in the preschool literature that have worked to advance the science in understanding practices for children with challenging behaviors and effective intervention elements. One noteworthy study, which is foundational to our conceptualization of evidence-based practices (i.e., McLeod et al., 2017), sought to identify the common practice elements of interventions to promote positive behavior in preschools, as has been investigated in the mental health dissemination literature (e.g., Chorpita et al., 2005). From the evidence-based interventions analyzed, 24 common practice elements emerged. Of those, 14 practices were considered by experts as essential in enhancing social emotional skills and promoting positive behaviors in preschool children (e.g., emotion education, praise, ignoring, choices, problem solving). There were other strategies that were considered essential by some experts and useful by others (e.g., timeout, differential reinforcement). This review

reinforces the fact that there are, indeed, practices utilized in the evidence-based interventions reviewed above that are effective and considered essential in reducing the instance of challenging behaviors in the classroom. Drawing on those practices will be important in continued intervention efforts. Still, the question remains as to how acceptable and feasible these strategies are for Head Start staff to implement, and the extent to which they can be sustained in a Head Start setting.

We also build upon a previously executed survey and observation studies that have sought to understand how preschool teachers typically manage challenging classrooms (e.g., Snell et al., 2012a; Snell et al., 2012b; Quesenberry et al., 2011; Steed & Roach, 2017). Collectively, observation studies suggest universal strategies are implemented inconsistently, but, more frequently than strategies to directly support social emotional development, and systems for behavior (Steed & Roach, 2017), and there is an overall lack of positive reinforcement for appropriate behavior in Head Start classrooms (Snell et al., 2012b). On the basis of survey data, Snell and colleagues (2012b) documented that the top challenging behaviors identified by Head Start teachers were, in fact, externalizing behaviors (e.g., noncompliance, aggression, impulsivity; Snell et al., 2012a), and teachers reported using universal prevention strategies, most often, speaking little of using individualized strategies (Snell et al., 2012b). Staff interviews also identified that timeout or removal from the activity were used and perceived as necessary consequences by the Head Start staff, despite some controversy surrounding the acceptability of timeout in the Head Start setting (Snell et al., 2012b). Through this series of work, barriers to management of behavior became evident in the qualitative analyses, including lack of training, differences between teacher and specialists' beliefs and practices, lack of classroom

assistance, family involvement, and lack of coordination and communication about the referral process (Snell et al., 2012b). The current study examines these barriers using a mixed method design, while addressing other limitations of previous work by reporting demographics to ensure representativeness of the sample and including the perspective from a variety of personnel. Though the work conducted thus far is useful, the current study seeks to take these examinations a step beyond prior studies and identify areas for sustainable workforce enhancement, specifically in supporting children with persistent challenging behaviors who are from culturally and linguistically diverse backgrounds. Therefore, the key questions that will be investigated and answered will be asked using concepts from implementation science with particular mind to acceptability, feasibility, cultural responsivity, and eventual sustainability of an enhancement model.

1.6 Current Study

Given the extensive research documenting the long term adverse outcomes associated with persistent challenging behaviors, including less favorable outcomes after participating in Head Start, both universal and targeted enhancements to Head Start that intend to reduce challenging behaviors have been developed. Despite promising evidence, these interventions are not widely implemented in Head Starts, yet have been rigorously tested, often with university staff providing intensive trainings and ongoing coaching to increase intervention fidelity. Therefore, though these interventions provide us with a solid foundation of effective practices, the feasibility and sustainability of these evidence-based interventions, without research staff, has yet to be determined. The current study, following an implementation science models and framework, intends to take the *first step* towards achieving a sustainable and feasible intervention model for children with persistent

challenging behaviors in Head Start through a mixed-method approach. The study includes two distinct phases of data collection. *Phase I* of data collection includes comprehensive surveys of Head Start personnel (teachers, assistant teachers, family support staff, mental health staff, administrators, and curriculum specialists) regarding classroom management strategy use and perceptions of strategies, perceptions of work environment, knowledge of classroom management and mental health challenges, burnout, and self-efficacy. *Phase II* of data collection includes separate focus groups with aforementioned Head Start personnel. Focus groups discussed management of common challenging behaviors, cultural considerations, strengths, and areas for enhancement.

To present this mixed method study, the methods and results for *Phase I* and *Phase II* will be described and interpreted separately, with a common discussion that interprets the results and answers the research questions below. The mixed-method nature of the study will allow us to answer our research questions more richly by specifically identifying areas of *confirmation,* where findings from both forms of data collection inform the results of the other and are consistent, *expansion,* when findings from each phase diverge and expand on understanding of the research question, and *discordance,* where findings are inconsistent, contradict, or are in direct conflict with one another (Fetters et al., 2013).

1.7 Research Questions and Hypothesis

Research Question 1 (Objective 1): What are the current positive behavior supports for children with challenging behaviors in culturally and linguistically diverse Head Start centers? Within research question one, we were particularly interested in understanding strategies used in the context of managing children with challenging behaviors, with a focus on the use of targeted strategies and strategies often used in evidence-based

interventions (e.g., incentives, time out; McLeod et al., 2017). Information from *Phase I* and *Phase II* will be consolidated to answer research question one, which is primarily exploratory, as there is limited information regarding the current practices for children with persistent challenging behaviors in Head Start centers. On the basis of previous literature (e.g., Snell et al., 2012a; Snell et al., 2012b), and knowledge of professional development content from our Head Start partners, it is anticipated that the strategies reported will include more universal strategies and social emotional strategies (e.g., transition warnings, rules, emotion teaching) than targeted or individualized supports (e.g., individual incentive, special privileges) often used in evidence-based interventions. In terms of strategy use measured by *Phase I* data, we examine reported data from head teachers and assistant teachers, only. We also hypothesized that there will be inconsistency in report of strategy use, especially in the face of particularly challenging, serious, and disruptive behaviors (e.g., aggression) as presented in our *Phase II* focus groups.

Research Question 2 (Objective 2): To what extent are the best practices for children with challenging behaviors in Head Start centers considered acceptable and feasible? Research question two is exploratory in nature as perceptions of feasibility and acceptability of many evidence-based strategies are largely unknown. We were particularly interested in staff perceptions of strategies often utilized in evidence-based interventions (e.g., praise, incentives, ignoring, timeout; McLeod et al., 2017). Data from *Phase I* and *Phase II* will be utilized to answer research question two. Though it is exploratory, it is anticipated that Head Start personnel will be familiar and confident in implementing more universal and social emotional strategies than the targeted and individualized strategies, given our understanding of their professional development topics. We also anticipate, given

the Head Start performance standards, that strategies that remove the child from the activity (e.g., sending child out of the room, suspension, send child home) will be less acceptable to Head Start personnel.

Research Question 3 (Objective 3): Where are areas for sustainable workforce enhancement across Head Start centers that will help support children with challenging behaviors and their families in the transition to kindergarten? To answer the third research question, we aim to understand the extent to which workforce characteristics impact use of strategies. Following up on previous work (e.g., Zinsser et al., 2016), we hypothesize that workforce characteristics (e.g., perceptions of school environment, burnout, self-efficacy, knowledge) will impact the teacher reported use of evidence-based strategies (*Phase I*). We also aim to explore differences in perceptions of strategies among the different members of the workforce. We anticipate there to be agreement in perceptions of many of the social emotional strategies and universal strategies, given what we know about the professional development of our district. We also anticipate mental health staff to have more positive perceptions about more targeted and individualized evidence-based strategies, given their role in developing behavior plans for children with persistent challenging behaviors. Answering this question will also require exploration of focus group responses (*Phase II*) regarding current workforce strengths, capacity, and training needs.

CHAPTER 2. PHASE I METHOD

2.1 Participants and Procedures

Phase I participants were 346 Head Start personnel (97.4% female; 63.1% Hispanic or Latino; 34.1% Black) from 54 different Head Start centers in a large urban district in the southeastern United States. Personnel included head teachers (39.4%), assistant teachers (32.5%), family support staff (9.5%) administrators (7.2%), mental health staff (5.5%), curriculum staff (4.9%), and other personnel (1.1%). See Table 1 for additional demographic characteristics of all staff and Table 2 for additional demographic characteristics of head teachers and assistant teachers only. Surveys were emailed to Head Start personnel and completed via a secure online survey platform, REDCap, or distributed to centers and completed via paper and pencil. Recruitment efforts included email blasts to centers, distribution of surveys at Head Start centers by administrators and study staff, conversations at regular meetings and preservice trainings, and presentations at professional development days. All procedures were approved by the Institutional Review Board, confidentiality was explained, and participants received a $10 gift card for completing the surveys.

2.2. Measures

Demographic Questionnaire. The demographic questionnaire included information about sex, race/ethnicity, current position in Head Start, number of years in role, years of teaching experience, professional certifications, highest level of education, and number of hours of in-service or professional development spent focused on challenging behaviors in the past 5 years. For teachers, we collected information regarding class size, teacher to

student ratio, and class type. For administrators we collected information regarding center size.

Use, Perception, Familiarity, and Confidence in Classroom Management Strategies. To assess personnel's reported use and perceived usefulness of strategies to manage challenging classroom behaviors, participants completed the Classroom Management Strategies Questionnaire (CMSQ; Webster-Stratton, 2012). The CMSQ lists 38 classroom management strategies and assesses frequency of use and the perceived usefulness of each strategy (5-point scale from *Rarely* to *Very Often*). Participants rated their level of familiarity with each strategy and confidence in being able to implement the strategy (*Not At All* to *Very Much*). For teachers and assistant teachers, the directions asked the rater to report relative to their classroom, for other personnel the directions asked for general frequency and usefulness for each strategy across their center. The measure has been validated for use with teachers and used in a preschool sample (Downer et al., 2017; Webster-Stratton, 2005), with good reliability in the current sample ($\alpha = 0.97$). There are five subscales, including coaching, praise, and incentives (CPI); proactive strategies (PRO); social and emotional teaching strategies (SE); limit setting strategies (LS); and inappropriate strategies (IN) that demonstrate acceptable reliability in the current sample (α range from 0.79 to 0.94)

Knowledge and Opinion of Externalizing Behavior Problems. Knowledge and opinions of externalizing behaviors was measured using the Knowledge and Opinion of ADHD scale (KOAD; Poznanski et al., 2018). The KOAD consists of 19 knowledge items (e.g., "There are a greater number of boys than girls with ADHD"; rated *True, False, Don't Know*) and 4 opinion items (e.g., "I believe medication could help my student with

ADHD"; rated on a 6 point Likert-type scale from *Strongly Agree* to *Strongly Disagree*). The scale includes both positive and negatively framed items in order to assess personnel's ability to accurately recognize what ADHD is and is not. The knowledge items represent various domains of ADHD knowledge including general knowledge of the nature and causes (7 items), knowledge of symptoms (4 items), and knowledge of treatment (8 items). This measure has been previously used with good reliability in samples of preschool teachers (Poznanski et al., 2021). Confirmatory factor analyses demonstrate adequate fit of the three subscales and report good reliability and validity of the measure. Reliability was adequate in the current sample ($\alpha = 0.75$).

Knowledge of Classroom Management. Knowledge and ability to recognize appropriate classroom management strategies was measured using the Behavior Principles Questionnaire (BPQ), a modified version of the Knowledge of Behavioral Principles Questionnaire, inspired by the Behavior Modification Test (Kratochwill et al., 1995), and modified for classroom relevance (Mixon et al., 2014; Poznanski et al., 2018). The measure describes classroom vignettes with multiple-choice answer choices (e.g., "Which of the following is an example of an effective instruction?" *a) Jane, stop that; b) Jordan, could you please put your book away; c) Class, after your group has finished the activity, put away all materials and go back to your desk quietly. Please start your English assignments on page 37 of your textbooks. Remember to underline any words you do not know for us to review as a class; d) Mario, please open your math folder*). The 22-item measure has been used in previous work in early childhood and elementary samples to measure teacher knowledge (Poznanski, et al., 2018). With repeated use, prior studies have demonstrated

adequate internal consistency and suggest that the measure is sensitive to change (Owens et al., 2017; Poznanski et al., 2018).

Organizational Environment. To measure factors related to the work environment, personnel completed the Early Childhood Work Environment Survey- Short Form (ECWES-SF; Bloom et al., 1998). The ECWES-SF evaluates organizational climate on 10 dimensions: collegiality, professional growth, supervisor support, clarity, reward system, decision-making, goal consensus, task orientation, physical setting, and innovativeness. Items are rated on a 6-point scale (*Never* to *Always)*. It has been used in preschool settings with a variety of workforce members (Lower & Cassidy, 2007), with good reliability (Bloom & Sheerer, 1992). There was good reliability in the current sample ($\alpha = 0.97$).

Burnout. Staff members completed the Maslach Burnout Inventory - Educators Version (MBI-ES; Maslach et al., 1996). The MBI-ES has been used extensively to identify burnout in school settings, and utilized in a Head Start sample (Jennings, 2015). It assesses three core aspects of burnout: emotional exhaustion, depersonalization, and personal accomplishment. The frequency with which staff experience feelings related to each MBI-ES scale is assessed using a 22-item, seven-point scale ranging from 0 (*Never*) to 6 (*Every day*). The MBI-ES has shown good validity, internal reliability and stability over time, with adequate reliability in the current sample ($\alpha = 0.84$).

Sense of Efficacy. The Teachers' Sense of Efficacy Scale (TSES; Tschannen-Moran & Woolfolk Hoy, 2001) was used to measure self-efficacy. The TSES is a 24-item measure in which participants rate their beliefs about how much they are able to do for a series of items (e.g., "How much can you assist families in helping their children do well at school?"; rated on a 9-point Likert-type scale from *Nothing* to *A Great Deal*). It has demonstrated

good reliability in previous studies (Tschannen-Moran & Woolfolk Hoy, 2001) and in the current sample ($\alpha = 0.98$)

2.3 Analytic Plan

Research Question 1 (Objective 1): What are the current positive behavior supports for children with challenging behaviors in culturally and linguistically diverse Head Start centers? In order to answer the first research question, we descriptively analyzed the data about current practices as reported by head teachers and assistant teachers. We scored the use of classroom management strategies from the CMSQ and conducted descriptive analyses to identify the most commonly and least commonly reported techniques. Additionally, we examined the frequency of types strategies utilized (i.e., social emotional; proactive; coaching, praise, and incentive; limit setting; inappropriate) to determine the types classroom management practices that are most and least commonly utilized by teachers and assistant teachers in Head Starts. We also examined the frequency of strategies often utilized in evidence-based interventions for children with persistent challenging behaviors, descriptively, to better understand how often these strategies are currently utilized by teachers and assistant teachers in Head Start settings. To identify evidence-based practices, we matched our strategies to the 24 practice element framework established by McLeod and colleagues (2017). The evidence-based practices examined include: coach positive social behaviors, reward with incentives, praise, timeout or time away, ignoring, problem solving, preparing for transitions, group incentives, special privileges, set up individual incentive program, clear positive directions, warn of consequences, clear discipline plan, emotion coaching, send home notes about behavior,

teaching social skills and problem solving, teaching children to ignore, teaching anger management strategies.

Research Question 2 (Objective 2): To what extent are the best practices for children with challenging behaviors in Head Start centers considered acceptable and feasible? To answer the second research question, we examined *Phase I* data descriptively. That is, we examined the perceived usefulness, familiarity, and confidence of each of the classroom management strategies presented in the survey to identify the most and least useful, familiar, and feasible classroom management strategies as rated by all Head Start personnel (i.e., head teachers, assistant teachers, administrators, family support specialists, curriculum specialists, mental health staff). We also examined these perceptions for each category of strategy as identified by the CMSQ (i.e., social emotional strategies; proactive strategies; coaching, praise, and incentive strategies; limit setting strategies; inappropriate strategies). Similarly, we report, descriptively, perceptions regarding commonly used classroom-based strategies for children with externalizing behavior in evidence-based interventions to better understand personnel perceptions of evidence based practices. As described above, to identify evidence-based practices, we matched our strategies the 24 practice element framework established by McLeod and colleagues (2017). The evidence-based practices examined include: coach positive social behaviors, reward with incentives, praise, timeout or time away, ignoring, problem solving, preparing for transitions, group incentives, special privileges, set up individual incentive program, clear positive directions, warn of consequences, clear discipline plan, emotion coaching, send home notes about behavior, teaching social skills and problem solving, teaching children to ignore, teaching anger management strategies.

Research Question 3 (Objective 3): Where are areas for sustainable workforce enhancement across Head Start centers that will help support children with challenging behaviors and their families in the transition to kindergarten? Due to the nested structure of the data, we utilized multilevel models. As an initial step, for each target outcome we estimated an unconditional (random intercept only) model in order to calculate the intraclass correlation and thereby assess the percentage of level 1 variance explained by clustering. Next, we assessed our hypothesized models using multilevel regression with a random intercept. We implemented random intercept models without modeling random slopes because it seems unlikely that slopes would differ by cluster on our key variables. For example, while is likely that centers have different school environments (resulting in different intercepts on this measure), it would be unlikely for the hypothesized relationship between positive school environment and use of effective strategies to change or reverse in different centers. We first examined the difference in reported use of classroom management strategies among teachers and assistant teachers only. In terms of perceptions of classroom management strategies, we examined differences among all personnel. That is, we conduced multilevel regression models with dummy-codes for position type, in order to understand differences in reported perceptions of classroom management strategies between workforce members. Next, we scored and total measures of work environment, staff burnout, sense of efficacy, and knowledge measures and considered demographic characteristics. That is, in order to understand the areas for sustainable workforce enhancement, we sought to understand characteristics of the workforce and how they related to reported strategy use among teachers and assistant teachers. We employed multilevel multiple regression analyses to investigate the impact of teacher and assistant

teacher characteristics (i.e., knowledge, burnout, perceptions of environment, self-efficacy) on strategy use, controlling for relevant demographic characteristics and dichotomized position (i.e., head teacher versus assistant teacher). The percent of incremental variance explained by each of the characteristics, as well as the strength and the power of each predictor (unstandardized regression coefficient), is interpreted to examine the unique contribution of each characteristic on reported use of strategies. All analyses were conducted in MPLUS and missing data was handled using full information maximum likelihood. Multilevel models demonstrated acceptable model fit on multiple indicators, with CFI > 0.95, TLI > 0.95, SRMR < 0.08, and RMSEA < 0.06.

CHAPTER 3. PHASE I RESULTS

3.1 Use of Classroom Management Strategies

To address the first study objective, descriptive statistics were conducted to understand the reported use of classroom management strategies by head teachers and assistant teachers. Table 3 represents the frequency of strategy use from most utilized to least utilized strategies according to head and assistant teacher report. In particular, the most utilized strategies, according to staff report, include coaching positive social behaviors, praising behavior, preparing children for transitions, giving positive directions, promoting respect for cultural differences, and teaching social skills during circle time. As expected, these highly used strategies are all universal strategies and social emotional strategies, which have strong evidence in terms of use with all children including those with challenging behaviors. On average, staff reported using these strategies "often" to "very often." According to staff, the least reported strategies include reprimanding in a loud voice, threatening to send a child out of the classroom, using physical restraint, sending a child to the office, and sending a child home for aggressive behavior. On average, teachers and assistant teachers report using these strategies "rarely" to "sometimes." This may be expected, given that many of these strategies are against Head Start policy, and extreme behaviors, like those that may elicit physical restraint, occur at a relatively low incidence in the classroom. Additionally, Table 4 represents the means and standard deviations of each of the strategy categories identified on the CMSQ. According to staff, on average, social emotional strategies (e.g., coaching social skills) are utilized most often ($M = 4.04$, $SD = 0.76$; "often" to "very often") and inappropriate strategies (e.g.,

reprimanding in a loud voice) are utilized least often (M = 1.62, SD = 0.67; “rarely” to “sometimes”).

We were particularly interested in examining some of the more targeted strategies that are commonly used in evidence-based interventions for children with persistent challenging behaviors. Reported frequency use of these strategies was mixed. As mentioned above, evidence-based universal strategies (e.g., prepare for transitions, give clear positive directions) were reportedly utilized with great frequency, though other evidence-based techniques (e.g., ignore misbehavior) were utilized less frequently (M = 1.87; “rarely” to “sometimes”) in the classroom. Effective targeted or individualized interventions (e.g., set up individualized incentive program) are reportedly used with moderate frequency (M = 2.17; “sometimes” to “half the time”). It was expected that these types of targeted supports would be reportedly used less often than universal and social emotional strategies, given that not all students require the use of targeted strategies. Timeout or time away for aggressive behavior was another strategy of interest, given its use in evidence-based interventions for preschool aged children (McLeod et al., 2017). Staff report using timeout with low frequency (M = 1.89; “rarely” to “sometimes”), which may be expected, though given the mean, it is clear that timeout is sometimes utilized in the Head Start setting.

