Preschool Teachers’ Perceptions of Factors Influencing their Referral Decisions for Young Children with Severe Behavior Problems

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Abstract

SUSAN J. KINGSLEY: Preschool Teachers’ Perceptions of Factors Influencing their Referral Decisions for Young Children with Severe Behavior Problems (Under the direction of Harriet Able)

In this study factors preschool teachers perceive as influencing their referral decisions for young children with severe behavior problems were investigated. Research questions focused on 1) teacher factors such as teachers’ knowledge, beliefs and concerns; 2) program-system factors such as availability of services and inter and intra-agency referral systems; and 3) other factors not previously identified in the literature.

Thirteen preschool teachers were interviewed about their experiences and perceptions of young children with challenging and severe behavior problems to identify what factors promoted or impeded their referral decisions. Participants were lead teachers in a several different Head Start programs. Prior research identified programs and referral systems issues and teacher characteristics as factors influencing preschool teachers' referral decisions, therefore specific program and teacher information was gathered.

Interview transcripts were analyzed by the researcher and doctoral-level research assistant. Data was coded using a constant comparative iterative process and sorted into categories based on the three research questions.
Study results supported prior research identifying teacher knowledge and perceptions of child behavior and program and referral systems issues supporting or impeding teacher referral decisions. Intra and inter-agency collaboration, service availability, and other staff were perceived as facilitating teachers’ referral decisions. Teachers’ knowledge and perceptions of child behavior as either challenging or severe varied, resulting in a tendency for some teachers to delay referrals for a longer period of time. All teachers perceived parents as a major factor supporting or impeding their referral decisions. Other factors not previously identified in the literature influencing teachers’ decisions to delay referrals were 1) teachers’ perceptions of child risk factors and 2) teachers’ other responsibilities competing with their primary role as a classroom teacher.

Implications for research include 1) extending the study into preschools, particularly those lacking a mandate for identification and referral; 2) identifying the nature of teachers’ concerns about communicating and collaborating with parents; and 3) investigating the other factors not previously identified in the literature. Practice implications include providing training and support addressing 1) teacher concerns about children’s challenging behavior and 2) teacher concerns about parent communication and collaboration within a family centered practice framework.
Acknowledgements

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In early intervention and early childhood education we stress the importance of families in our work. My parents have had a profound influence on me from childhood through adulthood. I would not have been able to attend graduate school at all were it not for the help of my parents, Bruce and Joan Hobson. This dissertation is dedicated to them.
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Chapter One: Statement of the Problem

The purpose of the study was to investigate preschool teachers’ perceptions of important factors influencing their decisions to refer young children with severe behavior problems to early intervention services. Referral to early intervention for children exhibiting severe behavior problems has been identified by both teachers and researchers as a high priority (Beckel, 2007; Center for Evidence Based Practice: Young Children with Challenging Behavior (CEBP: YCCB), 2004; Child Care Information Exchange (CCIE), 2009; CCIE, 2011; Conroy & Brown, 2004; Severson, Walker, Hope-Doolittle, Kratochwill, & Gresham, 2007). Research has demonstrated that children who receive intervention for behavior problems have better social skills and achieve greater success in school than those who do not receive intervention (CEBP: YCCB, 2004; Duda, Dunlap, Fox, Lentini, & Clarke, 2004; Fantuzzo, Bulotsky-Shearer, Fusco, & McWayne, 2005; Sandall, McLean, & Smith, 2005; Smith-Donald, Raver, Hayes, & Richardson 2007). Long term behavior problems typically result in a host of negative outcomes affecting the individual throughout school and life. Some of these include school failure, delinquency, unemployment, incarceration, substance abuse, psychiatric illnesses, and early death (Campbell, 1995; Campbell, 1997; Dodge, 1993; Egger & Angold, 2006, Fantuzzo, et al., 2005; Feil, Small, Forness, Serna, Kaiser, Hancock, et al., 2005; Forness, Cluett, Ramey, Ramey, Zima, Hsu, et al., 1998; Kazdin, 1993; Keenan, Wakschlag, Danis, Hill, Humphries, Duax, et al., 2007; Lavigne, Cicchetti, Gibbons, Binns, Larson, & DeVito, 2001; Lavigne, Gibbons, Christoffel, Arend,