3.2 Perceptions of Classroom Management Strategies

To address the second study objective, descriptive statistics were conducted to understand the perceptions of all Head Start staff (head teachers, assistant teachers, administrators, mental health staff, family support specialists, curriculum specialists) regarding classroom management strategies. In particular, the perceived usefulness of

strategies, staff's familiarity with the strategies, and their confidence in being able to implement the strategies at their center were examined, descriptively.

Usefulness

The perceived usefulness of strategies is presented in Table 5. In particular, staff perceived the most useful strategies to be using problem solving, preparing children for transitions, giving positive directions, teaching social skills at circle time, and promoting respect for cultural differences in the classroom. As hypothesized, these are universal and social emotional strategies, rather than targeted strategies, and these are also strategies that are used most often. On average, staff reported these strategies as "often" to "very often" useful. According to staff, the least useful strategies are the same as the least utilized, and include strategies that involve classroom removal and reprimanding. On average, Head Start staff report these strategies as "rarely" to "sometimes" useful. Additionally, Table 6 represents the means of each of the strategy categories identified on the CMSQ. According to staff, on average, social emotional strategies (e.g., coaching social skills) are most useful (M = 4.01, SD = 0.72; "often") and inappropriate strategies (e.g., reprimanding in a loud voice) are least useful (M = 1.65, SD = 0.66; "rarely" to "sometimes"). This is in line with hypotheses and understanding of the training focus of staff in our sample.

To understand staff perceived usefulness of strategies often used in evidence-based interventions for preschool children with challenging behaviors, we investigated commonly utilized practices in evidence-based interventions for children with persistent challenging behaviors (e.g., preparing for transitions, clear positive directions, ignoring, timeout, incentive strategies). Reported usefulness of these strategies was mixed. As mentioned above, evidence-based universal strategies (e.g., prepare for transitions, give

clear positive directions) were perceived as useful, though other evidence-based techniques such as ignoring (M = 1.98; "rarely" to "sometimes") and time out/time away (M = 2.03; "sometimes") were perceived as less useful. Importantly, targeted or individualized interventions (e.g., set up individualized incentive program) are reportedly viewed as moderately (M = 2.28; "sometimes" to "half the time") useful in the classroom. Of note, the reported usefulness of these incentive-based strategies is slightly higher than the reported frequency. For average usefulness of other evidence-based practices, see Table 5.

Familiarity

The average familiarity of strategies is presented in Table 5. Similar to findings of use and usefulness, staff indicated they were most familiar with universal strategies such as praise, preparing children for transitions, providing clear directions, teaching social skills, and promoting respect for cultural differences. On average, staff reported that strategies are "very" to "extremely" familiar to them. According to staff, the least familiar strategies are the same as the least utilized and least useful, and include strategies that involve classroom removal and reprimanding. On average, Head Start staff report these strategies as "not at all" to "slightly" familiar to them. Additionally, Table 6 represents the means of each of the strategy categories identified on the CMSQ. According to staff, on average, social emotional strategies (e.g., coaching social skills) are most familiar (M = 4.00, SD = 0.73; "very") and inappropriate strategies (e.g., reprimanding in a loud voice) are least familiar (M = 2.07, SD = 0.95; "slightly"). Here, the average familiarity of inappropriate strategies is slightly higher than reported use and usefulness.

In terms of staff familiarity with strategies often utilized in evidence-based interventions, findings reveal a similar pattern to use and usefulness. As mentioned above,

staff were “very” to “extremely” familiar with evidence-based universal strategies (e.g., prepare for transitions, give clear positive directions), and “slightly” to “moderately” familiar with other evidence-based techniques such as ignoring (M = 2.48), time out/time away (M = 2.72), and home-school communication about behavior (M = 2.12 to 2.97). For each of these evidence-based strategies, staff, on average, report greater perceived familiarity with these strategies than perceived usefulness and frequency of use. This pattern is important to consider when planning intervention tools. Again, targeted or individualized interventions (e.g., set up individualized incentive program) are moderately (M = 2.62; “slightly” to “moderately”) familiar to staff. For average familiarity with other evidence-based practices, see Table 5.

Confidence in Ability to Implement

Table 5 also reveals the average confidence ratings of staff for each strategy. Similar to patterns identified above, staff report having the most confidence in implementing transition warnings, clear positive directions, social skills teaching, respect for diversity, and teaching anger management strategies in their centers. Again, as hypothesized, these are universal and social emotional strategies rather than targeted supports, and staff reported being “very” to “extremely” confident in their ability to implement these strategies in their centers. As indicated for all other categories, staff are least confident about implementing strategies that involve classroom removal and reprimanding in their centers, with average ratings from “not at all” to “slightly” confident in their ability to implement these strategies. This, again, may be expected given the incongruence with removal strategies and Head Start policy, and the comparatively lower incidence of extreme challenging behaviors. Table 6 represents the means of each of the

strategy categories identified on the CMSQ. According to staff, on average, they are most confident in implementing social emotional(e.g., coaching social skills; M = 4.03, SD = 0.72; "very") and least confident in their ability to use inappropriate strategies (e.g., reprimanding in a loud voice; M = 1.90, SD = 0.80; "not at all" to "slightly").

In terms of staff's confidence in the ability to implement practices commonly utilized in evidence-based interventions for children with persistent challenging behaviors, ratings were mixed. Similar to previously reported patterns, staff were "very" to "extremely" confident in their ability to implement evidence-based universal strategies (e.g., praise, prepare or transitions, give clear positive directions). Confidence in being able to use time out/time away as a strategy was lower (M = 2.42, "slightly" to "moderate") than other universal strategies, though higher than reported frequency of use. This may have implications for the feasibility of utilizing a time away strategy to manage challenging behaviors in Head Starts. Again, staff indicated that they were "slightly" to "moderately" confident in implementing individualized incentives (M = 2.59; "slightly" to "moderately") and home-school notes (M = 2.03, 2.99; "slightly" to "moderately") in their centers. Of interest, staff were "moderately" to "very" confident in their ability to reward positive targeted behaviors with incentives, like stickers, (M = 3.48), which is higher than reported use of this strategy. This, again, has implications for the acceptability and feasibility of this evidence-based technique in Head Start centers. For average confidence of other practices, see Table 5.

3.3. Classroom Management Strategy Use and Perception Across Personnel

To examine how strategy use differed within the teaching workforce, we used the CMSQ strategy categories (i.e., social emotional strategies; proactive strategies; coaching,

praise, and incentive strategies; limit setting strategies; and inappropriate strategies) and conducted a series of multilevel regressions controlling for position with our sample of teachers and assistant teachers. There were no significant differences found between assistant teachers and head teachers reported use of social emotional, proactive, coaching, praise, and incentive, limit setting, or inappropriate strategies, indicating agreement within the teaching workforce.

To examine how perceptions of strategies differed across type of personnel, we used the CMSQ strategy categories (i.e., social emotional strategies; proactive strategies; coaching, praise, and incentive strategies; limit setting strategies; and inappropriate strategies) and conducted a series of multilevel regressions with dummy-coded variables for position type in order to understand the difference between workforce members.

Perception of Social Emotional Strategies Across Personnel

In terms of staff differences in perceptions of usefulness, familiarity, and confidence in implementing social emotional strategies, curriculum specialists viewed social emotional strategies as more useful than head teachers ($B = 0.42$, $p < 0.05$), assistant teachers ($B = 0.47$, $p < 0.01$), mental health staff ($B = 0.52$, $p < 0.05$), and family support specialists ($B = 0.47$, $p < 0.05$). Curriculum specialists were also significantly more familiar with social emotional strategies than head teachers ($B = 0.36$, $p < 0.01$), assistant teachers ($B = 0.39$, $p < 0.01$), mental health staff ($B = 0.49$, $p < 0.05$), and family support staff ($B = 0.10$, $p < 0.05$). Finally, curriculum specialists reported more confidence in the ability to implement social emotional strategies in their centers ($B = 0.39$, $p < 0.05$) than family support specialists. No other differences indicate staff agreement in their perception of the ability to implement social emotional strategies in their centers.

Perception of Proactive Strategies Across Personnel

In terms of perceptions of usefulness, familiarity, and confidence in implementing proactive strategies, a number of differences among staff's perceived usefulness of proactive strategies emerged. That is, curriculum specialists perceive proactive strategies to be more useful than head teachers (B = 0.22, $p < 0.01$) and assistant teachers (B = 0.36, $p < 0.001$). Administrators, on average, also perceive proactive strategies to be significantly more useful than assistant teachers (B = 0.36, $p < 0.05$). Curriculum specialists were also significantly more familiar with proactive strategies than was reported, on average, by head teachers (B = 0.29, $p < 0.05$) and assistant teachers (B = 0.34, $p < 0.01$). There were no significant differences among staff in perceptions of confidence in implementation of proactive strategies in their centers, with averages of all staff between "moderately" and "very" confident in the ability to implement the strategies in their centers. This indicates agreement among staff in terms of implementation ability.

Perception of Coaching, Praise, and Incentive Strategies Across Personnel

In terms of perceptions of usefulness, familiarity, and confidence in implementing coaching, praise, and incentive strategies, some significant differences emerged. In particular, family support staff perceived these strategies to be significantly more useful than head teachers (B = 0.39, $p < 0.05$) and assistant teachers (B = 0.40, $p < 0.05$). Mental health staff were significantly more familiar with coaching, praise, and incentive strategies than head teachers (B = 0.34, $p < 0.05$) and assistant teachers (B = 0.37, $p < 0.05$). Curriculum specialists were also significantly more familiar with coaching, praise, and incentive strategies than assistant teachers (B = 0.36, $p = 0.05$). There were no differences

in average confidence in implementation reported by staff, again indicating agreement among staff members.

Perceptions of Limit Setting Strategies Across Personnel

In terms of perceptions of usefulness, familiarity, and confidence in implementing limit setting strategies, mental health staff, on average, perceived limit setting strategies to be significant more useful than head teachers (B = 0.35, $p < 0.05$) assistant teachers (B = 0.44, $p < 0.05$) and administrators (B = 0.39, $p < 0.05$). Mental health staff also reported greater familiarity, on average, with limit setting strategies when compared to head teachers (B = 0.53, $p < 0.01$), assistant teachers (B = 0.17, $p = 0.001$), and curriculum specialists (B = 0.51, $p < 0.05$). Administrators also reported significantly greater familiarity with limit setting strategies, on average, than head teachers (B = 0.52, $p = 0.05$) and assistant teachers (B = 0.17, $p < 0.05$). Mental health staff also reported greater average confidence in the ability to implement limit setting strategies in their centers than head teachers (B = 0.42, $p < 0.01$), assistant teachers (B = 0.46, $p < 0.05$), family support specialists (B = 0.41, $p < 0.05$), and curriculum staff (B = 0.47, $p = 0.001$).

Perceptions of Inappropriate Strategies Across Personnel

In terms of perceptions of usefulness, familiarity, and confidence in implementing inappropriate strategies, there were some differences between positions. In particular, head teachers (B = 0.27, $p < 0.001$) and assistant teachers (B = 0.26, $p = 0.001$) rated these strategies as more useful than administrators. Head teachers (B = 0.22, $p < 0.05$) and assistant teachers (B = 0.21, $p < 0.05$) also rated inappropriate strategies as significantly more useful than curriculum specialists. There were also significant differences in familiarity of inappropriate strategies with significant differences between curriculum

specialists and head teachers (B = -0.58, $p < 0.01$) and curriculum specialists and family support specialists (B = -0.62, $p < 0.05$), with curriculum specialists reporting, on average, less familiarity with inappropriate strategies than both head teachers and family support specialists. Administrators also reported significantly more familiarity with inappropriate strategies than assistant teachers (B = 0.66 $p < 0.05$), as did mental health staff (B = 0.49, $p < 0.05$). Similarly, in terms of confidence in implementation, there were significant differences between curriculum specialist and head teachers (B = -0.41, $p < 0.001$), assistant teachers (B = -0.39, $p < 0.001$), administrators (B = -0.46, $p < 0.05$), mental health staff (B = -0.44, $p < 0.01$), and family support specialists (B = -0.38, $p < 0.01$), such that curriculum specialists reported significantly less confidence the ability to implement inappropriate strategies than other staff at their centers.

3.4 Impact of Teaching Staff Demographics on Strategy Use

Staff demographic characteristics (i.e., years in the profession, education level, previous training, and position [teaching staff verses other staff]), were examined in multilevel regression analyses that accounted for the nested nature of the data (e.g., teaching staff existing within centers). See Table 7 for results. Similar to previous analyses, we examined frequency and perceptions of strategy categories (i.e., social emotional strategies; proactive strategies; coaching, praise, and incentive strategies; limit setting strategies; and inappropriate strategies).

In terms of frequency of strategy use, years in the profession was significantly related to use of coaching, praise, and incentive strategies (B = -0.01, $p < 0.05$) and inappropriate strategies (B = -0.01, $p < 0.05$), such staff who have been in the profession for longer reported using fewer coaching, praise, and incentive, and fewer inappropriate

strategies. Education level was significantly related to reported proactive strategy use (B = 0.11, $p < 0.05$) and reported inappropriate strategy use (B = -0.12, $p < 0.05$), such that teaching staff with higher levels of education reported more frequent use of proactive strategies and less frequent use of inappropriate strategies. Training was also related to more frequently reported use of coaching, praise, and incentive strategies (B = 0.04, $p < 0.05$). Interestingly, staff with more reported training in behavior management also reported using significantly more inappropriate strategies (B = 0.05, $p < 0.01$). Finally, teaching position was significantly associated with reported use of inappropriate strategies (B = 0.16, $p = 0.05$), such that head teachers reported more frequent use of inappropriate strategies than assistant teachers. No other teaching staff characteristics were related to reported strategy use.

3.5 Impact of Teaching Staff Work Environment on Strategy Use

Utilizing multilevel regression analyses controlling for staff demographics (i.e., years in the profession, education, training, dichotomous position) we investigated the impact of staff ratings of their work environment on use of classroom management strategies, by category (i.e, social emotional strategies; proactive strategies; coaching, praise, and incentive strategies; inappropriate strategies). See Table 7 for results.

Multilevel regression analyses revealed that teaching staff perceptions of work environment were significantly associated with use of social emotional strategies (B = 0.13, $p < 0.001$) and proactive strategies (B = 0.09, $p < 0.05$). That is, staff who rated their environment more positively, used the aforementioned strategies with greater frequency.

3.6 Impact of Teaching Staff Efficacy and Burnout on Strategy Use

Through additional multilevel regression analyses controlling for teaching staff demographics (i.e., years in the profession, education, training, dichotomous position) we investigated the impact of staff sense of self efficacy and burnout on use and perceptions of classroom management strategies, by category. Burnout was measured by three subscales including emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion and depersonalization are characteristic of burnout, while personal accomplishment is the inverse of burnout, and more closely related to efficacy. See Table 7 for results.

Teaching staff ratings of self-efficacy were significantly associated with reported use of social emotional strategies ($B = 0.17$, $p < 0.001$), proactive strategies ($B = 0.14$, $p < 0.001$), limit setting strategies ($B = 0.09$, $p < 0.05$), and inappropriate strategies ($B = -0.07$, $p < 0.05$). That is, teaching staff who had higher ratings of self-efficacy also rated using social emotional, proactive, and limit setting strategies with higher frequency. Conversely, staff with lower ratings of self-efficacy reported using more inappropriate strategies.

Similar findings were identified for burnout subscales, such that social emotional strategy frequency ($B = 0.02$, $p < 0.001$), proactive strategy frequency ($B = 0.02$, $p < 0.001$), and limit setting strategy frequency ($B = 0.01$, $p < 0.05$) were significantly related to ratings of personal accomplishment. That is, greater strategy use across categories was related to teacher and assistant teacher ratings of personal accomplishment. Interestingly, staff ratings of limit setting frequency were also related to emotional exhaustion ($B = 0.02$, $p < 0.05$), such that teaching staff with greater levels of emotional exhaustion also reported

higher frequency use of limit setting strategies. Depersonalization was significantly related to teaching staff reported use of inappropriate strategies (B = 0.05, $p = 0.001$).

3.7 Impact of Teaching Staff Knowledge Strategy Use

To investigate the impact of teaching staff knowledge on use and perceptions of classroom management strategies by category, additional multilevel regression analyses controlling for staff demographics (i.e., years in the profession, education, training, dichotomous position) were conducted. Knowledge of behavioral principles and knowledge of ADHD were both assessed. See Table 7 for results.

In terms of frequency of strategy use, knowledge of behavior principles was significantly related to limit setting strategy use (B = 0.01, $p < 0.05$) and inappropriate strategy use (B = -0.01, $p < 0.05$), such that staff with more knowledge reported greater limit setting strategy use and staff with less knowledge reported greater use of inappropriate strategies. There were no significant relationships between reported frequency of strategy use and accurate knowledge of ADHD.

CHAPTER 4. PHASE I DISCUSSION

Findings from *Phase I* of data collection are significant and begin to answer the three key research questions of the current study. Firstly, descriptive survey analyses elucidate current classroom management practices in Head Starts and provide information about staff perceptions of strategies. Additionally, analyses reveal differences in staff members' reported perceptions of strategies, as well as important information about teacher and assistant teacher characteristics that relate to utilization of practices. These outcomes have important implications for workforce enhancement. We will discuss the implications of findings from *Phase I* in terms of relevance to each research question.

4.1 Current Practices in Head Start

Findings from descriptive survey analyses reveal important information about teacher and assistant teacher reported use of classroom management practices. As hypothesized the most often utilized strategies were related to universal and social emotional strategies (e.g., preparing children for transitions, praising behavior coaching social skills). This was expected in our sample not only because of previous literature (e.g., Snell et al., 2012a; Snell et al., 2012b), but also because of our knowledge of the professional development focus on universal and social emotional strategies in our sample. Our Head Start partners specifically trained staff on the universal and social emotional supports outlined within the Pyramid Model (Fox et al., 2003; Fox et al., 2010; Hemmeter et al., 2006; Hemmeter et al., 2013), a multitiered system of support framework. This is a promising finding, as many of these strategies are components of evidence-based interventions for children with challenging behaviors and are essential in preventing behaviors from occurring by creating a structured environment with clear expectations

(McLeod et al., 2017). Social emotional skill development is also extremely important for the school readiness of children with and at risk for persistent challenging behaviors (Graziano & Hart, 2016). Frequent use of social emotional strategies also mitigates teacher stress and harsh discipline practices (Zinsser et al., 2019). In our sample, teaching staff report implementing these strategies with considerable frequency. This provides information about the positive impact of the professional development that has occurred in the Head Start program, and can serve to tailor and target intervention efficient intervention efforts.

In terms of staff's reported use of other evidence-based practices, including more targeted supports, findings were varied. As mentioned above and hypothesized, evidence-based universal strategies (e.g., preparing for transitions, providing clear positive directions, praise) were reportedly used with high frequency. However, it was a goal of this study to get a sense for teacher and assistant teacher's reported use of other evidence-based practices commonly used in interventions for young children with persistent problem behaviors and challenging behaviors (e.g., aggression) that are more severe (e.g., individualized incentives, ignoring, timeout),). In examining incentive-based strategies commonly used to target positive behavior such as using individual incentives (e.g., stickers), group incentives, and special privileges, teaching staff reported using these about "half the time." This frequency rating is somewhat surprising given the identified frequency of tangible reinforcement strategies in evidence-based interventions (McLeod et al., 2017), but may be expected given the lower incidence of behavior challenges that may warrant these responses, compared to the use of other strategies. Importantly, teachers and assistant teachers reported setting up an individualized incentive program even less often

than using it ("sometimes"). This may be related to the role of other professionals in Head Start (e.g., mental health staff) in terms of creating targeted supports for children with persistent challenges. These findings are consistent with observational reports of inconsistent use of targeted strategies in early childhood settings (Steed & Roach, 2017).

In terms of other strategies often used in evidence-based interventions directed at managing challenging behaviors, such as timeout or time away, creating clear discipline plan/hierarchy, warning of consequences, and ignoring, staff were mixed in their reported frequency. Again, the more universal strategies, such as a clear discipline plan, were reportedly used by staff quite frequently, while the other strategies (i.e., ignoring, timeout) were reportedly used "rarely/never" to "sometimes" by staff. The low frequency of planned ignoring, which is a very common evidence-based strategy that can be considered more universal, was somewhat surprising. Experts unanimously identify this strategy as an essential practice in intervention for children with persistent challenging behaviors (McLeod et al., 2017). This strategy is one that may be expected to be used much more frequently, as minor misbehaviors occur with high incidence in the preschool classroom, and ignoring can be extremely useful. Though ignoring more extreme behaviors, such as hitting or destruction, may not be as helpful, planned ignoring can be an important preventative tool for the classroom. Overall, this finding is important in directing intervention efforts.

Timeout is a particularly controversial strategy in the early childhood space, exacerbated by mainstream opinion pieces that claim negative effects of timeout as a discipline practice (Dadds & Tully, 2019). There is also question as to the extent to which timeout is used in Head Start centers. In particular, there is a performance standard that

limits “isolation” as a discipline practice (U.S. DHHS, 2016), which can be interpreted as prohibiting timeout. Yet, if timeout or time away from positive reinforcement are enacted correctly, it does not equate to isolation, and there is evidence that timeout actually serves to enhance self-regulation and promote positive development by removing positive reinforcement for a period of time following an undesirable behavior (Dadds & Tully, 2019). Even, evidence-based interventions that use timeout, such as TCIT (Gershenson et al., 2010; McIntosh et al., 2000; Filcheck et al., 2004; Tiano & McNeil, 2006) have changed the terminology of timeout when implementing the procedure in in Head Start or preschool settings, as “Thinking Chair” or “Sit and Watch.” Given the controversy, is unsurprising that teachers and assistant teachers reportedly use timeout with very low frequency, especially when considering the incidence rate of behaviors warranting timeout. Still, it is quite informative that teaching staff *do* report implementing timeout in their classrooms.

Next, strategies that involved classroom removal were the least often utilized (e.g., send child to the office) as reported by teachers and assistant teachers, which may be expected given the Head Start policy standards about suspension and expulsion (U.S. DHHSD, 2016). Additionally, persistent challenging behaviors, that may lead to staff use of strategies like classroom removal, exist are much lower incidence in the classroom than behaviors that may respond to other strategies. Indeed, though staff may use negative or classroom removal strategies in times of stress or challenge (Zinsser et al., 2019), it was expected that these types of strategies would be used with less frequency than other strategies. The use of harsh exclusionary practices has negative impact on longer term outcomes for children (Zinsser et al., 2019), and the reported use of these types of

strategies, even infrequently, within Head Start teaching staff indicates need for more developmentally appropriate and effective strategies.

Generally, in terms of understanding frequency findings, given that the prompt asked about general strategy use, the identified trends are both promising and expected. Additionally, social desirability may have impacted staff response regarding their use of strategies, across all categories. Though this initial investigation presents an interesting picture, there was considerable variability in reported use of these strategies. It is positive that many evidence-based universal and social emotional practices are readily being used in Head Starts by teaching staff, yet the techniques that have evidence specifically in targeting the behavior of children with challenging behaviors are not used as often by the teaching workforce.

4.2 Perceptions of Practices in Head Start

In addition to understanding teaching staff's reported frequency of strategy use, better understanding of staff perceptions of these strategies is vital to feasibility and acceptability of intervention and workforce enhancement efforts. We specifically investigated the perceived usefulness of strategies, familiarity with strategies, and staff's confidence in the ability for each strategy to be implemented in their center. That is, how confident staff were in their ability for the given strategy to actually be carried out in their Head Start setting. We explored perceptions of teachers, assistant teachers, administrators, mental health staff, curriculum specialists, and family support specialists.

Similar patterns to those identified when examining frequency of strategy use among teaching staff were identified when understanding perceptions of all staff members. As hypothesized, staff perceived universal and social emotional strategies (e.g., praise,

preparing for transitions, giving clear directions, teaching social skills, and respecting cultural diversity) to be most useful and familiar, and they reported greatest confidence in the ability for these strategies to be implemented in their centers. Those that had the lowest rated perceptions regarding usefulness, familiarity, and confidence in implementation were more negative practices (e.g., reprimand in loud voice) or those that involved classroom removal (e.g., in-house suspension). These findings are consistent with teacher and assistant teacher reported frequency of strategy use and are expected given our knowledge of the professional development opportunities with our Head Start partners and Head Start policy (U.S. DHHS, 2016). Still, these data provide additional information that has not been investigated in previous literature regarding staff perceptions of classroom practices, which can be leveraged to increase acceptability, feasibility and sustainability of intervention efforts.

In terms of common practices used in evidence-based interventions including more targeted supports, similar to frequency results, perceptions were mixed. As hypothesized, universal and social emotional strategies (e.g., transition warnings, praise, positive directions) were reported as most useful and familiar; staff also reported high confidence in their ability to use these strategies at their centers. This is, again, promising given the importance of these strategies in management of challenging classroom behaviors in terms of creating classroom structure, antecedent control, and social emotional development (Bierman et al., 2008; McLeod et al., 2017; Zinsser et al., 2019). These findings also reveal positive impact of the district training on universal and social emotional supports from the Pyramid Model (Fox et al., 2003; Fox et al., 2010; Hemmeter et al., 2006; Hemmeter et al., 2013; Hemmeter et al., 2016). Targeted incentive-based strategies often used in evidence-

based interventions for preschoolers with challenging behaviors (McLeod et al., 2017; group incentives, individualized incentive program, reward targeted positive behaviors) had more mixed perceptions. Rewarding targeted positive behaviors, for example was rated as moderately useful, though staff reported slightly greater familiarity and confidence in their ability to implement this strategy. Average perceptions of rewarding with incentives were higher than average frequency reported by teaching staff. Therefore, it seems staff believe this strategy to be moderately useful and feel confident in their ability to implement it, despite slightly lower frequency of use. This is striking as tangible reinforcement is a practice that is quite common in evidence-based interventions (McLeod et al., 2017), and highly valued by experts. These data indicate that it may be underutilized in the Head Start setting. Similar to frequency results, setting up an individualized incentive program was less useful, familiar, and confident for staff than actual use of incentives. It will be important to continue to examine these relationships by staff role, as it may not be an ideal allocation of resources to have administrators or teaching staff developing individualized plans for children. Taken together, additional training in how to use incentives may be an important target for intervention efforts, given that providing children with small rewards for targeted behaviors (e.g., stickers) is valued in the evidence-based intervention literature (McLeod et al., 2017), and looked upon quite favorably with relative feasibility according to Head Start staff.

Perceptions of timeout were also interesting. Staff reported greater usefulness of timeout when compared to average frequency reported by teaching staff, and even higher familiarity and confidence in ability to implement timeout ("sometimes" to "half the time"). The behavioral function of timeout from positive reinforcement may be especially

important to consider in intervention development and it has been used in the Head Start setting (Tiano & McNeil, 2006). It is also important to consider how timeout should and should not be used for optimal child outcomes (Dadds & Tully, 2019). Without training on appropriate timeout procedures, the strategy can be detrimental and more similar to harsh exclusionary practices (Dadds & Tully). In Head Start, the use of non-exclusionary timeout (e.g., sitting outside of the main teaching circle in a chair or area until ready to return) may be particularly promising (Dadds & Tully, 2019; Tiano & McNeil). In sum, findings indicate that time away from positive reinforcement may be a strategy that staff are open to having in their toolbox to manage challenging behaviors. Though it is always important to note that in order for time away to be an effective consequence, time "in" has to be reinforcing (Dadds & Tully, 2019). Similar to frequency findings, in term of perception, it was surprising to see that ignoring minor misbehaviors was considered "rarely" to "sometimes" useful, with slightly higher familiarity and confidence. It is possible that staff do not understand how and when to utilize planned ignoring, which can be a powerful and low effort strategy to use in classrooms to manage challenging behaviors (McLeod et al., 2017).

Taken together these findings highlight that staff may be open to a number of different evidence-based strategies. It is important to note that familiarity was extremely similar to reported use by teachers and assistant teachers and other perceptions. Therefore, the extent to which staff were able to accurately rate other perceptions when they were unfamiliar with the strategy, or the most effective way of implementing the strategy, should be taken into account.

4.3 Areas for Workforce Enhancement

To build on our understanding of use and perceptions of strategies, and begin to identify areas for workforce enhancement, we first examined the concordance and discordance in reported in use and perceptions of classroom management strategies across teaching staff and all staff, respectively. To do this, we examined classroom management strategies by categories suggested by the survey developer (Webster-Stratton, 2011). That is, we compared teaching staff (i.e., head teachers and assistant teachers) use of social emotional strategies, proactive strategies, coaching, praise, and incentive strategies, limit setting strategies, and inappropriate strategies. We then compared all staff (i.e., head teachers, assistant teachers, administrators, family support specialists, curriculum specialists, mental health staff) perceptions of social emotional, proactive, limit setting, coaching, praise and incentive, and inappropriate strategies. Overall, results reveal areas of agreement in use and perception of strategies, as well as important differences in strategy perceptions across personnel.

In terms of strategy use, there were no differences between assistant teachers and head teachers in terms of reported frequency of use by category, indicating agreement among the teaching workforce in regards to use of classroom strategies. This finding is positive, and indicates that training efforts across the district have led to similar practices across the teaching workforce. In terms of perceptions, curriculum specialists emerged with the greatest differences compared to other personnel. That is, curriculum specialists indicated greater familiarity with social emotional strategies and rated them as more useful and more able to be implemented in centers compared to other staff members. Curriculum specialists also perceived proactive strategies to be more useful than both head teachers

and assistant teachers, on average, and indicated greater familiarity than teaching staff. Curriculum specialists reported greater familiarity with coaching praise and incentive strategies than assistant teachers, and significantly less familiarity and confidence in the ability to implement inappropriate strategies at their centers than other staff. These perceptions strategies are significant and may be expected given the role of curriculum specialists in working with and consulting with teaching staff to implement the Head Start curriculum, which emphasizes use of social emotional practices (U.S. DHHS, 2016). It is also promising that curriculum specialists are more familiar with coaching praise and incentive strategies, as this category includes many strategies (e.g., individualized incentives) that are evidence-based for children with persistent challenging behaviors (McLeod et al., 2017). This has implications for intervention efforts, in that curriculum specialists may have a baseline understanding of the importance of many effective strategies and may be key personnel to leverage in terms of workforce enhancement efforts.

Given the role of mental health and disabilities coordinators in referrals, interaction, and consultation with children with persistent behavior problems (U.S. DHHS, 2016), it was important to closely examine their strategy perceptions. Interestingly, both mental health and family support staff found coaching, praise, and incentive strategies to be more useful than teachers and assistant teachers. Mental health staff also reported greater familiarity and usefulness of limit setting strategies compared to head teachers, assistant teachers, and administrators. This may be due to their role in creating individualized plans for children with behavior challenges in the classroom (U.S. DHHS, 2016). Again, both coaching, praise, and incentive and limit setting strategy categories include a number of targeted evidence-based techniques (McLeod et al., 2017; e.g., timeout, individual

incentives) that we were particularly interested in understanding, so this finding in promising in identifying existing strengths in Head Start staff perceptions that may help to focus workforce enhancement efforts. It is important to build upon the existing strengths of the workforce in terms of implementation feasibility (Cappella & Godfrey, 2019).

Administrators also emerged with differences that are noteworthy. Investigating the role of administration is imperative given that school leadership is an important dimension of school climate which impacts social emotional learning (McCormick et al., 2015). School-wide positive behavioral support intervention efforts also rely on administrative support for successful implementation (Fox & Little, 2001). In our sample, administrators reportedly found proactive strategies to be more useful than assistant teaching staff, and also reported more familiarity in limit setting strategies than teaching staff. Though administrators were more familiar with inappropriate strategies than assistant teachers and mental health staff, they rated them as less useful than head teachers and assistant teachers. These are important trends in establishing administrative support of evidence-based strategies.

With that, it is also important to note that teachers and assistant teachers find inappropriate strategies (e.g., classroom removal, reprimands) to be more useful than other staff members. This may be because teachers and assistant teachers are often the first line responders to challenging behaviors in the classroom and may find these strategies useful in times of stress (e.g., Greene et al., 2002; Zinsser et al., 2016), given the negative reinforcement for teachers associated with removing the child from the environment. The likelihood of using these negative practices may also be related to less familiarity than other staff in terms of limit setting and incentive-based strategies, which have evidence in

the effective in management of difficult classroom behaviors (McLeod et al., 2017). Therefore, without familiarity or positive perceptions of these classroom techniques, teaching staff may resort to inappropriate strategies.

There were many areas of agreement in strategy use and perceptions that should also be highlighted. In particular, teaching staff had agreement across reported use of strategies and perceptions of strategies, which indicates agreement and consistency among the teaching workforce. Generally, differences emerged in terms of specialty area that can be related to staff role, as was the case for both curriculum specialists and mental health staff. These differences were somewhat expected. That is, we expected that mental health staff would perceive targeted strategies more positively than other staff, but we did not expect this finding for curriculum specialists, especially since curriculum specialists reported significantly different perceptions across various strategy categories. These findings certainly expanded our understanding of the role and function of curriculum specialists in the Head Start setting and role they play in coaching and support for teachers. Generally, this understanding of concordance and discordance of perceptions as well as areas of strength among different workforce members can directly inform workforce enhancement efforts. Building upon the knowledge and perceptions of existing staff members within Head Start can aid in the efficiency and eventual sustainability of intervention efforts, by strategically incorporating staff into various areas of intervention (e.g., using curriculum specialists to coach certain strategies for teachers) and drawing upon school-wide implementation models (e.g., Horner et al., 2010).

In terms of teaching staff characteristics that impact strategy use and perception, by category, some important themes emerged that provide additional information about

workforce enhancement efforts. In terms of demographic characteristics, teaching staff with greater time in the profession used significantly fewer coaching, praise, and incentive strategies and fewer inappropriate strategies. Therefore, there may be some differences in newer teaching staff's use of evidence-based strategies, but years of experience may also protect against use of more negative strategies, like suspensions. Education level also impacted strategy use and perceptions, in that staff with higher levels of education reported greater use of proactive strategies and less frequency in use of inappropriate strategies. These findings corroborate previous qualitative work that identified a relationship between teaching experience and classroom practices (Snell et al., 2012b), and preschool teacher education and misperceptions about mental health facts (Poznanski et al., 2021). In our sample, and in the Head Start workforce, there is considerable variability in education level. Head Start policy indicates that 50% of the teaching workforce needs to have a bachelor's degree (U.S. DHHD, 2016). Therefore, this can lead to a lack of uniformity in terms of incoming teacher knowledge. Intervention efforts should consider this variability, especially given our finding related to higher use of inappropriate strategies among teachers with less education. Again, it is important to build on the strengths of the setting in workforce enhancement efforts (Cappella & Godfrey, 2019), and staff with higher levels of education and differing years of experience may have unique strengths that are important to understand and leverage in workforce enhancement. Though some incentive-based strategies may not be as readily used with more experienced staff members, they seem to use fewer inappropriate strategies, which may indicate more control in the classroom. It may be important to investigate specific strategies more closely and gain more objective understanding of use of strategies, especially in the face of extreme challenging behaviors.

As expected and identified in other early childhood and school based literature, perceptions of environment, self-efficacy, staff burnout, and knowledge all impacted head teacher and assistant teacher reported classroom strategy use (e.g., Snell et al., 2012b; Zinsser et al., 2016). Results indicate that work environment was related to use of both social emotional and proactive strategies, these are the strategies most often implemented and are the focus of training and intervention in our sample. Therefore, this relationship is especially promising. Staff that have positive work environment seem to benefit from the professional development offered by our Head Start partners. The Pyramid Model (Fox et al., 2003; Fox et al., 2010; Hemmeter et al., 2006; Hemmeter et al., 2013; Hemmeter et al, 2016) calls for school-wide implementation and support at multiple levels within centers. It appears that, in our sample, when environments are perceived as more positive and supportive, in line with Pyramid Model suggestions, these universal and social emotional practices are more readily delivered. That is, implementation involves a true environmental shift, with consistency from all personnel, rather than just changing classroom management strategy by strategy (Hemmeter et al., 2007). Therefore, in order to aid in implementation, consistency, and sustainability, it is important to consider environmental factors and incorporate all staff in efforts.

Efficacy and burnout are also key in understanding staff characteristics that impact teaching staff reported us of classroom management strategies, and inform enhancement efforts, as was hypothesized. That is, staff with greater efficacy had greater reported use of social emotional strategies, proactive strategies, coaching praise and incentive strategies, and limit setting strategies. The converse was also true and staff with lower ratings of efficacy reported using more inappropriate strategies. Similar trends were found in terms

of teacher burnout, and teaching staff with higher levels of emotional exhaustion and depersonalization used more limit setting strategies and inappropriate strategies, respectively. Challenging behaviors can be the most stressful for teachers to manage (Greene et al., 2002; Friedman-Krauss et al., 2014), and evidence suggests these behaviors lead to more teacher burnout (Jennings & Greenberg, 2009) and negatively impact the student-teacher relationship (Hamre & Pianta, 2001). The relationship between burnout and challenging behaviors may be reciprocal. Therefore, given that burnout and efficacy are related to use of both positive and negative classroom management strategies, in the expected directions, children with greater levels of challenging behaviors may actually experience more negative disciplinary practices in their centers. Behavioral literature highlights the negative coercion cycle that can serve to maintain and exacerbate challenging behaviors in children (Patterson, 1982). Given the additional finding that less experienced teachers also used more negative practices, this phenomenon may be particularly salient for early career teachers which is consistent with reports of early teacher burnout (Jennings & Greenberg, 2009) and turnover in Head Start (Wells, 2015). Therefore, workforce enhancement efforts that provide staff with skills to manage challenging behaviors may also lead to increased efficacy and decreased burnout in staff. Taken together, strategies for workforce enhancement that increase efficacy and work to combat the effects of burnout may be extremely useful in promoting use of more positive and evidence-based strategies for children with challenging behavior. There are intervention characteristics, like coaching, that have been found to lead to greater teacher efficacy (Brock & Beaman-Diglia, 2018; von Suchodoletz et al., 2018), which may be important to consider. Literature also suggests that teachers who feel confident and

supported are more likely to benefit from training and intervention (Bayly et al., 2020), therefore teacher perceptions of both environmental support, efficacy, and burnout may be important factors to consider at the onset of workforce enhancement efforts. That is, enhancements may need to take a tiered approach, with environmental support and efficacy conceptualized as necessary foundation in order to benefit from more specific intervention considerations. Without basic needs and feelings of support at work, it is unrealistic to expect teaching staff to be able to effectively manage highly stressful instances of challenging behaviors or implement intervention strategies with fidelity.

Finally, we investigated teacher knowledge of classroom management practices and ADHD on reported strategy use. Teaching staff with more accurate knowledge of behavioral principles also reported using more limit setting strategies more often. This may be expected given the basic behavioral knowledge needed to successfully use limit setting strategies (e.g., timeout, consequences). Staff with less accurate knowledge of behavior principles actually reported greater use of inappropriate strategies. Therefore, accurate principle-based knowledge may be important for successful implementation and sustainability of evidence-based strategies for children with persistent behavior problems. Strategies in the inappropriate category, such as classroom removal, may actually serve to inadvertently reinforce negative behavior (e.g., child gets out of non-preferred activity, child gets individual adult attention), and negatively reinforce teachers (e.g., teacher no longer has to manage the challenging behavior). Findings suggest that basic understanding of these behavioral principles may actually prevent staff from using these more negative and ineffective strategies. ADHD knowledge did not impact teacher strategy use, which may be because preschool teachers have limited knowledge of ADHD, in general

(Poznanski, Hart, & Graziano, 2021). Though it is clear that knowledge has impact on practices, both negative practices and evidence-based practices, it may be an important component of intervention. Yet, with attention towards feasibility of intervention, it is important to consider teacher burden and be careful to identify knowledge goals that are most relevant. For example, given that knowledge gaps in behavioral principles were related to more negative practices, principle-based knowledge may be more important for initial workforce enhancement efforts, as these models can enhance intervention sustainability (e.g., Bearman et al., 2020).

4.4 Limitations

These data provide good preliminary insight into reported use and perceptions of classroom management strategies in Head Start centers. These quantitative data provide an excellent first step into identifying current practices, perceptions, and areas for workforce enhancement. Still, there are several limitations specific to our survey data that impact ability to draw conclusions solely based on this quantitative approach. In particular, strategies most often used in the context of management of specific and particularly challenging behaviors are still unknown. Our surveys asked about strategy use generally, rather than in the context of specific behavioral challenges. Understanding average use of strategies is only the first step, given that many challenging behaviors (e.g., aggression) are low incidence in the classroom. It will be important to incorporate our *Phase II* data to understand areas of confirmation, expansion, and discordance in terms of the integration of qualitative and quantitative information that answer our research questions.