Various studies support the critical need for teachers to provide early identification and intervention for young children with behavior problems (Fantuzzo, Stoltzfus, Lutz, Hamlet, Balraj, Turner, et al., 1999; Fantuzzo, et al., 2005; Kauffman, 1999; Powell, Fixsen, & Dunlap, 2003; Powell, Fixsen, Dunlap, Smith & Fox, 2007). Effective evidence-based interventions exist for reducing or eliminating challenging behaviors, however, early childhood programs and teachers vary widely in their knowledge and implementation of these interventions (Fantuzzo et al., 1999; Forness, et al, 1998; Powell et al. 2003; Powell, et al., 2007). Preschool teachers can be effective in the identification and provision of intervention to young children with behavior problems if they place a high priority on this issue.

However, several factors are hypothesized to impede preschool teachers’ from making referrals for early intervention when young children exhibit severe behavior problems. Some of these factors include unavailability of appropriate screening and diagnostic tools, inconsistent eligibility determination, unclear or uncoordinated referral systems between agencies and early childhood programs, and lack of appropriate services for an identified child (Beckel, 2007; CCIE, 2009; Dunlap, Strain, Fox, Carta, Conroy, Smith, et al., 2006; Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Forness, et al., 1998; Fox & Smith 2007; Nungesser & Watkins, 2005; Powell, et al., 2003; Powell, et al., 2007; Smith & Kaufman, 2005). Additional factors include teachers' knowledge, skills, perceptions, and beliefs about the origins and treatment of behavior problems in young children (Anthony, Morel, & Acosta, 2005; Fantuzzo, et al., 1999; Dunlap, et al.,
Rationale/Need for the Study

Early intervention with young children exhibiting severe behavior problems is needed to improve short and long term educational and behavioral outcomes for these children (CEBP: YCCB, 2004; Powell, et al., 2003, 2007). Underidentification and intervention of challenging behavior in young children is currently the norm (Dunlap, et al, 2006). Without intervention, behavior problems can lead to negative outcomes such as school failure, delinquency, substance abuse, unemployment, psychiatric illness, and early death (Campbell, 1995; Carter, et al., 2004; Egger & Angold, 2006; Feil, et al., 2005; Forness, et al., 1998; Kazdin, 1993; Lavigne, et al., 2001; Qi & Kaiser, 2003). For example, severe behavior problems in early childhood can lead to the development of emotion and behavior disorders in school age children. Researchers suggest that young children with challenging behavior may be exhibiting early signs of psychopathology, particularly emotion and behavior disorders (EBD) (Angold & Egger, 2007; Egger & Angold, 2006; Powell, et al., 2003; Keenan, et al., 2007; Wakschlag, et al., 2007). The rates of elementary school aged children diagnosed with EBD and the prevalence rates of preschool children with severe behavior problems appear highly correlated (Carter, Briggs-Gowan, & Davis, 2004; Egger & Angold, 2006; Fantuzzo, et al., 2005; Feil, et al., 2005). This research suggests that behavior problems in preschool pose a significant risk for the development of EBD in elementary school. However, while prevalence rates for behavior problems have remained stable, referral rates for screening and evaluation for EBD in preschool are low. Fantuzzo, et al (1999)
reported a .7% referral rate for Head Start children. Powell (2007) reported 2% of Head Start children were referred to mental health services and 3% of Head Start children received an EBD diagnosis.

Behavior problems originating in early childhood become stable and persistent through adulthood in the absence of intervention or treatment (Campbell, 1995; Dodge, 1993; Dunlap, et al., 2006; Egger & Angold, 2006; Feil, et al., 2005; Kazdin, 1994; Lavigne, et al., 2001; Powell, et al., 2007). On the other hand, both children with and without disabilities who receive early intervention for behavior problems demonstrate improvement in their social skills, greater engagement in academics, and improved school performance (Buschbacher, & Fox, 2003; CEBP: YCCB, 2004; DEC, 1999; Duda, et al., 2004; Fantuzzo, et al., 2005; Kern, DuPaul, Volpe, Sokol, Lutz, Arbolino, Pipan, et al., 2008; Smith-Donald, et al., 2007). Thus, increasing early identification and intervention for all young children should decrease the prevalence of serious behavior problems.

**Teachers’ Roles in Referral Decisions**

While both parents and professionals can be early identifiers, this study focused on preschool teachers’ role in the process and the factors they perceive as influencing them in the process of identification and referral of young children with severe behavior problems. This issue has been identified as a high priority for teachers because they play an important role in the early intervention process (Beckel, 2007; CCIE, 2009; Fantuzzo, et al., 1999; Kauffman, 1999; Nungesser & Watkins, 2005; Powell, et al., 2003, Powell, et al., 2007).
Preschool teachers’ roles in the process of identification and intervention for young children with behavior problems include identifying behavior problems in young children and providing effective interventions (Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007). However, researchers suggest there are several factors that may affect teachers’ decisions to take further action. The factors identified in the literature fall under two main categories, early intervention program and referral systems’ issues and individual teacher characteristics including knowledge, beliefs and perceptions of behavior problems in young children and the connection to later psychopathology (Dunlap, et al., 2006; Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007). The following provides a discussion of those factors influencing preschool teachers’ referral decisions.

Lack of coordinated systems for referral within early childhood programs and lack of available services for an identified child may affect teachers’ decisions to refer young children with behavior problems (Fantuzzo et al., 1999; Forness, et al, 1998; Powell et al. 2003; Powell, et al., 2007). Inconsistent interpretation and administration of the regulations of the Individuals with Disabilities in Education Improvement Act (IDEIA) within states and local communities may also affect teachers’ decisions (Powell, et al., 2003; Powell, et al., 2007). Lack of specific criteria, diagnostic tools, and clarity on clinically significant behavior problems can also influence teachers’ referral decisions (Kaiser, 2007; Egger, 2010). Researchers have identified several characteristics such as teachers’ beliefs, perceptions, and knowledge about severe behavior problems in young children and skills in managing behavior problems in classrooms as possibly
influencing their decisions to refer those children (Anthony, et al., 2005; Fantuzzo, et al., 1999; Dunlap, et al., 2006; Smith & Kaufman, 2005; Fox & Smith, 2007). Although some researchers have investigated teachers’ perceptions of children’s behavior problems and factors influencing referral decisions, those studies were conducted with elementary school teachers and did not include preschool teachers (Abidin & Robinson, 2002; Soles, Bloom, Heath, & Karagiannakis, 2008; Dobbs & Arnold, 2009).

Although several factors related to programs and systems issues and teacher characteristics are hypothesized to influence preschool teachers’ referral decisions of young children with severe behavior problems, current research has not focused on what factors teachers perceive as influencing their referral decisions. Identifying these factors is an area suggested by several authors as needing more investigation (Fantuzzo, et al., 1999; Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007).

This descriptive interview study used qualitative methods to elicit teachers’ perceptions of factors influencing their referral decisions when young children exhibit severe behavior problems. Qualitative methods were the most appropriate for this study because of the nature of the research questions and the lack of prior research in this area. Reznick (in review) proposes that identifying concepts that lead to the development of researchable variables is critical to the advancement of developmental science, calling this process “the context of discovery.” Creswell (2009) suggests identifying emerging categories through sampling of different groups and through constant comparison of interview data leads to the discovery of concepts. Gathering perspectives from teachers with a variety of characteristics situated in different types of
programs will lead to identifying factors they perceive as influencing their referral decisions.

Identifying these perceived factors is a critical first step in designing effective strategies and systems to reduce the barriers to appropriate referrals. The study’s results can inform practice by identifying the necessary supports for increasing the likelihood that preschool teachers will make appropriate referrals resulting in early intervention to reduce or eliminate severe behavior. This study will contribute to filling this gap in the literature.

Results

Results of this study supported previous research and identified other factors perceived by teachers as influencing referral decisions. Intra and inter-agency issues, service availability, and other staff were perceived as facilitating teachers’ referral decisions. Teachers in every Head Start program described well developed referral systems, routine availability of mental health consultants, and a wide array of services available for identified children and their families.

Teachers’ feelings and concerns regarding children’s behavior influenced their referral decisions and the timing of their decision. Concerns included labeling or referring a young child with a possible behavioral disorder, sharing difficult information with parents, and perceptions of challenging behavior as typical in young children. Other teacher concerns centered around the teacher’s sole focus on the disruptive child and its effect on other children. Teachers’ knowledge and skills in identifying and handling behavior problems and their perceptions of child behavior as either challenging
or severe varied. Teachers with an associate’s degree appeared less knowledgeable and relied on other staff within their programs to assist them in making referral decisions. Among teachers with bachelor’s and master’s degrees teachers’ knowledge, skills and perceptions varied. Some described severe behaviors as merely “challenging” and tended to delay referrals for a longer period of time. Many teachers expressed reluctance to assign a stigmatizing label and concerns about parents’ reactions to their assessment of the child’s problem behavior.