CHAPTER 5. PHASE II METHOD

5.1 Participants and Procedures

Focus groups were conducted with 59 Head Start personnel (93.2% female; 63.9% Black, 54.2% Hispanic/Latino) in order to better understand staff perceptions of challenging behaviors, typical management of challenging behaviors, cultural considerations relevant in the management of persistent challenging behaviors, center strengths, and areas for enhancement. See Table 8 for more participant demographics. Semi-structured focus groups were conducted by study staff, with one or two moderators. At the start of the focus groups, after obtaining informed consent and reviewing confidentiality, the lead moderator introduced the discussion, by stating that the purpose of the focus group was to get information from participants about their experiences working in Head Start, specifically with children with challenging behaviors. The moderators defined challenging behaviors (i.e., physical aggression, verbal aggression, tantrum behaviors, noncompliance, hyperactivity, impulsivity), and reiterated that the focus was on children who exhibit persistent challenging behaviors in their centers. Focus group questions were asked in a semi-structured format, including two vignettes, and follow-up questions were integrated for clarification. There were four major sections in each focus group including: 1) perceptions of challenging behaviors and strategy use (inclusive of two vignettes), 2) cultural considerations, 3) process, and 4) areas for enhancement. Data from sections 1, 2, and 4 will be interpreted in the current analyses. The assistant moderator managed the time and recording equipment. Separate focus groups were conducted for each category of personnel (i.e., administrators, teachers, assistant teachers, family support specialists, curriculum specialists, mental health staff), with some overlap due to

individuals serving multiple roles (e.g., curriculum and mental health support). Two teacher groups were conducted, each with a combination of both head teachers and assistant teachers. Groups ranged from 4 to 11 participants in each of our 7 focus groups. Our focus group sizes are in line with relevant literature regarding ideal number of participants in focus groups (Palinkas, 2014). All focus groups were audio and video recorded, with participants identified by their unique study identification number. Focus groups were held at community sites during professional development or at the end of staff meetings. Participants received a $10 gift card for participation in the 60-minute focus groups.

5.2 Focus Group Prompts

For focus group script and questions, see Appendix A. Focus group vignettes were adapted from case examples in freely available Pyramid Model training materials (CSEFEL, 2013) and individualized positive behavior support guides (Dunlap et al., 2017). These case examples were reflective of the particularly challenging behaviors encountered by staff in preschool classrooms. Both male and female scenarios were presented. The first vignette read:

> Madison is in housekeeping, putting on high heels and a hat. Emily moves into the area and selects a purse from the dress-up box. Madison shouts, "No" and bites Emily.

The second vignette had two different escalation scenarios, first:

> The teacher says it's time for children to come to the carpet for story time. Anthony is still playing with blocks. The teacher askes Anthony directly to come to the carpet and he responds, "No!" The teacher gives a physical prompt for Anthony to come

to the circle and Anthony starts screaming and crying (tantrum) in the block area and will not come to the circle.

After questioning, we escalated the scenario and stated, “How would your responses be different if during the physical prompt to move Anthony to the circle, he hits the teacher?”

5.3 Qualitative Data Analysis

Focus groups were analyzed using an integrated thematic analysis approach (Bradley et al., 2007; Braun & Clarke, 2006), which incorporated both deductive and inductive approaches (Bradley et al., 2007). Groups were first transcribed by undergraduate research assistants and any mention of specific names of children and adults was redacted to ensure confidentiality. The graduate student reviewed all transcriptions for accuracy. The transcripts were then entered into Nvivo qualitative data analysis software to facilitate thematic coding (Version 12, QSR International, 2019). Our initial codes were established using a deductive approach, and were created based on the four areas of focus group inquiry (i.e., perceptions of challenging behaviors and strategy use, cultural considerations, process, and areas for enhancement; Bradley et al., 2007). After further review of the transcripts, additional subcodes codes were then created to represent themes that emerged based on participant responses (inductive approach; Bradley et al., 2007). These processes were used to define the comprehensive coding system, which continued to be refined by the research team.

CHAPTER 6. PHASE II RESULTS

Qualitative data analyses yielded five themes and 35 subthemes that addressed the three study aims. The themes and subthemes are presented in Table 9. The table also includes the percentage of participants, by role, who endorsed responses in each category, as well as exemplar responses. The percentage of participants that endorsed each theme was calculated and presented narratively below and in Table 9. Staff endorsement was measured by any comment that was coded within that theme. Therefore, if all staff in a particular role commented on a theme, the endorsement would be 100%. Percent endorsement is presented based on all participants in focus groups, and by role. This method of reporting has been utilized in other qualitative studies (e.g., Bearman et al., 2020).

6.1 Strategies Used to Manage Challenging Behaviors

Most participants (82%) spoke about strategies that staff currently use to manage challenging behaviors during the focus groups. Across groups, endorsement in terms of strategies was also high (61.5% to 100%). The strategy themes are presented in order of most commonly endorsed strategy to least commonly endorsed strategy, as measured by the number of staff members, cumulatively across focus groups, who endorsed the strategy. These responses were coded from both what staff responded to the specific prompts following presented vignettes (see Appendix A), and other comments made during the focus group that related to staff management of challenging behaviors. Staff reported both on their own practices when in the classroom, and their perception of what the teaching workforce typically do in management of challenging behaviors.

Classroom removal or administrative back-up. The most common strategies discussed when managing challenging behavior were strategies that involve classroom removal or calling for additional support in their classroom if children are having a tantrum, with 51% of all participants commenting on use of this type of strategy. That is, teachers and assistant teachers (33.3%) reported that they often send children to another classroom or have an administrator come in and take the child out of their classroom for a period of time. The other support staff (57.5%; i.e., administrators, curriculum specialists, family support specialists, mental health staff) also readily endorsed that they are called in to either remove the child from the classroom, or provide additional support inside the classroom away from the activity. One family support specialist said she was called into classrooms to either remove a child or provide additional support "Every day, every hour." Some teachers looked favorably upon the "back-up" provided by other teachers and administrators in the removal of children from their classroom. For example, some teachers and assistant teachers perceived these techniques as supportive, saying "I know the assistant principal when it's getting too much for me… will come and take him out and keep him in her office. I love her." Administrators also reported instances of expulsion in extreme circumstances.

Setting up, and reminding of, expectations. Comments about reminding children of expectations or setting up expectations (e.g., transition warnings, schedule reminders) preventatively, were endorsed by 29.1% of staff who participated in focus groups as strategies to use in the context of challenging behaviors. In particular, 60% of teaching staff reported use of these types of strategies. Curriculum specialists (40%) also spoke about use of these strategies in the context of challenging behaviors. Very few other support

staff (one administrator, one family support specialist, one mental health staff member) mentioned strategies that fell in this category. These are strategies that can be categorized as universal and proactive (e.g., reviewing rules, providing transition warning). In the context of the presented vignettes, staff often stated that they would remind the child of the rules following the occurrence of a challenging behavior. Staff also stated that a transitional warning or clear visual schedule may have been helpful in preventing the challenging behavior from occurring in the first place.

Social emotional strategy. Social emotional strategies were also mentioned by focus group participants (29.1%). Just over half of teaching staff (53.3%), and 20% of other staff, referenced use of social emotional strategies in response to challenging behaviors and challenging behavior vignettes. These strategies include using problem solving steps with visuals, labelling feelings, teaching social skills, or prompting an anger management techniques.

Emotional/negative reactions. A quarter of staff (25.4%) also indicated that in the moment, staff react emotionally in the face of challenging behaviors. These sentiments were discussed at similar rates by teaching staff (33.3%) and support staff (32.5%). Mental health and disabilities coordinators (66.7%) stated that they see staff "panicking." Family support staff (27.2%) stated that the immediate reaction is often "No!" or "Stop!' and some staff can be angry or aggressive in their responses depending on their skill level. Staff consistently related these negative reactions to lack of training/skills to manage behaviors and to teachers being overwhelmed by the number of students in their classrooms, the paperwork required of them, and worry about how they will speak to children's parents about the situation at hand.

Time away/timeout/cozy corner. We were interested to see that many staff endorsed use of timeout procedures in response to challenging behaviors in the classroom. Across positions, 14.5% of staff mentioned the use of timeout or time away as a strategy used in the context of managing challenging behaviors. In particular, over a third (37.5%) of head teachers and 50% of mental health and disabilities coordinators mentioned use of timeout to manage challenging behaviors (e.g., tantrums, aggression) in the classroom. One head teacher stated:

> We're not even supposed to do timeout but if I have to put them by themselves so they can calm down I will. And then go back because sometimes… you'll spend a lot of time and they'll still be hitting and kicking and biting and scratching… you have to just let the child calm down a bit and then come back and find what's really going on and why they're behaving that way (Head Teacher).

Mental health staff used terms like "cozy corner" or described "isolating the biter" rather than the phrase "timeout" to describe separation from the activity as a consequence for a negative behavior, and stated that they encourage teachers to use this tool. In addition to head teachers and mental health staff, one assistant teacher and one curriculum specialist mentioned the use of timeout in management of challenging classroom behavior.

Communicate with parents. Most staff did not mention communication with parents in response to challenging behaviors, with only 14.5% of participants discussing parental communication related to behavior management. The 15.4% of administrators who mentioned parents focused on the necessary documentation and reporting to parents needed after incidents in the classroom. Curriculum staff (40%) stated that they imagine that one of the factors that impacts how teachers manage challenging behaviors in the

moment is the worry about how to communicate with parents. Mental health and disabilities coordinators (33.3%), in particular, had a conversation about the importance of providing parents with appropriate tools to help create consistency across environments, and use similar strategies to manage their children's challenging behavior to what are used in school.

Praise and/or positive reinforcement strategy. Teachers (37.5%), assistant teachers (28.6%), and administrators (7.7%) reported the use of praise and positive reinforcement strategies to help manage and prevent challenging behaviors. They described providing differential reinforcement to children who are behaving well in the class by using labeled praises (e.g., "I like how Tony is sitting"). One center director also reinforced this strategy by describing how she encourages her teachers not to "use negativity to get attention… when you see them do something good you just go all out and make them understand this is the way to get attention, positive ways." Teachers also described using special jobs to reinforce and maintain positive behavior for children who have persistent challenges. For example, teachers described allowing children to be the "security officer," "doctor for the day," or the "first lady" in the classroom as long as they were behaving appropriately, and to prevent future problem behaviors. Another teacher described using positive encouragement about an exciting activity that the child could engage in if they follow directions.

Ignoring. Very few staff mentioned ignoring or planned ignoring. Only 12.5% of head teachers, 14.3% of assistant teachers, and 10% of curriculum specialists described ignoring a child who is exhibiting a challenging behavior as a typical strategy used in their centers.

Refer for services. Some administrators (15.4%) described that when children are exhibiting persistent and/or severe challenging behaviors, they refer them for further evaluation or outside services.

Other strategies. There were a number of other strategies endorsed by the staff (20%) that did not fall into one of these categories. These strategies ranged in alignment with evidence-based techniques. Some of the strategies reported by staff included techniques that seem to reinforce the negative behavior such as picking the child up, giving the child hugs, getting "silly" and having a tantrum with the child, and continuing to provide the child attention by coaxing them to listen. Other strategies include asking the child what happened or why they engaged in the negative behavior. This strategy was described both positively, like in the context of problem solving, and negatively, such as in the context of more aggressive questioning. Other staff described attending to other children that may have been impacted by the challenging behavior (e.g., a child who was bit). One director described encouraging all the children to hide under their desks when a specific child was having a tantrum.

6.2 Cultural Considerations

Most participants (63.6% to 100%), across groups, discussed cultural considerations during focus groups. Therefore, cultural factors emerged as a theme in our analyses. Within the larger theme, nine subthemes emerged in terms of staff's perceptions of culture as it relates to children with persistent challenging behaviors in their centers. See Table 9. Each of the subthemes within the broader theme are discussed below.

Corporal punishment and aggression. The most common subtheme that emerged from staff comments (40%) in discussion of cultural factors that impact challenging

behaviors and management of challenging behaviors was, was corporal punishment (e.g., hitting/spanking) and aggression. Many staff stated spanking and hitting as a common parenting practice among both the families in their centers (e.g., "The belt is still running around and the shoes are still running around…that behavior takes a long time to change") and their own backgrounds (e.g., "In my culture, spanking is a big thing"). Staff also discussed their perceptions about how this common parenting practice then influences parental expectations and child behavior in the classroom (e.g., leads to child aggression in the classroom). Staff perceived corporal punishment and aggression as barriers to uptake of more positive parenting skills and had negative perceptions of these practices, with an emphasis on needing to address and change this behavior in families. In the mental health and disabilities coordinator group, a conversation about how to address this issue with parents arose. Additionally, one mental health staff member had a different perception regarding aggression. She stated: "Hitting is not a culture." She also made suggestions about how to address it with parents and staff:

> However…I can reteach. We can relearn because we are talking about behavior. *Hitting is not a culture, it's something that we choose to do.* You understand? It's not because there was somebody down the line that was hitting, it doesn't mean that you have to continue with that you can learn to use your words to teach your children, tell what the expectations are so that you don't have to hit. A lot of times when the children are hit is because the adult is unclear about their expectations. So, if you can know what is it that you expect and then teach the children what the expectations are or maybe…doing things together, children will learn. But if you are hitting because somebody hit you before, that's not culture, that's not acceptable

> because you can learn something different, you know? And that's why parent education is something that's very important that we can give the parents the appropriate words so that they can use and so that this doesn't continue (Mental Health and Disabilities Coordinator).

Culture impacts parent expectations of centers and perceptions of children's behavior and need for services. Another theme that emerged based on staff comments (32.7%) was the impact of culture on parents. That is, parents' expectations for the center, including the center's discipline practices ("A parent will come in and say well you have to have a strong teacher"- Center Director) and the role of the center in educating parents ("[Parents will say:] Don't tell me how to raise my child"- Mental Health and Disabilities Coordinator). Additionally, staff perceived cultural factors to influence parent perceptions of children's behavior and need for services. One head teacher described a situation in which she suggested that a child who had limited speech be involved in services, and the parent denied the need because she, herself, was delayed in speech and did not feel her child needed services. Staff also described stigma related to "labeling" children or suggesting mental health services. One director stated that, "Some cultures take it personal, so if there's something wrong with the child, it's something wrong with them." Another teacher stated that parents do not want staff to put a "label" on children, which interferes with children getting the services they need.

Culture impacts child behavior. Relatedly, staff (25.5%) extended the impact of culture on parenting to the impact on children's behavior. A center director stated, "Culture has a lot to do with how children behave and what they do and what's appropriate in their culture at home and what's not." Conversations included the impact of culture on children's

challenging behaviors, such as aggression, but also on children's engagement in the classroom and ability to follow routines.

Culture impacts staff behavior towards children, perceptions of behavior, and expectations of children. Head teachers (25%), assistant teachers (42.9%), directors (23.1%), curriculum staff (30%), and family support specialists (27.3%) all described how culture impacts center staff. Particularly, staff's own cultural values, like respect, may impact their expectations of children and their reactions to child behavior. One family support specialist described "stereotypes" and staff making bias assumptions about children's behavior due to the economic disadvantage of children and families who participate Head Start programs. She described how this often impacts how staff respond to children's behaviors, and often perpetuates negative practices:

> I think that because of the nature of the program and because of the criteria and the areas that these programs are focused in a lot of staff already have an idea of what their family looks like and…why this kid is acting the way they is. 'Oh it's just because, look where they live, so all the kids are like that.' However, if you take the same behavior and you take it out of this program and you put it somewhere else, the response is completely different. So I take issue with that. So I'm like, remove all those things and just look at the behavior…and how would you treat it in both areas? If you would treat it different from one area to another, that's an issue, because you should treat it the same exact way. So where in somewhere else they may trigger a bunch of other things like a referral, a conference with the parents…[a] need to find out what going on… in this program it's, "Oh you know that's how they act at home… you know where they come from, you know where

they live." That's an issue. That's why I think the perception of the culture and the idea that you automatically know this whole child's history just because of where they live… that is a big issue. That plays a part. Stereotypes… [They think], "So yea of course you're going to come in with all these issues…the majority of the classroom is all going to look like that."… It doesn't mean that you should not pay attention to all those behaviors in the same way and acknowledge it….So I think that's where culture plays a part in the staff, that [they] assume that because of the culture that that child comes from or where they live… that it's expected for them to behave that way. [Then,] they tend to approach them in the same way they they're getting at home (Family Support Specialist).

Culture does not impact staff behavior. In contrast, several center directors (30.8%) stated that their own culture does not influence their professional practice. For example, one center director stated emphatically, "I don't know if culture influences your opinions, but when you are a trained professional…the way that I was raised believe has nothing to do with the way I deal with the situation." These directors (30.8%) discussed that their professional education and duties to abide by laws and regulations outweighed the influence of culture.

Center needs to actively work to understand culture of families. Many staff (23.6%), including head teachers (25%), directors (38.5%), curriculum staff (20%), mental health staff (33.3%), and family support specialists (18.2%) brought up the importance of actively educating themselves on the culture of the students and families in their center. The directors discussed the importance of keeping an "open mind" when it comes to cultural differences. One directed stated that, "Just because they do things differently

doesn't mean it's wrong." A head teacher also stated that it's "important to know the cultural background of your students and their family in general because everybody has different ways in which they rear their children. So what's acceptable at home may not be acceptable at school, but you still have to be able to communicate with mom and find out some things about them and what they do at home because they may not see anything wrong." A curriculum specialist identified this as an area for growth in her center and stated that, "A lot of the staff do not have cultural sensitivity training" and may inadvertently make disrespectful remarks or behaviors towards families due to a lack of understanding of their culture.

Need for parent education and support. As the conversation about culture persisted, in several of the focus groups including administrators (30.8%), curriculum specialists (20%), and especially mental health staff (83.3%) the focus shifted to the importance of parent education about positive parenting practices and the importance of providing support to families. Mental health staff described their role in helping parents relearn more positive parenting skills, that may be different than how they were raised or the practices that are common in their culture. One mental health coordinator described how she meets with parents:

> [Give] them the tools to use words… make them aware…the children are always there, they are always picking up on behaviors… sometimes they are raised in a way and [they] don't know another way or how to teach [their] child. So I think that parent training is a big resource (Mental Health and Disabilities Coordinator).

Another mental health staff member discussed how it is important to provide support to parents because they may be "going through something themselves." The group also

discussed the techniques they have found to be effective in working with parents in terms of shifting to more positive parenting practices. One mental health and disabilities coordinator shared about overcoming a parents' negative perception of parenting support from Head Start:

> If I show you and I support you along the way and I show you…model it, show that it works, you're going to have to show that it works if you want to change things. You're going to have to show [them] that this is something that [they] can really implement and then…support along the way because there are parents that have those other experiences that they are going through. 'I have to pay my rent, I have to pay my car, I have to feed my children.' All of those things play a part in how they respond to their children. So you have to really think about …how are we going to really support these people as we are trying to get them to change their behaviors for real because we can do things that are very surface, but unless we dig down and really give them some support we are just touching the surface. We are not doing it to make that true change and that's going to take time and it's going to take support and patience because you're changing a lot, and it's a lot that they are going through and a lot of history …it's about a change in the mind set of what works (Mental Health and Disabilities Coordinator).

Beyond "culture." There were a number of staff (16.4%) who felt the term "culture" did not adequately encompass the factors they felt influence staff and family behavior. One teacher stated, "I guess it's not even the culture, it depends on the environment and the education that you have. It's not the culture you have, for me." An assistant teacher also reacted to the term culture, "I think we can move away from the

culture thing…" She went on to describe how differences in the home and the extent to which education and behavior is emphasized at home impacts children's school behavior. Two curriculum specialists agreed, saying that, "It's complicated to judge in terms of culture, because the behavior could be in any culture, you know?" and, "Some of the groups that I have say that's not culture… it doesn't have to do with the culture so you can't [generalize] everybody and say this is typical… because it depends on the family environment and the way they are raising that child." Other curriculum specialists agreed and said, "It doesn't have to be the culture it's the belief system, the values."

Acculturation. It is important to note that, although only mentioned by a few directors (15.4%), acculturation was brought up as an important cultural consideration. As stated by one center director, for immigrant families, the length of time a family has been in the country may impact their practices and broader understanding of the system. The director emphasized that "understanding… if they're ready to embrace how we do things as a country" is important, and it is key to "[give] them that time to understand the system because a lot of the time they do things because back in their country they didn't do things the same way."