All teachers, regardless of education level and years of experience, perceived parents as the major factor supporting or impeding their referral decisions. Teachers’ perceptions of parents as uncooperative and/or contributing to the child’s behavior problems were a major factor influencing teachers’ referral decisions. Although teachers stated the importance of parent involvement their negative perceptions of parents made effective collaboration difficult. Additional factors not previously identified in the literature influencing teachers’ decisions to delay referrals were 1) teachers’ perceptions of child risk factors and 2) teachers’ other responsibilities competing with their primary role as a classroom teacher.

Implications and suggestions for practice and research are discussed. Further research is needed to identify the nature of teachers’ concerns about labeling children and communicating behavior concerns with parents. Implications for practice include providing teachers with appropriate training and support to effectively collaborate with parents within a family centered practice framework.
Chapter Two: Literature Review

Introduction

Early identification and intervention with three to five year old preschool children exhibiting problem behaviors is needed to improve their short and long term educational and behavioral outcomes. Behavior problems may be the first warning sign of a developmental delay, disability, or potential behavior disorder (Buschbacher & Fox, 2003; Campbell, 1995; Carter, et al., 2004; Kern, et al., 2008; Lavigne, et al., 2001; Powell, et al., 2003; Wakschlag, et al., 2007). Moreover, early intervention has been found to reduce or eliminate behavior problems (CEBP: YCCB, 2004; DEC, 1999; Duda, et al., 2004; Dunlap, et al., 2006; Fantuzzo, et al., 2005; Smith-Donald, et al., 2007). Early detection and intervention for children at risk can and should begin in preschool (Angold & Egger, 2007; Forness, et al., 2000; Powell, et al., 2003; Qi & Kaiser, 2003). Preschool teachers play an important role in the process of identification and intervention for young children with behavior problems and severe behavior problems in children can be identified by preschool teachers (Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007). In addition, teachers consider this issue a main concern in the classroom (Beckel, 2007; CCIE, 2009; CCIE, 2011; Fox & Smith, 2007; Nungesser & Watkins, 2005). However, researchers suggest a variety of factors may be perceived by preschool teachers as barriers to initiating or following through on the referral process for an evaluation for
these children. These factors can be grouped in two main categories, early intervention program and systems issues and characteristics of teachers such as teacher beliefs, feelings, and perceptions about young children with behavior problems and teacher knowledge and skills in managing behavior problems.

This review will provide a rationale for the study by describing the developmental path from behavior problems to behavior disorders in the absence of intervention. Existing programs and systems for identification of behavior problems in young children and program and systems factors hypothesized to affect preschool teachers’ referral decisions will be described. Finally, preschool teachers’ characteristics influencing their decisions to make referrals for young children with behavior problems will be discussed.

Definitions of Terms Used in this Study

**Challenging behavior.** This study will use the terms challenging behavior and behavior problems interchangeably as this is common in both the practice and research literature. Smith and Fox (2003) define challenging behavior as “any repeated pattern of behavior, or perception of behavior, that interferes with or is at risk of interfering with optimal learning or engagement in prosocial interactions with peers and adults.” (p. 7). The inclusion of *perception of behavior* is important because some cases of behavior challenging to one teacher are not challenging to another. If a teacher perceives the child’s behavior as challenging then it is a behavior problem to the individual teacher.

**Severe behavior problems.** Severe behaviors are distinguished from challenging behaviors as behaviors that do not respond to typical teaching and behavior management strategies or evidence-based, primary prevention practices such as those described in the Center for the Social Emotional Foundations of Early Learning
positive behavior support (PBS) models. Severe behavior problems require tertiary level, individualized intensive interventions. Examples of severe behavior problems include physical aggression toward other children and teachers, destruction of classroom property, elopement (escape from the classroom), prolonged tantrums, verbal aggression, disruptive vocal and motor responding (e.g., screaming, echoing another’s response), self-injury, noncompliance, and withdrawal (Smith & Fox, 2003).

While many of the above mentioned behaviors can be considered normal at different ages, what makes them severe is the degree and intensity with which they are displayed (Larsson, Bergman, Earls, & Rydelius, 2004).

**Emotion or behavior disorders (EBD).** According to the Council for Exceptional Children, EBD is categorized by externalizing (aggression, disruptive, acting out) and internalizing (withdrawn, anxious, depressed) behaviors. Externalizing EBD is also referred to conduct disorders and internalizing EBD as personality disorders. These are defined as a diagnosed mental illness or condition based on criteria from the Diagnostic and Statistical Manual of Disorders (DSM-IV) of the American Psychiatric Association.

**Early intervention programs and systems.** This term refer to the coordinated process, using guidelines from the IDEIA, through which young children with or at risk for behavior problems receive screening, referral, early identification, eligibility determination, and provision of treatment and services. Powell, et al. (2007) define this as "A system of programs/resources/ policies/services (federal, state, local, program level) that impact positively on children’s social-emotional development and behavior
(e.g., an early childhood program that uses Medicaid, local mental health services, and provides a parent program to address children’s social-emotional development and behavior)” (p. 8). Positive Behavior Support (PBS) and Response to Intervention (RTI) are two examples of systems currently used in education to identify and provide early intervention to children with behavior or learning problems within the early intervention system.

**Identification.** Identification refers to an informal process whereby teachers describe or report a child as displaying behavior problems or challenging behavior in the classroom. The behavior identified may be teacher-perceived as problematic but may or may not meet the definitions of challenging or severe behavior (Smith & Fox, 2003; Fox & Smith, 2007; Larsson, et al., 2004).

**Referral.** A referral can be part of either an informal or formal system of early identification and intervention and depends on what system or process is or is not available within an early childhood program. *Informal referrals* may include an informal verbal request for help from a colleague, supervisor, or other staff member with expertise working with a child with challenging behavior. An informal referral may or may not be part of a positive behavior support (PBS) system within an early childhood program. *Formal referrals* are part of a specific identification and referral process for individualized, intensive services such as that detailed in PBS and may include referral to mental health or psychiatric services. Formal referrals also include completing necessary documentation for a screening or evaluation through the local education authority providing special education services under the auspices of the Individuals with Disabilities in Education Improvement Act of 2004 (IDEIA).
**Eligibility.** Eligibility refers to formal eligibility criteria as defined by local, state, and federal statutes of Part B of the IDEIA, serving children from the ages of 3 to 21. Preschool aged children may qualify for special education services under a specific categorical label or under the overall designation of developmental delay. In North Carolina where this study was conducted preschool children ages 3-5 exhibiting severe behavior problems can be eligible for special education services through the category of developmental delay up to the age of seven. In this paper eligibility also includes eligibility for mental health or psychiatric services based on a diagnosis by a medical professional.

**Conceptual Framework**

The conceptual framework for this study is based on Bandura’s social cognitive theory. This theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences and provides insight into the process of behavioral change. The impact of behavioral change programs has expanded from psychotherapy into professional development in education. Bandura (2004) gives the example of training teachers how to reduce problem behaviors in children and how this has both an immediate and long term effect on children’s social-cognitive development. He describes an application of social cognitive theory based on the use of guided mastery in the treatment of phobias. The therapist breaks down tasks into smaller, more easily achievable steps and adds additional tasks as the first steps are mastered. Bandura (2004) says that “joint performance with the therapist enables frightened people to do things they would refuse to do on their own (p. 620).” This approach can be used with teachers learning how to
deal with children’s challenging behavior problems. A joint mastery approach is used in both the CSEFEL (Center on the Social and Emotional Foundations for Early Learning) and TACSEI (Technical Assistance Center on Social Emotional Intervention) models to guide teachers in reducing or eliminating challenging behavior problems in young children.

Further, social cognitive theory suggests when teachers act on behalf of young children with severe behavior problems they are exercising personal efficacy and proxy agency (Bandura, 1993). Bandura states, “To be an agent is to influence intentionally one’s functioning and life circumstances (Bandura, 2002, p. 270).” A teacher’s agency and self-efficacy are proposed as the means to assist them in taking action on behalf of young children with challenging behavior problems. In their article about teachers’ perceptions of elementary students with emotional and behavioral problems, Liljequist and Renk (2007) discuss the construct of teacher efficacy as an indicator of “teachers’ feelings of effectiveness with students and in the classroom environment (p. 560).” They suggest that teachers who believe in their ability to address behavior problems will work toward making a difference for those children.