6.3 Strengths

Based on focus group questioning, another theme that emerged was strengths of the center. Within the broader theme of perceived strengths, five subthemes emerged. It is important to note, that though members of each role commented on center strengths, endorsement in this category was much lower than other categories, and was addressed by 38.2% of all focus group participants. In particular, only 37.5% of head teachers, 28.6% of assistant teachers, 53.8% of administrators, 20% of curriculum specialists, 45.5% of family

support staff, and 33.3% of mental health staff commented on center strengths. See Table 9 for more information about subtheme responses.

Dedication to child and family. The most commonly endorsed center strength across groups is dedication to the child and family (18.2%). This category includes statements about care of staff members for the wellbeing of the children in their center and positive communication with families. Support staff highlighted this as a center strength, though no member of the teaching staff made comments that fit this subtheme. 30.8% of administrators made statements about the care and dedication to children and families in their centers. One mental health coordinator highlighted that they provide a space in which "the families feel comfortable… we are here to support you, we are not here to label you… we are here for you and making the parents feel like [we] are really looking out for [them]." One family support specialist agreed with this strength, and another family support staff member stated, "I think that the right intentions are there, but it's just that maybe the skill sets might not be there."

Teamwork and staff support of one another. All staff categories endorsed that teamwork and staff support for one another was a strength of their center. This subtheme was endorsed by 18.2% of participants. Importantly, this is the only category of strength endorsed by teachers (37.5%) and assistant teachers (28.6%). Though one assistant teacher stated that administrative backup in the context of challenging behaviors was a strength for her center, head teachers and family support specialists (18.2%) actually focused on the teamwork and support among the teacher staff as a center strength. One head teacher stated, "I say it's actually the teachers. We're a team, we're a family. That's what I would say for our center. We help each other out and work together every day." One mental health

coordinator, one curriculum specialists, and family support staff also discussed the support staff working together and communicating to meet the needs of families.

Connecting families with services. Administrators (23.1%), one mental health coordinator, and a family support specialist endorsed the center's ability to connect families with services as a strength. They stated that the staff work together to find the appropriate services for children and families, both in terms of challenging behavior and other family circumstances. One center director also described extra effort to ensure the services are effective for the children in their center:

> Trying to really find the parents and the child the help that they need with the appropriate entity. Because, I'll be honest, when we get an entity that's not doing their work we do speak up. We don't just say, 'Oh nice to see you.' We'll let the parent know, and we try to change them or try to do something because it's not being effective in any way. At the end of the day, it's the child that is going to be [impacted] (Center Director).

Teacher training. Administrators (30.8%) highlighted teacher training as a strength. One administrator stated that, "The teachers are receiving more training than ever." Yet, this was not a strength identified by any other role in the focus groups.

Transition and classroom planning. One of the specific strengths that emerged within the administrator focus groups is appropriate transition planning as children transition from the toddler classrooms to the prekindergarten classrooms, with 23.1% of administrators mentioning this as a strength. One director highlighted communication with teaching teams about behaviors, using a data-driven approach. She stated that, "Based on the data, [we] make recommendations [for] preschool teachers."

6.4 Areas for Enhancement

The final broad theme that emerged from focus groups was a discussion about areas for workforce enhancement. Most staff (81.2%) made comments and suggestions about areas for enhancement within their centers and Head Start more broadly, including head teachers (100%), assistant teachers (71.4%), administrators (76.9%), curriculum specialists (80%), family support specialists (81.8%) and mental health staff (83.3%). From these comments, 10 subthemes emerged (see Table 9). Each subtheme is discussed below.

Incorporate modeling, mentoring, and/or coaching in the classroom. The top area for enhancement endorsed by 58.2% of focus group participants was the need for modeling, mentoring, and/or classroom coaching to train skills in managing challenging behaviors. Head teachers (50%), assistant teachers (57.1%), administrators (46.2%), curriculum staff (80%), family support specialists (63.6%), and mental health staff (50%) all stated the importance of modeling, mentoring, and/or coaching support in the classroom. Curriculum staff, who serve a coaching role in centers, stated that they believe that teachers would be best able to learn skills through observation. The curriculum specialists, in particular, had a conversation about the potential to have "model classrooms" in centers in which teachers could observe other staff members managing behaviors. One curriculum specialist stated, "The role we should take on is modeling, we should be able to do what we are asking [them] to do." Mental health and disabilities coordinators also mentioned having model classrooms for teachers to go and see to learn from. With that, one mental health coordinator reiterated the need for the classroom to "be a match." She stated that teachers need to feel that, "I'm going to see a classroom that looks like my classroom with the same demographics, same children, with the same backgrounds," in order to be most

effective. Family support specialists also suggested using model teachers that could come to a site to show the staff how to manage behaviors. Other family support staff and directors suggested a "coach" or "mentor coach" that comes to classrooms and helps with behavior management. Teachers also asked for specific coaching in their trainings. With that, throughout these conversations, the idea of feasibility was raised in terms of who would do the modeling and that would be incorporated into the program. Still, there was consensus on the idea that modeling, mentoring, and/or coaching would be extremely useful for staff.

Make changes to enhance parent engagement. Parent engagement emerged as an extremely significant topic related to areas for enhancement, and referenced by 54.5% of focus group participants. This area was particularly significant for teachers (75%), assistant teachers (57.1%), administrators (61.5%), and mental health staff (66.7%). Head teachers and assistant teachers highlighted that when parents are unaware of expectations for the classroom, it impacts child behavior. In response to a prompt about center enhancements, one head teacher stated, "Parent involvement. We barely have that much involvement. You can talk to a parent and it goes in one ear and out the other." Though another teacher said that some parents try, assistant teachers reported that they estimate that "three out of ten or two out of ten," parents try the skills they suggest. Therefore, assistant teachers and head teachers both suggested that Head Start require parents to participate in parent engagement efforts in order to keep their child enrolled. Family support staff agreed that parent engagement is important to the efforts at school. The discussion also led to the need for some sort of parent engagement requirement. One family support specialist stated, "Unless you mandate the parent to come into the building, that parent is not coming into the building, you're not going to get most of the parents to come."

Parent engagement was also a topic addressed by administrators. In addition to the stated importance of parent engagement and parent education regarding child behavior, the conversation also shifted to policies around parent consent for their child to go through the referral and evaluation process to receive supports in the school. Administrators stated they feel that parents should be "responsible" in terms of consenting for services for their child because, "If a parent says no, they're going to refuse services and the children and teachers suffer." One administrator went on to say, "They're allowed to say no and I get it. I don't want to infringe on [their] rights but [if] we don't deal with this today we're going to be dealing with it tomorrow, next week, and when [their] child moves on." Another administrator went on to say, "But they're infringing on other people's rights too." They also indicated belief that parents should have to agree to receive training and be a part of their children's service provision.

Specific training on managing challenging behaviors. Forty percent of focus group participants, including head teachers (50%), assistant teachers (57.1%), administrators (23.1%), curriculum specialists (50%), family support specialists (36.4%), and mental health staff (33.3%) spoke about the need for specific training on managing challenging behaviors. One administrator reported that, "Every time you ask teachers what they need training with is they always say they want to learn about working with kids with disabilities and challenging behaviors." Teachers and assistant teachers, too stated that teachers lack the skills to manage children with challenging behaviors and more training could prevent some of the problems from occurring. Mental health staff and curriculum specialists highlighted the need for learning skills to manage behavior in the moment, learning how the "de-escalate" behavior, and prevent behaviors from occurring.

Need for ongoing training. Another large identified area for enhancement, endorsed by 36.4% of participants, was related to the need for more continuity of training. That, is, 37.5% of head teachers, 42.9% of assistant teachers, 15.4% of administrators, 30% of curriculum specialists, 54.5% of family support specialists, and 50% of mental health and disabilities coordinators agreed that training needs to have greater continuity and be "ongoing." The sentiment across personnel was that professional development opportunities already exist, but they do not get "to the root" of the problem or provide content depth. Therefore, continued trainings were suggested. When prompted about when these trainings would be, teachers and assistant teachers suggested during teacher work days, which happen about six times per year. One assistant teacher stated, "Yeah, only on teacher work days, because I got a full life outside of school, let's not get too crazy in this circle now." Family support staff and teachers separately suggested that the ongoing trainings should happen at the center. One curriculum specialist suggested utilizing the summer months for more intensive training.

Hire more staff. As mentioned above in the modeling and coaching discussion, there were many staff (36.4%) who advocated for the need to higher mores staff. Administrators (53.8%) and family support staff (54.2%) especially highlighted the need of hiring specifically for coaching support for teachers in the management of challenging classroom behaviors. Administrators also spoke about the difficulty of some centers not having a full time mental health staff member, which limits their capacity greatly. Additionally, administrators discussed the need for more crisis intervention support for more "severe cases." These conversations also recognized what would be "ideal" in comparison to what would actually be feasible given funding restrictions. Teachers

suggested an additional teaching staff given the complexity of early childhood educator's role in caring for children's daily living needs, like toileting, in addition to academic and social emotional learning. One mental health specialist agreed that additional "floaters" for classrooms, and maybe some that could also provide "one on one coaching" would be extremely helpful for their centers.

Policy and/or systems-level suggestions. Many of the described suggestions also fell into a subtheme of policy/systems-level suggestions. 27.3% of staff mentioned factors within this theme during focus groups. Participants brought up difficulties with funding, both for the program and for additional mental health services. Additionally, parent mandates for participation in the program and consent for services, as described above, were additionally coded in this category. The other Head Start policy that was challenged, specifically by administrators (53.8%), was related to removing a child from the program. Several administrators believed that if "a child is endangering [other people], he shouldn't be in the center." Additionally, one head teacher suggested a shift in the class composition of Head Start, suggesting that classrooms should not include more than one age group (e.g., "only three year-olds, only four year-olds, and only five year-olds").

Administrative support and communication. Another subtheme that emerged based on comments from 10.9% of participants was related to improving communication within the center, with a particular emphasis on administrative support. Head teachers (12.5%) and assistant teachers (28.6%) spoke rather strongly about feeling like they needed more support from the administration. One assistant teacher spoke about how she felt the administrators were disconnected from what actually happens in the classroom, and therefore do not offer appropriate understanding regarding challenges. Another assistant

teacher spoke to the climate being set by administrated and stated that she hoped that administrators would "show that they are more appreciative of us. I'm not saying hold our hands or pat our back but some encouraging words would be nice every so often."

Adjusting staff perceptions about challenging behaviors. An additional subtheme that emerged, particularly among curriculum staff (10%) and family support specialists (36.4%), was about addressing staff perceptions of challenging behaviors as part of training efforts. For example, one curriculum specialist stated that, "Teachers have to be trained to understand it's not about power, 'Oh, I'm the teacher.'" Family support specialists echoed this statement in their conversation, and spoke about negative perceptions about children with challenging behaviors throughout the center including among administrators. Family support specialists had a conversation about their perception of administrators' desire to remove children with challenging behaviors from the center:

> Family Support Specialist 1: "They're like, 'Oh, how do we get rid of them?' I'm like, you can't do that, you have to do everything that we need to make sure we give him the services he needs…they find out they're stuck with a kid because that's their mind set."
>
> Family Support Specialist 2: "That's a terrible way to see it, but that's their mindset"
>
> Family Support Specialist 1: "I try to reframe it. We're given the opportunity to service this child and help this child."

Improve assessment and execution of procedures within the center. Administrators (23.1%) and curriculum specialists (20%) spoke about the need to improve systems within the center by "taking a look at ourselves first." Specifically, one center

director discussed needing to assess the resources within the center that may be contributing to difficulties (e.g., availability of toys), the practices that are within teacher control (e.g., consistent rules, transition warnings), and appropriate documentation of behaviors so that staff can address the problem appropriately. Generally, statements in this subtheme focused on the aspects of the center that administrators and curriculum specialists perceived were in their control and within their capacity to improve.

Reduce paperwork. Finally, another theme that was raised by teaching staff (20%) and curriculum staff (10%) is related to the amount of paperwork staff are required to complete. Upon asking about areas for improvement, the immediate response from teachers and assistant teachers was, "Less paperwork." One head teacher said, "You come in and do paperwork instead of worry[ing] about the kids."

CHAPTER 7: PHASE II DISCUSSION

Qualitative analyses revealed important information about Head Start practices, staff perceptions, and areas for workforce enhancement. Through focus groups with head teachers, assistant teachers, administrators, curriculum specialists, family support specialists, and mental health and disabilities coordinators, we obtained qualitative information regarding strategies used in Head Starts to manage challenging behaviors, important perceptions about cultural factors related management of challenging behaviors in Head Start centers, and, finally, perceived strengths and areas for workforce enhancement. Each of these areas are discussed, in detail, below.

7.1 Current Practices in Head Start

During focus groups, most staff members participated in the conversation about management of challenging behaviors in their centers. It was important to get the perspective of all staff members, not just teaching staff, about management in their centers. Support staff (i.e., mental health coordinators, family support specialists, curriculum specialists, administrators) spoke both about what they do when consulted to manage challenging behaviors and provided their perspective about what teaching staff do in the face of challenging behaviors, which is important context when interpreting results. With that, the most frequently referenced strategy involved classroom removal or calling for classroom back-up. This finding is especially significant, given that Head Start policies discourage suspension and prohibit expulsion due to challenging behaviors (U.S. DHHS, 2016). This has been echoed by the U.S. Department of Health and Human Services and Department of Education in a 2014 joint policy statement about limiting these exclusionary discipline practices in early childhood settings. Removal from the classroom setting can be

classified as a suspension (Schachner et al., 2016). Additionally, the constant need for "back up" in the classroom to manage behavior challenges provides further evidence that, as hypothesized and reported in other literature (Zinsser et al., 2019), teachers and assistant teachers may lack the necessary tools to manage challenging behaviors effectively as they present in the classroom. It is important to note that throughout these conversations, there was no uniform response as to how or when classroom removal or "back up" procedures were utilized. In fact, it seems from our conversations that these practices were more related to teacher stress level and reaction, than to child behavior. This is problematic in terms of consistency of practices, and the way in which these practices may be implemented. Classroom removal has been used in some evidence based interventions in preschool classrooms (e.g., Tiano & McNeil, 2006) as a consequence beyond timeout. That is, if children are not following the timeout procedure appropriately by sitting and watching in the "thinking chair," they are moved to outside of the door of the classroom for a brief period, and returned to the class (Gershenson et al., 2010; Tiano & McNeil, 2006). This is a systematic use of a classroom removal procedure that has a clear and consistent escalation plan dependent on child behavior. These types of strategies can be effective in promoting children's emotional regulation in the context of particularly challenging behaviors (Dadds & Tully, 2019).

It was especially interesting to discover that teachers viewed these exclusionary practices as supportive, which has been echoed in previous literature (Miller et al., 2017). Given the negative impact of harsh classroom exclusionary practices, suspension, and expulsion on preschool children and the overrepresentation of these harsh discipline practices toward Black boys (Gilliam et al., 2016; Munzer et al., 2018), it is imperative to

implement alternative strategies that more effectively support social emotional well-being. It is important to note that not all participants endorsed exclusionary practices. One administrator specifically said that she does not allow that in her center. In this instance, though, the administrator did not offer an alternative solution. This reveals inconsistences in practices and perceptions of practices across Head Start sites and a lack of clear guidelines as to what to do in the context of particularly challenging, and sometimes dangerous behaviors, such as aggression towards students and/or staff.

Additionally, many staff also stated that negative emotional reactions (e.g., saying "Stop!" or "No!" in an aggressive tone) are often the first response teachers and assistant teachers provide in the classroom. Staff explained this is often due to a difficulty utilizing more effective skills in the moment, highlighting another important training need. These harsher discipline practices were mentioned by all categories of staff who participated in the focus groups, indicating that emotional reactions are a common practice in management of challenging behaviors across Head Start centers. In the absence of clear guidelines about what to do in the moment to manage these behaviors, it may be expected that emotional reactions occur, given the high stress and identified training need related to challenging behaviors (Greene et al., 2002; Snell et al., 2012a; Snell et al., 2012b).

On a more positive note, setting expectations and providing reminders of expectations and using social emotional strategies were also spoken about. Though, all staff mentioned that the use of these more positive strategies is dependent on teacher experience and skill level, which is also consistent with previous literature (Snell et al., 2012b). Again, these are also considered more universal techniques and techniques that are the basis of many of the Pyramid Model trainings conducted at our sites. Therefore, we hypothesized

that these strategies would be used with more frequency. This is important to confirm and can help to direct intervention efforts. For example among centers in which these strategies are used with ease, efforts can leverage the foundational understanding of these skills to focus on more targeted strategies for lower incidence and highly stressful child behaviors.

In analyzing focus group data, we were especially interested in how often staff endorsed use of common evidence-based strategies for management of challenging behaviors (McLeod et al., 2017). We were interested in both universal evidence-based strategies such as praise and ignoring, and more targeted supports such as individualized incentives and timeout. Praise and positive reinforcement strategies were mentioned in focus groups, but with much less frequency than other strategies. This is similar to observation findings that indicate inconsistent use of social emotional strategies across early childhood centers (Steed & Roach, 2017). Teachers and assistant teachers described using differential reinforcement when children are exhibiting challenging behaviors, which is a commonly suggested strategy in evidence-based interventions (McLeod et al., 2017) and was promising to hear endorsed among teaching staff. This may be a strength and area of foundational knowledge to build upon in intervention efforts (Cappella & Godfrey, 2019)

Staff did not mention use of individualized incentives or rewards, specific behavior plans, and/or targeting and tracking behavior, as would be needed for a functional assessment (Dunlap et al., 2017), which is the suggested individualized approach at tier three in MTSS models and frameworks developed for Head Start (Blair & Fox, 2011). Though it may not be expected that teachers and assistant teachers describe these strategies, even mental health staff and administrators who seemingly lead and promote the

development and implementation of individualized plans in the case of challenging behaviors (U.S., DHHD, 2016), respectively, did not describe these strategies spontaneously in the focus groups. This finding is similar to other observational data studies in early childhood settings that document a lack of systems in place to develop individuated interventions for children with persistent behavior challenges (Steed & Roach, 2017). Similarly, very few staff reported use of planned ignoring, which is a relatively low-burden evidence-based strategy to manage more minor misbehaviors and prevent persistent challenging behaviors by shifting the cycle of negative attention (Patterson, 1982). This strategy is commonly taught in early stages of evidence-based interventions for preschool-aged children (e.g., McLeod et al., 2017; McIntosh et al., 2000; Tiano & McNeil, 2006).

Timeout procedures were endorsed by a number of staff members, namely head teachers and mental health staff. In a teacher comment about using timeout, she began with, "We're not supposed to do timeout," confirming some of the controversy surrounding timeout in the Head Start setting, and the perception as to whether this is an acceptable practice. Interestingly, the mental health coordinators used the term "cozy corner" instead of timeout and stated that this is a tool teaching staff should use to manage behavior challenges. They described using the "cozy corner" to separate children from the group to self-regulate following behavioral challenges, such as tantrums or aggression. This is a similar function to timeout, which, behaviorally, is conceptualized as time away from positive reinforcement (Dadds & Tully, 2019) and is utilized in a number of evidence-based interventions for preschool-aged children with persistent challenging behaviors (Dadds & Tully, 2019; McLeod et al., 2017). Based on focus group findings, the use of

time away from positive reinforcement, in the case of particularly challenging behaviors may be a feasible practice in Head Start, and may be particularly acceptable for teachers and mental health staff. It will be important to directly assess other staff's perceptions of this strategy and assess the extent to which it can be feasibly implemented, with consistency and fidelity, by staff in Head Start centers, especially given the counterproductive effects of the procedure if implemented incorrectly (Dadds & Tully, 2019).

There were also some outlier staff strategies that were reported, some of which may inadvertently reinforce the behaviors (e.g., pretending to have a tantrum with the child). Taken together, the qualitative findings from our focus groups support our hypothesis about the variability and inconsistencies in staff perceptions of practices used to manage persistent challenging behaviors in their centers. This is particularly salient given that staff, across focus groups, were provided with two standardized vignettes to begin the conversation. Certainly, there are child-level factors and individual child characteristics that should be taken into account when staff are deciding which practices to use in the management of challenging behaviors, yet our findings reveal that practices are varied across the workforce and lack consistency as a district. This may indicate a lack of agreement among staff members about how to manage challenging behaviors and/or may be evidence for gaps in training and knowledge across the workforce. Overwhelmingly, our qualitative findings suggest a lack of clear and consistent guidelines for management of challenging behaviors, particularly lower incidence, more severe behaviors, like aggression. Consistency within the workforce is key to successful implementation efforts and the basis of many school-wide implementation models (Damschroder et al., 2009; Horner et al., 2010.).

7.2 Cultural Considerations

Focus groups also revealed important information about cultural factors relevant to the management of challenging behaviors in Head Starts. In particular, staff spoke about their perceptions of the role of children's cultural background on their behaviors, how these perceptions impact how staff may address challenging behaviors, and how staff perceive that their own cultural background impacts their practice. In conceptualizing these results, it is important to note that the first author who led or co-led the focus groups identifies as a white, non-Hispanic, female. There were three co-facilitators that participated across the focus groups, two identify as Hispanic females, and one identifies as a white, non-Hispanic, female. These data were also collected prior to the COVID-19 pandemic, which disproportionately impacted marginalized communities, and the surge of the Black Lives Matter movement and social justice awareness across the country following the murders of George Floyd, Breonna Taylor, and Ahmaud Arbery.

In our focus groups, staff clearly indicated belief that culture impacts children behaviors. They spoke often about how the home environment and parenting practices, driven by cultural beliefs and values, impact children's behavior in the classroom. There are established differences in parenting practices across cultures, which cannot be separated from practices that may be in societies facing systemic racism and discrimination (Jones et al., 2020). This discussion often led to conversation about cultural differences in parenting practices and beliefs, particularly the use of corporal punishment (e.g., hitting, spanking). Staff were open about these practices being common among the families in their centers, and in their own cultural backgrounds. Mental health staff described the need to understand the perspectives and cultural backgrounds of families in order to educate them

about alternative strategies to address their children's behavioral challenges. There was also conversation about what it may mean to identify physical punishment as a cultural practice, and how that may perpetuate the practice. One mental health coordinator stated that, "Hitting is not a culture. It's something that we choose to do…just because there was somebody down the line that was hitting, it does not mean that you have to continue." Staff perceived that these culturally driven parenting practices impact children's aggressive behavior in the classroom. These conversations provide important context and perspective from staff about the intergenerational effects of parenting practices (Green et al., 2020). These practices and the impact on youth are complex, and it is promising that the Head Start workforce is thoughtful about addressing these practices. Workforce enhancement should, therefore, build the strengths in the workforce in the conceptualization of ways to meet the complex needs of families, with consideration towards intergenerational and cultural factors (Green et al., 2020)

Additionally, staff spoke about the impact of home behaviors and the child's home culture on parents perceptions of their child's behavior, how the child's behavior should be addressed, and whether or not their child needs services. Many staff presented parent perceptions, based on culture and values, as barriers to children getting services and/or parents engaging in parent education about appropriate practices. Across cultures, there is significant stigma related to mental health services which may contribute to disparities in mental health service utilization, specifically in marginalized youth (Alegria et al., 2010; Young & Rabiner, 2015).

There was a similar reaction in both the teaching staff focus group and the curriculum specialist focus group, when the prompt about the impact of culture and values

on child behavior and practices was raised. That is, both groups had a reaction to using the term "culture." One teacher stated that it's not about the culture it's about the environment and education. An assistant teacher agreed saying that she "thinks we can move away from the culture thing… I don't put it on culture anymore because it has changed so much." Similarly, the curriculum specialists stated, "It's really complicated to judge in terms of culture because really the behavior could be in any culture… in my opinion a child is a child no matter in what culture but it's the way that child is being raised and the environment." A curriculum colleague agreed saying, "it doesn't have to do with the culture, so you can't put [everyone] in general [terms] and say this is typical… because it depends on the family environment in the way that they are raising that child." The conversation shifted to saying "it doesn't have to be the culture, it's their belief system." Another specialist said, "The values." This conversation is important to discuss again, given that both groups reacted to the term "culture" and seemed to be interpreting culture as solely race/ethnicity. Of course, racial and ethnic background is part of culture, though culture has a broader definition and is inclusive of values, belief systems, and practices (Ginzberg, 2017). It was important to understand this perspective in the focus groups. The fact that the lead facilitator was a white, non-Hispanic female, while the participants largely identified at Hispanic and Black must be considered in terms of these responses. It is important, in intervention efforts, to understand the way language and terminology is both used and interpreted to facilitate collaboration and partnership.

There were also statements of dismissal of cultural factors, cultural biases, and judgements that came up in the conversations, which are important to highlight. One director stated that culture has no influence on his own practice because he is a professional.

There were also comments that generalized behaviors of certain groups based on their ethnic background and/or area that they lived. Additionally, at times the tone of the comments was somewhat dismissive of parent perspectives. There were other staff that reported identifying biases in their centers and stated that staff made judgements about the children's behavior, and there was evidence of this in the focus groups. Still, there were many staff who participated that highlighted the skepticism of parents, feelings of stigma, and/or differences in culture that impact their practice who presented the information contextually with empathy for the parents experience and suggestions about how to be most effective in understanding culture and meeting the unique needs of the culture and values of the families in the centers. Research supports the impact of cultural experiences on development. Additionally, children's experiences of early discrimination are related to later social emotional difficulties. Positive development of children's ethnic-racial identity, however, can protect against the negative impact of discrimination on social and emotional wellbeing (Marcelo & Yates, 2019). Therefore, it is imperative for the early childhood workforce to promote an environment that is not only safe from racism and discrimination, but also fosters healthy ethnic and racial identify development (Marcelo & Yates, 2018). In addition to the problematic racialization of behavior problems throughout history (Children's Defense Fund, 1975;), that have exacerbated the school-to-prison pipeline (Alexander, 2012), our evidence-based interventions have largely not been considerate of cultural factors, and have been tested in homogenous samples (Bal, 2018). Therefore, techniques from culturally responsive positive behavioral support models, that both understand the cultural needs of children and families while incorporating diversity training

for staff, such as Culturally Responsive PBIS, will be important to incorporate in enhancement efforts (Bal, 2018; Cramer & Bennett, 2015).

7.3 Areas for Workforce Enhancement

In terms of identifying areas for workforce enhancement based on focus group results, many needs were endorsed by participants across groups. Before focusing on areas of improvement, however, it is important to understand perceived strengths. This is in line with a strengths-based conceptual framework utilized in the workforce development literature (e.g., Cappella & Godfrey, 2019) and the understanding that workforce support can be best achieved by understanding and building upon strengths rather than solely focusing on areas of need.

In terms of discussion of strengths identified by the participants in the focus group, this was the section with the least participation among focus group members. Themes about dedication to the child and family, teamwork, responding to family needs, classroom planning, and teacher training emerged. Of note, the only strength category endorsed by teaching staff was about teamwork. Teachers and assistant teachers were specific in stating that this was teamwork among teaching staff, particularly, not across the entire center. Teamwork and staff support came up in each of the other focus groups as well. Administrators were also the only group to mention teacher training as a strength. In perceptions of center strengths, there were clear differences between the teaching staff's responses and the responses in the other focus groups. Clearly, there are differences in perceptions of strengths across the workforce. This indicates a potential lack of full center cohesion and feelings of support among teaching staff, which could be an important area to better understand and target in intervention. In general, though, it was difficult for head

teachers and assistant teachers to identify strengths when prompted, which may be representative of feelings of stress and burnout (Zinsser et al., 2016). Teacher stress, burnout, and retention are of critical concern among the Head Start workforce (Wells, 2015).

Contrary to trends in participation in the strengths identification conversation, when asked about areas for improvement, all head teachers and most assistant teachers commented. The overwhelming majority of all other positions commented as well, indicating a clearly identified need to support the workforce in management of challenging behaviors. The conversations were rich in offering perspectives regarding need for training and specific suggestions for training. In particular, staff specified that training should specifically focus on management of challenging behaviors, should be ongoing, and should include modeling, mentoring, and/or coaching supports. A number of coaching and consultation models exist and have been implemented in Head Start, such as BEST in CLASS (Conroy et al., 2014), TCIT (Gershenson et al., 2010; McIntosh et al., 2000; Filcheck et al., 2004; Tiano & McNeil, 2006), PFS to Success (Feil et al., 2016) and LOOK (Downer et al., 2017). These interventions have provided us with solid content (McLeod et al., 2017) and processes that have been used in Head Start settings that can be drawn upon in potential intervention development, and assessed for feasibility. In terms of considerations for feasible enhancement efforts, it is important not to "reinvent the wheel." Carefully considering the available science and integrating it with what we've learned about the workforce is an essential next step in intervention development.

In our discussions, a large focus was on perceptions of feasibility. Additional prompts were included about when trainings could occur, who would provide the

training/mentoring/coaching, and how these training models could be sustainably implemented in Head Start. Staff made a number of suggestions, including holding trainings on professional development days, using "model" classrooms to match teachers with for mentoring and observation purposes, and having dedicated coaches with teaching experience. The use of observation of techniques in real time has been used in Head Start teacher training efforts (e.g., Fabiano et al., 2013), though the comparative effects of this practice may wane over time (Fabiano et al., 2013). Therefore, ongoing supports within the setting may be crucial. Curriculum specialists, who already provide coaching in more universal classroom strategies and curriculum (U.S., DHHS, 2016) identified themselves as potential coaches. Using already existing staff members in a "train the trainer" model may be a useful method of sustainable intervention, as has been used to task-shift and increase access to mental health services (Dorsey et al., 2020). Building up the existing workforce capacity is a key way to maintain and sustain intervention effects (Dorsey et al., 2020).

Other key areas related to workforce enhancement that emerged in focus groups and should be a target for intervention include addressing staff biases and perceptions about children's challenging behaviors, as described above. There is clear evidence that racism and biases impact teacher perceptions, discipline decisions, referrals, and general classroom behavior in preschool (Gilliam et al., 2016; Gilliam & Reyes, 2018; Yoder & Williford, 2019). It is important for systems of care that serve marginalized youth to acknowledge the presence of systemic racism and bias in their setting, and recognize the impact on youth. This initial recognition can lead to intentional decisions to improve

outcomes for children and families from minority backgrounds and promote equity (Blanchard et al., 2021).

7.4 Limitations

In addition to the strengths of qualitative analyses there are a number of limitations to this phase of data collection that should be considered when interpreting the results. Though we were able to gather participants from various roles within Head Start, the sample was limited to those who agreed to participate. Therefore, when interpreting the results, the perceptions and statements may not accurately represent the entire workforce. Additionally, in focus groups, a single opinion and voice may be over-represented and overexpressed due to personality characteristics. Additionally, qualitative data coding is subjective in nature and can be interpreted in a number of ways based on team biases. Next, it is important to examine the qualitative data in conjunction with quantitative findings to identify areas of confirmation, expansion, and discordance of quantitative and qualitative findings.

CHAPTER 8. GENERAL DISCUSSION

In this final chapter, the main results from *Phase I* and *Phase II* will be discussed together as they answer each of the three research questions: 1) What are the current positive behavior supports for children with challenging behaviors in culturally and linguistically diverse Head Start centers? 2) To what extent are the best practices for children with challenging behaviors in Head Start centers considered acceptable and feasible? 3) Where are areas for sustainable workforce enhancement across Head Start centers that will help support children with challenging behaviors and their families in the transition to kindergarten? In this discussion, we integrate quantitative data from *Phase I* and qualitative data from *Phase II* are discussed to provide big picture reflections on our findings. As is suggested in mixed-method data interpretation, we focus on concepts of *confirmation*, where findings from both forms of data collection confirm the results of the other, *expansion*, when findings from each phase diverge and expand on understanding, and *discordance*, where findings are inconsistent, contradict, or directly conflict with one another (Fetters et al., 2013).

8.1 Current Practices in Head Start

Data from *Phase I* and *Phase II*, together, provide important information about current practices for children with challenging behaviors in Head Start. *Phase I* results were clear in finding that social emotional strategies and proactive strategies were used with more frequency than other strategies often found in the evidence-based literature, such as providing individualized incentives, ignoring, and use of limit setting. As noted, a limitation of the *Phase I* is that the questionnaire asked about frequency of strategy use, generally. Therefore, the strategies used in the management of challenging behaviors were

expected to be reported with less comparative frequency to the universal strategies and proactive strategies that can be used throughout the day for the whole class. Therefore, the *Phase II* data collection intended to gain more understanding of specific strategies used in the context of managing challenging behaviors, and, as expected, largely *expanded* our understanding. Additionally, while only teaching staff responses were interpreted from *Phase I* frequency data, *Phase II* incorporated the report from other Head Start personnel (i.e., administrators, curriculum specialists, mental health staff, family support staff) who are aware of practices used in management of challenging behaviors and important to the Head Start setting.

Though *Phase II* results reported some universal and social emotional strategies (e.g., reminding of rules, using emotion education), classroom exclusionary and emotional reactions were mentioned with high frequency which is a similar finding to previous work (Snell et al., 2012a; Snell et al., 2012b; Steed & Roach, 2017). Importantly, these strategies were the least frequently reported by teaching staff on surveys. This provides important information about practices, specifically in the context of management of challenging behaviors, that is, though negative reactionary and classroom exclusion practices may be used with the least comparative frequency to general classroom strategies, they are used with high comparative frequency to other evidence-based strategies in the case of persistent and extreme challenging behaviors. There is a need in enhancement efforts to shift this paradigm. Again, given negative impact of classroom removal when implemented harshly and inconsistently, suspension, and expulsion practices on youth outcomes (Lamont et al., 2013), and overrepresentation of these practices with Black boys, perpetuating racism and

the school-to-prison pipeline, it is imperative to prepare staff to use alternative discipline practices that are culturally responsive and promote social emotional well-being.

There were also some important areas of *confirmation* and *discordance* in converging findings from *Phase I* and *Phase II.* There was confirmation of the low incidence of a common evidence-based practice, planned ignoring (McLeod et al., 2017). The strategy was mentioned by teaching staff and curriculum staff, but not other personnel. Planned ignoring is a low-intensity support that can be extremely useful in managing challenging behaviors, and is a common component of evidence-based interventions (McLeod et al., 2017). An area of discordance was in report of positive reinforcement and praise. Firstly, no individualized incentive strategies were described, or plans for individualized incentives were reported by staff in focus groups. These are extremely common in evidence-based practices (McLeod et al., 2017), and suggested as an individualized support in the Pyramid Model (Fox et al., 2003; Fox et al., 2010; Hemmeter et al., 2006; Hemmeter et al., 2013) and other MTSS models (Blair & Fox, 2011; Dunlap et al., 2017). Our focus group finding is consistent with observational data in early childhood settings that indicates minimal use of individualized supports and plans for children with challenging behavior (Steed & Roach, 2017). Though these strategies may be used in the Head Start setting, as concluded from our quantitative data, they are not readily coming to mind as a tool when staff are asked directly about management of persistent behavior challenges. The systems and guidelines needed to support implementation of individualized supports for children with challenging behaviors may not be in place and, therefore, these strategies seem to not be used with the consistency intended by these models.

In addition, praise was reportedly used with high frequency in the classroom in *Phase I* surveys, though only about a third of teaching staff and only one administrator mentioned praise or positive reinforcement in focus groups. These data suggest that contrary to report, praise and positive reinforcement may be underutilized in the classroom especially in management of challenging behaviors. This finding was striking, as previous literature has identified praise as a core strategy in evidence-based interventions (McLeod et al., 2017) and the Pyramid Model (Fox et al., 2003; Fox et al., 2010; Hemmeter et al., 2006; Hemmeter et al., 2013), which is the focus of training in our district. Given the frequent use of emotional reactions in management of challenging behaviors identified in our study and previous work (Snell et al., 2012b), there seems to be a lack of immediate understanding of what to do. In these stressful and challenging moments, staff may not be able to access strategies beyond their intuitive reaction, which can lead to use of harsh practices and expulsion (Gilliam & Shabar, 2006). This finding indicates that training has not been adequate in preparing teachers for the challenges of the classroom, particularly how to strategically use praise and positive reinforcement. Praise and positive reinforcement are essential in evidence-based interventions (McLeod et al., 2017) and should be consistently incorporated into classroom management plans generally, and especially in the context of management of challenging behaviors.

It is important to highlight that *Phase II* results revealed inconsistency, as a district, in the management of challenging behaviors. Staff even reported that management varies by teacher and within our focus groups, practices varied by center and personnel. This is particularly interesting given that our prompts were standardized and represented common challenges in the classrooms. Staff even reported that they see these types of behaviors

"every day." Therefore, quantitative results should be interpreted with this in mind, and areas of concordance and discordance among, between, and within centers may be an important area to explore in better direct efforts of intervention. If these behaviors occur every day in Head Start centers, and there is considerable inconsistency in how to manage this behavior and the extent to which management is effective, there is strong need for more clear and consistent guidelines for the district in terms of management strategies. When a workforce is variable in practices, perceptions, and/or understanding, it is important to address in implementation efforts (Aarons et al., 2011; Damschroder et al., 2009).

8.2 Perceptions of Practices in Head Start

In terms of understanding perceptions of evidence-based practices, many of the findings from *Phase I* and *Phase II* confirm and expand on our understanding. Similar to reported perceptions in *Phase I,* staff spoke positively of social emotional strategies, proactive strategies (e.g., transition warnings), and rule reminders. Again, this confirmed the finding identified quantitatively. This provides further evidence towards our initial hypothesis and is consistent with previous literature (Snell et al., 2012a; Snell et al., 2012b) and our understanding of the training focus in our participating Head Start district. These are important strengths to build upon, and represent good foundational understanding and perceptions.

Phase II discussions of timeout or time away from positive reinforcement (e.g., cozy corner) were of particular interest. *Phase I* data began to present a potential trend towards staff's perception of the usefulness of timeout procedures, and this was expanded in focus group discussions. Teaching staff spoke about this practice as an effective strategy

especially in the context of tantrums or extreme dysregulation, yet one teacher mentioned that this was a strategy that they were "not supposed to use." Yet, mental health staff described the cozy corner as a strategy encouraged by mental health staff across settings. Together, these data support the hypothesized controversy surrounding timeout as a practice in Head Start, which may be due to a misunderstanding of the practice (Dadds & Tully, 2019). Timeout is used in a number of evidence-based interventions for preschool children (McLeod et al., 2017; McIntosh et al., 2000; Filcheck et al., 2004; Tiano & McNeil, 2006), and, when implemented correctly, can be an effective strategy to promote social-emotional well-being (Dadds & Tully, 2019). Therefore, given the acceptability of cozy corner and other interventions that have used timeout procedures in early childhood (Gershenson et al., 2010) time away from positive reinforcement may be an important strategy to add to staff's toolkit in Head Start. Of course, there needs further analysis of perceptions and understanding of how timeout is being used in the classrooms before incorporating this strategy into intervention efforts.

In terms of other important evidence-based practices, such as individualized incentives or individualized plans for children, staff perception is still unclear. The perception was mixed on quantitative findings, and these strategies were not mentioned directly in focus groups. Referral for services and adding extra services and support in the classroom was mentioned in focus groups, though the details of this system and process were not discussed. From other discussions with Head Start partners, development of an individualized behavior plan, and potentially an Individualized Education Program, is often part of the referral process. Individualized behavior plans created based on functional assessment are outlined as tertiary intervention strategies in MTSS frameworks for Head

Start (e.g., Blair & Fox, 2011; Dunlap et al., 2017), including the framework used by our district (CSEFEL, 2013). Yet, staff's perceptions of strategies suggested on these plans, the perceived impact of the strategies, acceptability of these strategies, and the feasibility of these plans within the current system and procedures is unknown. There was considerable discussion of the length of the referral process in all focus groups, so it may be the case that children are not receiving the support they need from these individualized services readily in Head Start, and therefore, staff are unaware of what individualized plans look like, how to implement them in the classroom, and what they think of the strategies. Again, this area may take more intentional and specific investigation (e.g., asking about specific plans, asking about staff perception of individualized rewards such as sticker charts), which was outside of the context of these qualitative and quantitative analyses. Additionally, observation of classrooms will be an important avenue to better understand these phenomena.

8.3 Areas for Workforce Enhancement

From these data, a number of areas for enhancement arose. This was a crucial part of our mixed method study, as we intentionally utilized quantitative and qualitative data to understand complementary aspects of workforce enhancement, for true expansion of our understanding. That is, quantitative analyses revealed differences in perceptions of strategies among staff that may be important to understand for intervention efforts and specific teaching staff characteristics that impact strategy use. In *Phase II* our qualitative analyses focused on perceived strengths and areas for enhancement. We also used the focus group conversations to understand factors of feasibility and question how suggested enhancement methods could be sustained in the setting. These conversations about

enhancements serve to inform both intervention content and process. Additionally, we focused our quantitative analysis on teaching staff characteristics that impact strategy use, so qualitative methods allowed for more insight into other important figures in the Head Start workforce.