In order to become effective agents on behalf of young children with challenging behavior problems, the path from perceptions of behavior to identification and referral for screening and evaluation needs to be clear and supportive. Anything that negatively influences a teacher’s agency and self-efficacy may impede his/her ability to take action. Acknowledging teachers’ perceptions of children’s challenging behaviors and factors they perceive as influencing their referral decisions using a guided mastery approach is proposed to increase teachers’ self-efficacy and agency. Identifying factors
or perceived factors that may influence teacher identification and referral of young children with behavior problems is needed to facilitate this process.

Figure 1: Conceptual framework

The Developmental Path from Behavior Problems to Behavior Disorders

In their research synthesis on current knowledge regarding young children with challenging behavior, Powell, Fixsen, and Dunlap (2003) suggest that "young children with challenging behavior can be identified among those in the preschool environments." (p. 4). Researchers in fields other than education have also come to this conclusion (Egger & Angold, 2006, Wakschlag, et al, 2007; Breitenstein, Hill, & Gross, 2009). However, identification and intervention rates for young children with behavior problems are low (Dunlap, et al., 2006). While behavior problems in young children might indicate the presence of a developmental delay or disability such as autism or attention deficit hyperactivity disorder (ADHD) (Buschbacher & Fox, 2003;
Kern, et al., 2008), serious behavior problems are often an early sign of emotion or behavior disorders (EBD). The prevalence rates of behavior problems in preschool children appear to be highly correlated with rates of children diagnosed with EBD in elementary school (Forness, 2005; Feil, et al, 2005). Prevalence rates for EBD in school age children and adolescents, as reported in a synthesis of studies, range between 13 to 16 percent (Forness, 2005). Feil et al. (2005) suggest that prevalence rates of EBD in preschool children are similar to the rates of teacher-reported behavior problems, ranging between 17 and 28% depending on the different measures and cut-off points used. Prevalence rates of behavior problems in young children vary widely from a low of 7% to a high of 25% depending on the methodologies and instruments used and the populations studied (Carter, Briggs-Gowan & Davis., 2004; Powell, et al., 2003; Feil, et al., 2005; Lavigne, et al., 1996; Qi & Kaiser, 2003). For children enrolled in Head Start programs the range is estimated at between 7 and 38% (Feil, et al., 2005; Qi & Kaiser, 2003). While not every young child with a behavior problem will develop EBD, it appears that they are at significant risk, especially in the absence of early intervention.

Several researchers describe the pathway from untreated behavior problems to disorders as stable and persistent through adulthood (Campbell, 1995; Egger & Angold, 2006; Feil, et al., 2005; Kazdin, 1993, Lavigne, et al., 2001; Montague, Enders, and Castro, 2005; Pierce, Ewing, & Campbell, 1999; Powell, et al., 2007; Rutter, 2008). Even when there are no diagnosable disorders, severe behavior problems continuing to the end of third grade are considered chronic and necessitate ever increasing and
costly interventions to keep the behaviors in check (Dodge, 1993; Dunlap, et al., 2006; Trout, Epstein, Nelson, Reid, & Ohlund, 2006).

Children with behavior disorders have the poorest outcomes in school and across the lifespan as compared to any other disabling condition (Dunlap, et al., 2006; Lavigne, et al., 2001). Moreover, when behavior problems persist into school age, children’s learning and development can be compromised (Campbell, Shaw, & Gilliom, 2000; Kazdin, 1993; Qi & Kaiser, 2003). School-aged children with behavior problems often struggle to create positive relationships with peers and teachers which, in turn, affect their school experiences (Campbell, 1995; Campbell, 1997; Fantuzzo, et al. 1999; Qi & Kaiser, 2003). School-aged children with untreated behavior problems are also at risk for school failure, delinquency, and incarceration and as adults they are prone to substance abuse, unemployment, psychiatric illness and early death (CEBP:YCCB, 2004; Fantuzzo, et al., 2005; Qi & Kaiser, 2003; Stacks, 2005). It is clear that the developmental path for young children with untreated behavior problems may lead to negative outcomes.