Phase I findings regarding differences in staff perceptions of practices was an important area of investigation, as it provides information about the agreement among the workforce in terms of strategy perceptions. Many social-emotional enhancement models use school-wide implementation (e.g., Horner et al., 2010; Bal, 2018), so assessing agreement of staff is an important step. Additionally, in our *Phase I* findings, curriculum specialists emerged as having more positive perceptions and familiarity with evidence-based strategies. In *Phase II* focus groups, curriculum specialists identified themselves as potential figures for coaching and modeling of practices for children with challenging behaviors. Therefore, both phases of data collection indicate that, in workforce enhancement efforts, curriculum specialists may be an important role to leverage in terms of their ability to provide in-class coaching and modeling for teaching staff. Curriculum specialists may also be potential key opinion leaders (KOL) to leverage in enhancement efforts, which has been effective in school-based mental health implementation work (Atkins et al., 2008). In addition to drawing upon the KOL literature, curriculum specialist may be a role to leverage in a "train the trainer" model which can enhance intervention sustainability by uniquely building workforce capacity (Dorsey et al., 2020)

As also identified in previous literature (Snell et al., 2012a; Snell et al., 2012b), *Phase I* revealed that teaching characteristics including years of experience, education, burnout, and efficacy, impacted strategy use. In *Phase II* conversations, staff absolutely

confirmed and corroborated our quantitative findings. That is, staff indicated that classroom strategies "depend" on teacher training and experience. Teaching staff also reported feeling burnt out and overwhelmed by paperwork along with the many other demands of the job, which is a known barrier to implementation in the mental health services research (Beidas et al, 2016). Mental health staff stated that these factors often impact the ability for staff to access strategies in the moment, and they end up relying on more negative practices, like reprimands. Feeling overwhelmed and burnt out also reportedly leads staff to use more reactive classroom exclusionary practices, a phenomenon that has been identified in previous work (Gilliam & Shabar, 2006). Teachers described appreciating these practices when they are feeling overwhelmed, and an administrator mentioned using this practice as an attempt to reduce her teaching staff's stress. Taken together, *Phase I* and *Phase II* data reveal the significant impact of teacher experience and stress on management of challenging behaviors.

These integrated findings suggest several areas of enhancement that may be important. The first is related to teacher experience. It is important to note that there is variability in the teaching workforce in terms of skills to manage challenging behaviors, and how stressful these behaviors can be on teaching staff. That is, not all teaching staff may need the same level of support and intervention. Effectively identifying need and being efficient in intervention efforts can largely increase feasibility and sustainability of intervention efforts (Damschroder et al., 2009). Therefore, in addition to understanding teacher skills, it is important to understand certain characteristics (e.g., burnout, efficacy, experience) that may be protective or put teachers at greater risk of using more negative practices in the context of management of challenging behaviors. Secondly, given the

widespread report of teacher burnout and stress, the known impact on classroom practices from our data and other reports (Zinsser et al., 2016), teacher stress and burnout are important targets of intervention, as is enhancing perceptions of workforce environment and administrative support. Perceptions of workforce environment emerged as a potential facilitator of intervention implementation, that is, findings indicated that workforce environment was related to use of social emotional and proactive strategies. As previously stated, our district trainings largely focus on professional development topics related to universal and social emotional supports from the Pyramid Model (CSEFEL, 2013). When the whole environment is supportive, these tools seem to be more readily implemented. As identified in previous work, when basic staff needs and support are not met, intervention fidelity suffers (Bayly et al., 2020). This is further evidence that school-wide and workforce-wide enhancement models may be important to incorporate (e.g., Horner et al., 2010).

Our *Phase II* data also corroborated previous findings related to teacher cultural biases and racism that impact harsh discipline practice (e.g., Gilliam et al., 2016). Given the cultural and linguistic diversity of children and families served by Head Start, the negative impact of early experiences of discrimination on children's well-being (Marcelo & Yates, 2019) and culturally responsive practices are essential (Bal, 2018; Cramer & Bennet, 2018). In addition, the staff working in Head Start settings are also culturally and linguistically diverse and staff of color are more likely to leave the workplace due to racialized school climates (Grooms et al., 2021). Addressing racial biases at the staff level is an important step towards promoting more culturally responsive practices center-wide, which is particularly relevant for Head Start settings that serve diverse children and

families. This work will also be important in addressing the needs of parents more effectively.

Overall, our mixed method findings reveal a clear need for workforce enhancement centered around the management of challenging behaviors. Staff overwhelmingly spoke about the need for this support in our focus groups and in conversations around survey completion, as has been well identified in previous work (e.g., Snell et al., 2012a; Snell et al., 2012b; Hemmeter et al., 2006; Zinsser et al., 2016; Zinsser et al., 2019). Our data reveal current areas of strength, such as strong use of social emotional and universal strategies, dedication to children and families, and feelings of support from fellow staff members in centers, that can be used to build upon in workforce support efforts. There is also variability in strengths across and within centers and staff, which should be leveraged and better understood for intervention efforts. Strategies from the KOL literature may be important to incorporate in order to build upon existing workforce leaders that can aid in eventual implementation efforts (Atkins et al., 2008). Additionally, the workforce identified a need for ongoing training focused on management of challenging behaviors that incorporates coaching, mentorship and modeling. Staff suggested these trainings be a part of teacher workdays and continue to support staff in using the practices in their centers. There is potential to leverage curriculum specialist in this enhancement effort, and other staff made good suggestions about utilizing model classrooms(e.g., Fabiano et al., 2013) to make this feasible and effective within the current workforce. In addition to providing strategies and support for the management of challenging behaviors, there is a clear need to address teacher stress and burnout and be more culturally responsive in center practices to better meet the needs of children and families served by Head Start.

As discussed throughout, in the development of a method for workforce enhancement, it will be imperative to draw upon existing evidence from the preschool intervention literature not only for content (e.g., evidence-based strategies; McLeod et al., 2017) but also for process and method (e.g., coaching models, train the trainer; e.g., Feil et al., 2016; Dorsey et al., 2020; Downer et al., 2017). The field, to date, has identified a number of practices that have been effective in managing challenging behaviors in the classroom (e.g., McLeod et al., 2017), impacting school-wide (Bal, 2018) and teacher behavior (e.g., Albritton et al., 2019). Therefore, our investigation, following implementation science principles (Damschroder et al., 2009; Hoagwood et al., 2002) has gained a comprehensive understanding of the setting, workforce practices, perceptions, strengths, and needs. By pairing the solid understanding of the setting with knowledge of the existing evidence-base, a method of workforce enhancement can be developed and implemented with increased likelihood of being sustained.

8.4 Limitations and Future Directions

The data presented in this mixed method study provide understanding of current practices for children with challenging behaviors in Head Start, perceptions of staff regarding evidence based practices, and areas for workforce enhancement that will all help to drive intervention efforts. Still, there are limitations that can be addressed with future work. In particular, much of the data relies on self-reported practices from staff in closed-ended and open-ended manner. That is, we may be measuring staff's ability to report on or recognize strategies, not their ability to implement them in practice. It will be important to incorporate observation data to broaden our findings and the conceptualization of current practices. Previous work has also identified differences in reported and actually utilized

classroom practices (Snell et al., 2012a; Snell et al., 2012b; Steed & Roach, 2017), as was beginning to emerge in our focus group findings. Our study also focused on a single district in a large urban community, so the generalizability of findings to other Head Start districts should be considered. Similarly, by focusing our investigation in Head Start, we captured a specific early childhood education setting, which may not be representative of other private or public preschool setting. Investigation of similarities and differences across other early childhood settings will be important prior to generalizing findings.

Still, it was a strength of this study to assess the perspectives of all Head Start personnel, which has not been conducted in previous work, to our knowledge. Future work should also incorporate the family perspective by gathering information from caregivers of children with persistent challenging behaviors. Additionally, this project is a first step towards intervention development and primarily focused on current workforce practices, perceptions, and need. Therefore, future work should carefully consider the existing evidence-base in terms of interventions for preschool children with challenging behaviors and apply our findings to develop, pilot, and test a model of workforce enhancement in Head Start and other early childhood settings. To ensure the essential factors of sustainability, feasibility, acceptability, and cultural responsivity, implementation science methods and community partnership should be leveraged in each phase of intervention development work with constant incorporation of the community perspective.

8.5 Conclusions for Head Start Partners

In conclusion, there are important lessons from or study that can shared with our Head Start partners to enhance workforce capacity in management of challenging behaviors. Firstly, we were able to identify important strengths in the reported use of social

emotional and universal strategies that are the focus of our districts professional development efforts (CSEFEL, 2013). Though, these findings varied by staff characteristics, burnout, efficacy, and perceptions of workforce environment. Therefore, a tiered or modular intervention model may be useful in terms of targeting workforce enhancement efforts. That is, universal and social emotional strategy use, as well as teacher efficacy, burnout, staff biases, and school work environment, are foundational to more targeted intervention strategies for management of challenging behaviors. Without basic support needs being met (Bayly et al., 2020) and skills in universal and social emotional skills, it is unrealistic to expect staff to be able to utilize more targeted approaches. Additionally, in order for consequences and targeted supports to be effective, the positive and preventative social emotional supports in the classroom need to be effectively implemented, so that children are motivated to engage in the classroom appropriately. That is, "time in" has to be reinforcing for time away from positive reinforcement, or use of behavioral consequences, is effective (Dadds & Tully, 2019).

Even with the identified strengths in many instances in universal and social emotional strategy use, our study identified a clear need for support in tertiary and individualized supports for children with persistent challenging behaviors. Overall, there was a lack of consistency in management of challenging behaviors, and a number of negative, counter-indicated, and inconsistent practices were described and reported. This highlights clear gaps in staff understanding of practices that would be helpful to support children with persistent challenges, and strategies to manage the most serious and dangerous challenging behaviors, which are extremely stressful for staff (Greene et al., 2002; Zinsser et al, 2016). Importantly, these gaps were identified across the workforce,

including among center administrators and district administrators, indicating a lack of district-wide policy and guidelines to support staff in these instances. Using our results and knowledge of evidence-based practices, it will be important to collaboratively develop clear and consistent guidelines and procedures with our partners that can be implemented across the district, especially in the case of more severe challenging behaviors, such as aggression and destruction. Identifying these clear guidelines can protect against negative practices, harsh discipline practices, and expulsion (Gilliam & Reyes, 2018; Miller et al., 2017), which disproportionately impact children from marginalized backgrounds (Gilliam et al, 2016).

Within enhancement and practice guideline development, the entire workforce should be utilized. These school-wide efforts (e.g., Horner et al., 2010) can help with effective intervention implementation and eventual sustainability of intervention efforts (Dorsey et al., 2020). It is important to consider members of the Head Start workforce that should be involved in support of teaching staff in management of challenging behaviors. For example, specific staff, like curriculum specialists, may be useful in coaching and modeling practices, mental health coordinators may be used to help to identify specific individualized plans for children which can be communicated to families by the family support specialists. These intentional and clearly defined workforce support efforts can relieve some of the burden and stress from teaching staff who are currently tasked with management of these behaviors in the classroom while addressing the learning needs of the rest of the class (Zinsser et al, 2016; Zinsser et al, 2019).

In sum, next steps with our partners will be to present these core conclusions alongside content and process strategies from the existing evidence-base. In collaboration,

efforts should focus on development of a tiered or modular approach to workforce enhancement that includes clear and consistent guidelines in terms of management of challenging behaviors, especially more severe behaviors, in the Head Start setting. These efforts should be center- and district-wide and include relevant members from the workforce to both aid in implementation and increase likelihood of sustainability.

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TABLES

Table 1. Total participant demographics

Total participant demographics

	Total Sample (*n* = 348)
Total Centers	54
Sex (% female)	97.4
Race/Ethnicity (%)	
White/Caucasian	63.4
Hispanic/Latino	63.1
Black or African American	34.1
Haitian	8.1
Mixed Race/Other	1.4
Asian/Pacific Islander	0.3
Position (%)	
Head Teacher	39.4
Assistant Teacher	32.5
Administrator	7.2
Mental Health Staff	5.5
Family Support Staff	9.5
Curriculum Staff	4.9
Other	1.1
Years at Current School	6.7
Years in Profession	14.9
Highest Level of Education (%)	
High School Diploma/GED	7.8
Some College	19.7
Associates Degree	19.1
Bachelor's Degree	37.4
Graduate Degree	15.9
Hours of Training in Bx Management* (%)	
None	5.8
1-2 Hours	6.4
3-5 Hours	14.5
6-8 Hours	8.1
8-10 Hours	10.7
10-15 Hours	8.4
15-20 Hours	13.9
More than 20 Hours	32.4

*Hours of training in behavior management over the last 5 years

Table 2. Teaching staff demographics

Teaching staff demographics

	Total Sample (n = 249)
Total Centers	44
Sex (% female)	98.4
Race/Ethnicity (%)	
White/Caucasian	64.4
Hispanic/Latino	64.1
Black or African American	33.2
Haitian	9.3
Mixed Race/Other	2.0
Asian/Pacific Islander	0.4
Position (%)	
Head Teacher	54.8
Assistant Teacher	45.2
Years at Current School	6.8
Years in Profession	14.7
Highest Level of Education (%)	
High School Diploma/GED	10.2
Some College	21.5
Associates Degree	22.4
Bachelor's Degree	41.9
Graduate Degree	4.1
Hours of Training in Bx Management* (%)	
None	3.6
1-2 Hours	6.1
3-5 Hours	14.2
6-8 Hours	7.3
8-10 Hours	11.3
10-15 Hours	8.1
15-20 Hours	12.6
More than 20 Hours	36.8

*Hours of training in behavior management over the last 5 years

Table 3. Teaching staff average reported frequency of strategy use

Teaching staff average reported frequency of strategy use

Strategy	Average Frequency (SD)
Give clear positive directions	4.53 (1.26)
Prepare children for transitions with predictable routine	4.51 (1.25)
Promote respect for cultural differences in my classroom	4.51 (1.24)
Teach specific social skills in circle time	4.40 (1.25)
Coach positive social behaviors (helping, sharing, waiting)	4.36 (1.21)
Praise positive behavior	4.30 (1.22)
Teach children anger management strategies (Turtle, calm down thermometer)	4.27 (1.39)
Use problem-solving strategy (e.g., define problem, brainstorm solutions)	4.26 (1.26)
Use persistence coaching (focusing, being patient, working hard)	4.23 (1.37)
Use imaginary play/drama, stories and puppets to teach problem solving	4.15 (1.39)
Model self-regulation strategies for students	4.09 (1.38)
Use emotion coaching	3.96 (1.33)
Use anger management strategy for self (e.g., deep breaths, positive self-talk)	3.95 (1.37)
Use verbal redirection for child who is disengaged	3.86 (1.43)
Set up problem solving scenarios to practice prosocial solutions	3.85 (1.46)
Use clear classroom discipline plan and hierarchy	3.45 (1.56)
Use group incentives	3.38 (1.45)
Describe or comment on bad behavior	3.24 (1.44)
Teach children to ignore disruptive behavior	3.14 (1.51)
Reward targeted positive behaviors with incentives (e.g., stickers)	3.08 (1.49)
Use special privileges (e.g., special helper, extra computer time)	3.07 (1.54)
Use nonverbal signals to redirect child who is disengaged	3.04 (1.48)
Warn of consequences for misbehavior (e.g., loss of privileges)	2.61 (1.50)
Send home notes/happy grams home about positive behavior	2.45 (1.55)
Take a student interest survey	2.28 (1.43)
Call parents to report good behavior	2.27 (1.00)
Set up individual incentive program (e.g., loss of privileges)	2.17 (1.36)
Use Time Out (Time Away to calm down) for aggressive behavior	1.89 (1.22)
Ignore misbehavior	1.87 (1.12)
Single out a child or group of children for misbehavior	1.76 (1.15)
Call child after a bad day	1.72 (1.19)
Call parents to report bad behavior	1.64 (1.45)
Reprimand in a loud voice	1.53 (0.98)
Send home notes (or frowny faces) to report problem behavior to parent	1.49 (1.00)
Warn or threaten to send child out of classroom if s/he doesn't behave	1.35 (0.90)
Use physical restraint	1.29 (0.88)
In-house suspension (send to Principal's office for misbehavior)	1.27 (0.87)
Send child home for aggressive or destructive misbehavior	1.23 (0.78)

Table 4. Teaching staff average strategy frequency by category

Teaching staff average strategy frequency by category

Strategy Category	Average Frequency (SD)
Coaching praise and incentives	3.10 (0.76)
Proactive Strategies	3.79 (0.61)
Social Emotional Strategies	4.04 (0.67)
Limit Setting Strategies	2.64 (0.77)
Inappropriate Strategies	1.62 (0.67)

Table 5. Full staff average reported usefulness, familiarity, and confidence

Full staff average reported usefulness, familiarity and confidence in strategies

Strategy	Usefulness	Familiarity	Confidence
Give clear positive directions	4.43	4.36	4.35
Prepare children for transitions with predictable routine	4.47	4.33	4.35
Promote respect for cultural differences in my classroom	4.41	4.33	4.31
Teach specific social skills in circle time	4.36	4.25	4.27
Coach positive social behaviors	4.11	3.97	4.01
Praise positive behavior	4.19	4.20	4.20
Teach children anger management strategies	4.19	4.17	4.22
Use problem-solving strategy	4.22	4.16	4.28
Use persistence coaching	4.14	4.10	4.09
Use imaginary play/drama to teach problem solving	4.17	4.11	4.15
Model self-regulation strategies for students	4.05	4.02	4.04
Use emotion coaching	3.85	3.85	3.86
Use anger management strategy for self	4.01	4.09	4.09
Use verbal redirection for child who is disengaged	3.77	3.79	3.77
Set up problem solving scenarios to practice prosocial solutions	3.87	3.87	3.94
Use clear classroom discipline plan and hierarchy	3.44	3.42	3.45
Use group incentives	3.41	3.55	3.62
Describe or comment on bad behavior	3.07	3.34	3.34
Teach children to ignore disruptive behavior	3.25	3.40	3.46
Reward targeted positive behaviors with incentives	3.14	3.51	3.48
Use special privileges	3.29	3.44	3.44
Use nonverbal signals to redirect child who is disengaged	3.16	3.30	3.32
Warn of consequences for misbehavior	2.68	2.98	2.93
Send home notes/happy grams home about positive behavior	2.75	2.97	2.99
Take a student interest survey	2.49	2.60	2.66
Call parents to report good behavior	2.61	2.84	2.90
Set up individual incentive program	2.28	2.62	2.59
Use Timeout for aggressive behavior	2.03	2.72	2.42
Ignore misbehavior	1.98	2.48	2.26
Single out a child or group of children for misbehavior	1.75	2.35	2.06
Call child after a bad day	1.91	2.14	2.18
Call parents to report bad behavior	1.76	2.20	2.01
Reprimand in a loud voice	1.50	2.00	1.75
Send home notes to report problem behavior to parent	1.66	2.12	2.03
Warn or threaten to send child out of classroom if s/he doesn't behave	1.38	1.75	1.52

Use physical restraint	1.36	1.82	1.60
In-house suspension	1.32	1.75	1.55
Send child home for aggressive or destructive misbehavior	1.30	1.68	1.53

Table 6. Average staff perceptions of strategies by category

Average staff perceptions of strategies by category

Strategy Category	Usefulness	Familiarity	Confidence
Coaching praise and incentives	3.15 (.79)	3.31 (0.79)	3.32 (0.77)
Proactive Strategies	3.77 (0.67)	3.76 (0.66)	3.77 (0.67)
Social Emotional Strategies	4.01 (0.72)	4.00 (0.73)	4.03 (0.71)
Limit Setting Strategies	2.68 (0.76)	3.01 (0.89)	2.89 (0.84)
Inappropriate Strategies	1.65 (0.66)	2.07 (0.95)	1.90 (0.80)

Table 7. Multilevel regression analyses

Multilevel Regression Analyses: Teaching Staff Characteristics on Strategy Use

Strategy Category	B	SE	*p*-value
Social Emotional			
Years in Profession	-0.001	0.01	0.88
Education Level	0.04	0.05	0.44
Training	0.01	0.03	0.83
Position	-0.01	0.08	0.27
Work Environment	0.13***	0.04	0.00
Self-efficacy	0.17***	0.05	0.00
Personal Accomplishment	0.02***	0.01	0.00
Emotional Exhaustion	-0.001	0.01	0.86
Depersonalization	-0.02	0.02	0.29
BPQ	0.02	0.01	0.18
KOAD	0.32	0.21	0.13
Proactive			
Years in Profession	-0.01	0.05	0.27
Education Level	0.11**	0.05	0.01
Training	0.04	0.02	0.10
Position	-0.10	0.08	0.24
Work Environment	0.09*	0.04	0.03
Self-efficacy	0.14***	0.03	0.00
Personal Accomplishment	0.02***	0.003	0.00
Emotional Exhaustion	0.001	0.004	0.87
Depersonalization	-0.002	0.01	0.85
BPQ	0.004	0.01	0.35
KOAD	0.30	0.17	0.07
Coaching Praise and Incentive			
Years in Profession	-0.01*	0.01	0.04
Education Level	-0.03	0.06	0.62
Training	0.04*	0.02	0.04
Position	-0.02	0.09	0.83
Work Environment	0.07	0.05	0.16
Self-efficacy	0.06	0.04	0.12
Personal Accomplishment	0.003	0.02	0.57
Emotional Exhaustion	0.002	0.01	0.80
Depersonalization	0.01	0.02	0.41
BPQ	-0.002	0.01	0.73
KOAD	-0.01	0.08	0.88
Limit Setting			
Years in Profession	-0.01	0.01	0.29
Education Level	0.07	0.05	0.18
Training	-0.01	0.02	0.70
Position	0.01	0.11	0.95
Work Environment	-0.05	0.05	0.29
Self-efficacy	0.09*	0.04	0.04
Personal Accomplishment	0.01*	0.02	0.04
Emotional Exhaustion	0.02*	0.01	0.03
Depersonalization	-0.02	0.01	0.29
BPQ	0.01*	0.04	0.02
KOAD	-0.16	0.26	0.55
Inappropriate			

Years in Profession	-0.01*	0.004	0.03
Education Level	-0.12*	0.05	0.02
Training	0.05**	0.02	0.01
Position	0.16*	0.08	0.05
Work Environment	-0.06	0.06	0.36
Self-efficacy	-0.07*	0.03	0.04
Personal Accomplishment	-0.01	0.01	0.29
Emotional Exhaustion	0.002	0.01	0.65
Depersonalization	0.05***	0.02	0.001
BPQ	-0.01*	0.01	0.03
KOAD	-0.49	0.37	0.19

Note: *p<.05, **p<.01, ***p<.001; BPQ = Behavioral Principles Questionnaire; KOAD = Knowledge and Opinions of ADHD

Table 8. Focus group demographics

Focus group demographics

	Total Sample (*n* = 59)
Total Centers	28
Sex (% female)	93.2
Race/Ethnicity (%)	
White/Caucasian	43.2
Hispanic/Latino	54.2
Black or African American	63.9
Haitian	14.6
Mixed Race/Other	0
Asian/Pacific Islander	0
Position (%)	
Head Teacher	20.3
Assistant Teacher	11.9
Administrator	23.7
Mental Health Staff	11.9
Family Support Staff	16.9
Curriculum Staff	15.3
Years at Current School (SD)	6.4 (6.3)
Years in Profession	16.2 (9.0)
Highest Level of Education (%)	
High School Diploma/GED	5.9
Some College	14.7
Associates Degree	20.6
Bachelor's Degree	20.6
Graduate Degree	38.2
Hours of Training in Bx Management* (%)	
None	8.8
1-2 Hours	2.9
3-5 Hours	14.7
6-8 Hours	2.9
8-10 Hours	5.9
10-15 Hours	11.8
15-20 Hours	23.5
More than 20 Hours	29.4

Table 9. Focus group responses

Focus group responses

Themes and Subthemes	HT	AT	Admin	CS	FS	MH	Exemplar responses
1. Strategy Use	100%	85.7%	61.5%	100%	72.7%	83.3%	
1.1. Classroom removal strategy or administrative back-up	25%	42.9%	30.7%	100%	63.6%	33.3%	"*The teachers are like here take this child in your office because I'm just done*"- Center Director "*I have a problem child within my classroom and I know the assistant principal when it's getting too much for me… will come and take him out and keep him in her office. I love her.*" - Assistant Teacher
1.2. Setting up and Reminding of Expectations	62.5%	57.1%	7.7%	40%	9.1%	16.7%	*"Back to the classroom rules. We have rules like hands [are] not for hitting…So we can sit them down and explain to them [that] this is not alright…we always tell them the classroom rules, what they can do and cannot do."* - Head Teacher
1.3. Social Emotional Strategy	50%	57.1%	15.4%	20%	18.2%	33.3%	*"In my classroom we have a kit for solving problem and I always use visual cues to teach how they can solve the problems in the classroom… I teach that to prevent what happened because I know they … have to learn about feelings and about how they feel when they hurt somebody or don't*

							like something. Say "I don't like it. Stop" and use a visual cue, and after that what they use what they learn by themselves."- Head Teacher
1.4. Emotional/Negative Reaction	37.5%	28.6%	15.4%	30%	36.4%	66.7%	"*They have twenty children in the classroom so [when] you see somebody hitting another child…the first word that's coming out is "No!'"*- Curriculum Specialist "*Sometimes a teacher ends up being very aggressive towards the child… 'No, why are you doing that? Stop that! We are not doing that!"* - Family Support Specialist
1.5. Time Away/Timeout/ Cozy Corner	37.5%	14.3%	0%	10%	0%	50%	"*We're not even supposed to do timeout but if I have to put them by themselves so they can calm down I will. And then go back because sometimes… you'll spend a lot of time and they'll still be hitting and kicking and biting and scratching… you have to just let the child calm down a bit and then come back and find what's really going on and why they're behaving that way*." – Head Teacher "*I do encourage the teachers to use the*

							tools and the cozy corner to you know to help the child regulate themselves." - Mental Health and Disabilities Coordinator
1.6. Communicate with Parents	0%	0%	15.4%	40%	0%	33.3%	"*Involve the parents and also give the parents the tools and show the parents how to implement the tools to reinforce that tool at home*" – Mental Health and Disabilities Coordinator
1.7. Praise and/or Positive Reinforcement Strategy	37.5%	28.6%	7.7%	0%	0%	0%	"*It also helps a lot in our classroom when we positively reinforce behavior… like 'I like how Tony is siting, I like how Jake is…'"* – Head Teacher
1.8. Redirection	12.5%	0%	0%	10%	18.2%	16.7%	"*You have a teacher who has experience say 'Come with me. Come sit next to me.'"*- Family Support Specialist
1.9. Ignoring	12.5%	14.3%	0%	10%	0%	0%	"*Leave them there and they kind of come over by themselves and realize 'Oh, let me join'"*- Assistant Teacher
1.10. Refer for services	0%	0%	15.4%	0%	0%	0%	"*It just triggers us to call in a professional. One of our mental health associates and sort of just observe the child and see what is going on cause something there is something underlined on why the child is so aggressive in that*

							manner." -Center Director
1.11. Other Strategy	25%	14.3%	30.7%	10%	9.1%	33.3%	*"Sometimes I get silly with them and I will have the tantrum right along with them and depending on the student and their mood they'll stop and ask "teacher are you okay?" and that's when I appease the situation and bring him or her to the story time"*- Assistant Teacher "*In my case, she's picking her up…. So the child acts up, she picks her up, alright lets go, puts her on her hip and now they're walking inside with a the child on her hip… the teacher's just catering to the child*." – Family Support Specialist
2. Cultural Factors	87.5%	71.4%	84.6%	90%	63.6%	100%	
2.1.Corpoal punishment and aggression	25%	28.6%	46.2%	50%	27.3%	66.7%	"*For example there are cultures where hitting is acceptable, versus others where it's not.*" – Center Director "*The belt is still running around and the shoes are still running around. It's not something we avoid…that behavior takes a long time to change*"-Curriculum Specialists "*Hitting is not a culture, it's something that we choose to do"*-

2.2. Culture impacts parent expectations of centers, perceptions of children's behavior and need for services, and engagement	25%	28.6%	38.5%	40%	18.2%	50%	Mental Health and Disabilities Coordinator *"Some cultures take it personal. So if there's something wrong with the child, it's something wrong with them*"- Center Director "*Or 'I don't want to acknowledge you because now you're putting a label on my child.' There's nothing wrong with them, it's just you*" - Assistant Teacher
2.3. Culture impacts child behavior	25%	28.6%	15.4%	30%	27.3%	50%	"*There is a difference on how the problem is addressed but I think the cultural difference will come in on how the parent will perceive it*"- Curriculum Specialist "*Culture has a lot to do with how children behave and what they do and what's appropriate in their culture at home and what's not*" – Center Director
2.4. Culture impacts staff behavior	25%	42.9%	23.1%	30%	27.3%	0%	"*Up north you'll see a lot more violence at schools… you see a lot of aggression in the south…but not as much as [the] north… they're coming to school with a lot of aggression*.-Family Support Specialist "*A lot of staff already… have an idea of what the*

towards children, perceptions of behavior, and expectations of children							*family looks like, what's happening at home, why this kid is acting the way they it is. 'Oh it's just because, look where they live, all the kids are like that.' However if you take the same behavior and you take it out of this program and you put it somewhere else the response is completely different. So I take issue with that…I think the perception of the culture and the idea [that they] automatically know this whole child's history just because of where they live…is a big issue. Stereotypes…I think that, that's where culture plays apart in the staff, that you assume that because of the culture that that child comes from or where they live or whatever, that it's expected for them to behave that way."*-Family Support Specialists
2.5. Center needs to actively work to understand culture of families	25%	0%	38.5%	20%	18.2%	33.3%	"*Honestly when it comes to culture I think everyone, the director, the family engagement staff, the teachers, we all need to understand the families that come into the program and sometimes we need to do our homework about culture… talking to the families and asking,*

							'How do you deal with x, y, or z'; 'What are your view? I'm just trying to learn from you.' So we can better adapt to the needs and respond"- Center Director
2.6. Need for parent education and parent support	0%	0%	30.8%	20%	0%	83.3%	"*Parent education is key because, you know, sometimes they are raised in a way and you don't know another way or how to teach your child so I think that the parent training is a big resource*" – Mental Health and Disabilities Coordinator
2.7. Beyond "culture"	25%	28.6%	0%	50%	0%	0%	"*I guess it's not even the culture it depends the environment and the education that you have. It's not the culture you have for me*"- Head Teacher "*I think we can move away from the culture thing…"* Assistant Teacher "*It's really complicated to judge in terms of culture because really the behavior could be in any culture you know?*" Curriculum Specialist
2.8. Perception that staff culture does not impact behavior	0%	0%	30.8%	0%	0%	0%	"*I don't know if culture influences your opinions, but when you are a trained professional the way that I was raised has nothing to do with the way I deal with the*

							situation now"- Center Director
	2.9. Acculturation considerations	0%	0%	15.4%	0%	0%	0%	"*When we think about culture… we have families that have probably been here for more than 10 years and then you have families who just came and are in the process of acculturation [and] understanding how the American system works… [It's important to have] understanding of the culture of the family and how long they've been here and if they're ready to embrace how we do things as a country, not even thinking of as a school… the system because a lot of the time they do things because back in their country they didn't do things the same way*"-Center director
3. Strengths		37.5%	28.6%	53.8%	20%	45.5%	33.3%	
	3.1. Dedication to child and family	0%	0%	30.8%	20%	27.3%	16.7%	*"I believe that we do try to do what's best for that child"* – Family support specialist
	3.2. Teamwork and staff support of one another	37.5%	28.6%	7.7%	10%	18.2%	16.7%	HT3 I say it's actually the teachers. We're a team, we're a family. That's what I would say for our center HT3 Yeah and we help each other out and work together every day. I think, I think, I can speak for my center, I think that the communication is

							there, and for the most part, I think everybody understands that there is at least a person or two in the building that is there that is there at least, given I don't have all the answers but I can try and connect and call and figure out you know at least to have a point person that they can go to, to figure it out or to help. Fss
3.3. Connecting families with services	0%	0%	23.1%	0%	9.1%	16.7%	trying to really find the parents and the child the help that they need with the appropriate uh um entity because I'll be honest when we get an entity that's not doing their work we do speak up. We don't just say oh nice to see you and we'll let the parent know and and we try to change 'em or try to do something because it's not being effective in any way and at the end of the day it's the child that is going to be you know- director
3.4. Teacher training	0%	0%	30.8%	0%	0%	0%	And something pretty good that I think we are doing lately is the teachers are receiving more training than ever.
3.5. Transition and classroom planning	0%	0%	23.1%	0%	0%	0%	Yes I think something we do with the children we have control of who's transitioning from toddler to prek is we meet the

							current toddler teacher and the possible future preschool teacher and talk about behaviors and look at data and, based on the data, make recommendations with preschool teachers in how to work together with the preschool teacher-
4.0. Areas for enhancement	100%	71.4%	76.9%	80%	81.8%	83.3%	
4.1. Incorporate modeling, mentoring, and/or coaching in the classroom	50%	57.1%	46.2%	80%	63.6%	50%	providing the staff the appropriate training of these coaching, but I mean coach staff not in general but to the particular behaviors that we see. So a child is doing temper tantrums, what exactly this is- what does it look like exactly, and train the teacher this is exactly what needs to happen. You either ignore the behavior or you're reinforcing the behavior to the particular behaviors that we are seeing – family support specialist
4.2. Make changes to enhance parent engagement	75%	57.1%	61.5%	30%	45.5%	66.7%	but unless you mandate the parent to come in to the building, that parent is not coming in to the building, you're not gonna get the, most of the parents to come.- family support
4.3. Specific training on managing	50%	57.1%	23.1%	50%	36.4%	33.3%	Every time you ask teachers what they need training with is they always say they

challenging behaviors							want to learn about working with kids with disabilities and challenging behaviors. So that's a hot topic. – director AT3 I hate to be a bad guy. We talk about the kids but its not always the kids, sometimes these teachers don't know how like classroom management skills. I've been here 15 years and it's not always the kids, sometimes we have teachers that just don't know how to manage these little children. So if you could come up with some type of workshop that could get to them to show them how to handle these little children, than I don't think it would be this many problems.
4.4. Need for ongoing training	37.5%	42.9%	15.4%	30%	54.5%	50%	ED8 I've been having conversations with my colleagues about this for a while and these can't be one training and that's it. This is a training where it has to be ongoing so we get to the root of "what's the meaning of this" and we make sure we check for that understanding in the classroom
4.5. Hire more staff	37.5%	14.3%	53.8%	20%	54.5%	16.7%	I think we need more than two teachers in the classroom because

							we have a lot of children. I think we need three.- head teacher
4.6. Policy and/or systems-level suggestions	25%	14.3%	53.8%	40%	9.1%	0%	Well I would say a regulation like if-if a child puts in danger himself or others in the classroom the parent has to accept assistance. Otherwise it cannot be in the program."- Administrator
4.7. Administrative support and better communication	12.5%	28.6%	7.7%	20%	0%	0%	*"Also show that they are more appreciative of us. I'm not saying hold our hands or pat our back but some encouraging words would be nice every so often*."- Assistant Teacher
4.8. Adjusting staff perceptions about challenging behaviors	0%	0%	0%	10%	36.4%	0%	*"I think the teachers have to be trained to understand that its not about power, 'Oh I'm the teacher.' I think you have to give the child time"*– Curriculum Specialist
4.9. Improve assessment and execution of procedures within the center	0%	0%	23.1%	20%	0%	0%	"*Assessing the environment. The practices for example - are we consistent with our rules and behaviors? Are we modeling for the children? So taking a look at ourselves first.*" – Administrator
4.10. Reduce paperwork	25%	1	0%	10%	0%	0%	"*Less paperwork. You come in and do paperwork instead of worry about the kids*" - Head Teacher

APPENDIX

Appendix A. Focus group script

Focus Group Script

60 minutes total

INTRODUCTION (5 minutes)

SAY: Hi everyone, (*INTRODUCE SELVES*) we have an hour with you all today and want to be mindful of everyone's time. We know that we will be discussing some issues that may be relevant and may be impacting your center which can lead to some great discussion. One of us will be timing and we may have to stop and redirect the conversation, but we want to be respectful of everyone's time in keeping this to an hour. I want to go around the room and have everyone introduce themselves so we know who we are speaking with today. Just tell us your name, your position, and your center. If you haven't done so already, please fill out a name tag so we can all remember names! (*HAVE PARTICIPANTS GO AROUND AND INTRODUCE SELVES*) Great! Thank you all for being here and thank you for filling out those questionnaires for us. We are going to spend some time today getting some information from you all about your experiences working in Head Start, and specifically with children with challenging behavior. We are really wanting to hear from you all, you're the experts of your experiences in the centers. We are going to be prompting you all with some vignettes and questions, and this is not meant to be a test or evaluation, there are no right or wrong answers. The best answers are the ones that describe your experiences. We want you to know that everything you say here is kept confidential. We are recording so that we can accurately represent your ideas, but your identity will not be linked anywhere, and we won't share your thoughts or opinions with colleagues, principals etc. With that being said, we ask that other members of the group respect one another's opinions, privacy, and confidentiality by not sharing anything said in this room. The only time we would have to break confidentiality is if we learn of harm, abuse, neglect of any student or potential harm to anyone else. Any questions?

Set up the day*:* Today we are going to be asking about your experiences with students in your Head Start centers. We are going to be talking a lot about challenging behaviors. For challenging behaviors we are referring to things like physical aggression- hitting, biting, kicking, throwing objects, using objects to hit other kids; verbal aggression- yelling, screaming, arguing, name-calling; tantrum behaviors; noncompliance- not following directions despite repeated prompts- not because they didn't hear/understand the direction, but because they refused to do what was asked; hyperactivity- running around the classroom, getting out of area; impulsivity- blurting out, not thinking before doing something, interrupting—basically the behaviors that cause major disruptions in the classroom. I want you all to think of these types of behaviors when we mention "challenging behaviors". We are going to start by presenting a few vignettes or examples

of challenging behaviors, followed by some questions what you typically encounter in your work and other processes within your centers. Reflect on these scenarios as if they are occurring not as a single instance, but an example of more persistent challenges.

VIGNETTES

VIGNETTE 1: Madison is in housekeeping, putting on high heels and a hat. Emily moves into the area and selects a purse from the dress-ups box. Madison shouts "no" and bites Emily.

VIGNETTE 2: The teacher says it's time for children to come to the carpet for story time. Anthony is still playing with blocks. The teacher asks Anthony directly to come to the carpet and he responds "No!". The teacher gives a physical prompt for Anthony to come to the circle, and Anthony starts screaming and crying in the block area, and will not come to the circle.

PERCEPTIONS OF CHALLENGING BEHAVIOR AND STRATEGY USE (15 minutes- 5-7 minutes on each vignette)

Prompt to answer the following questions about the vignettes

- What do you think is causing this behavior?
- How close is this scenario to what happens in your centers?
- What would you expect teachers to do first?
- What do you think the teachers typically do in these situations?
- How often are you dealing with this type of behavior?
- FOR VIGNETTE 2: How would your responses or reactions be different if during the physical prompt to move Anthony to the circle, he hits the teacher?

CULTURE (10 minutes)

- What is the role of the child's cultural background in this scenario? How do you feel that would influence your thoughts about what is causing the behavior, and how you would manage it?
- Do you think there are any cultural values or beliefs that are important to *you* that influence your work as (curriculum specialist/mental health and disabilities coordinator)?

***PROCESS (15 minutes)**

- What happens when a child exhibits persistent behavior problems? What if behaviors like these vignettes are happening over and over again and disrupting the classroom? (if not clear from answers, ask: Who is involved in decision making processes?)
- What do you think your center does well in managing challenging behaviors?
- What do you think are areas for improvement in managing challenging behaviors?

- How well do you feel like the **curriculum** (say curriculum for curriculum specialists only) or other **Head Start policies** help to address challenging behavior?

AREAS FOR TRAINING ENHANCEMENT (15 minutes)

Along those lines:

- What do you think your role is in managing challenging behaviors in your center?
    - How well are you able to carry out that role? *Understand how much time is spent on fulfilling their perceived/desired/ideal "role" and how much time is spent on other responsibilities (e.g., paperwork)*
- What do you think your center needs (e.g., resources, support, training) to be successful in helping students with challenging behaviors have a successful transition to kindergarten?
- What would be feasible on the organizational level?
    - *Prompt for specific details*
        - *What would that look like? When? Who? How long?*

***** Process content not presented in current analyses

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