**Early Identification and Intervention for Behavior Problems**

Although the research in this area is still developing, professionals in the field have the ability to identify and intervene early and reduce or eliminate behavior problems before they become ingrained and stable (Dunlap, et al., 2006). While both parents and professionals can be early identifiers, this study focused on preschool teachers perceptions of factors influencing their referral decisions. Preschool teachers play an important role in the early intervention process due to the high numbers of young children currently enrolled in early childhood classrooms (NAEYC, 2011).
addition, teachers consider this issue a high priority (Dunlap, et al., 2006; Fox & Smith, 2007; Powell et al., 2003).

**Preschool teachers and early intervention for behavior problems.** The teacher practice literature highlights the high priority teachers place on early identification and intervention with young children exhibiting challenging behavior. For five years teachers participating in an online poll of training needs identified children with challenging behavior as their number one priority (CCIE, 2009; CCIE, 2011). Fox & Smith (2007) report that teachers identified children's challenging behavior as their highest training need. Results of a survey completed for a report to the Colorado state legislature indicate at least 70% of early care and education staff report an increasing number of young children with challenging behavior whose behaviors are increasing in severity. This was identified as a high priority for these staff members and as an important priority for the state of Colorado (Beckel, 2007). In a study conducted by speech and language pathologists, 45 preschool teachers were surveyed and asked questions exploring how early education teachers perceived and acted upon young children’s challenging behavior. Teachers reported family circumstances and classroom environments as factors affecting children and contributing to challenging behavior. Despite the high priority attributed to addressing challenging behavior in young children, teachers were not questioned about how these factors or issues affected their referral or non-referral decisions for those children (Nungesser & Watkins, 2005).

Other researchers suggest several factors affecting teachers’ decisions to take further action (Dunlap, et al., 2006; Fantuzzo, et al., 1999; Fantuzzo, et al., 2005;
Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007). The factors identified in the research literature fall under two main categories, early intervention program and referral systems issues and issues related to teachers’ beliefs, attitudes, knowledge and skills. Factors purported to affect teacher referrals in each of these categories are described below.

**Current Programs and Systems to Address Behavior Problems in Young Children**

Several state and federal programs and systems exist that can be gateways to screening, referral, early identification, and coordination of services for young children with behavior problems (Powell, et al., 2003; Powell, et al., 2007). Powell et al. (2003) describe the “intended pathways” (p. 9) from screening to referral to provision of services and the need for those pathways to be clear, seamless, and integrated between all the systems and providers. These include 1) well child visits with pediatricians in the health care system; 2) child protective and welfare services; 3) community mental health systems; 4) early care and education programs, including private and public child care programs, CCDF (Child Care Development Fund) and state funded pre-kindergarten programs, Title 1, Head Start and Early Head Start; and 5) special education as defined by the Individuals with Disabilities in Education Act (IDEA) Part C & B. Each of these pathways is funded in part by the federal government and includes mandates and regulations regarding the use of these funds.

In their extensive reviews of the literature, Powell et al. (2003) and Powell, et al. (2007) identified inadequacies and gaps in each of these pathways that may influence their effectiveness in early identification and referral for young children with behavior problems. Past and current political and funding issues not addressed in these reviews
include the influence of No Child Left Behind legislation, the current economic recession, and subsequent state and federal funding reductions. All these factors, particularly funding cuts, are likely to influence the availability of screening, referral, and services for a child identified with behavior problems. Service pathways for young children with behavior problems and the inadequacies and gaps identified by Powell and colleagues (2003, 2007) are as relevant in 2011 as when they were first identified. These systems and their gaps are described below.

**Health care, child protective services, and mental health systems.** In reviewing these three systems, Powell, et al. (2003) and Powell, et al. (2007) analyzed their effectiveness in providing early identification, referral, and services for young children with or at risk for challenging behavior. The authors suggest that despite the possibility for the health care system to provide early screening for behavior problems, this potential is largely unrealized. Even when developmental screenings are mandated for Medicaid eligible children, state reported rates of actual screening range between 20-50%. When developmental screenings are performed they may not include a behavioral screen. Although most young children receive routine health care from pediatricians, they correctly identify only one-third of children with or at risk for challenging behavior (Powell, et al., 2003; 2007). Parents in one study were frustrated when pediatricians often ignored their multiple requests for evaluation of their children with challenging behavior (Worcester, Nesman, Mendez, & Keller, 2008). Even when children are correctly identified they might not receive an appropriate referral to services, services may be unavailable, or families may not follow through with referrals. Child protective and welfare services do not currently mandate mental health screening
or services despite the obvious risk factors for abused and neglected children (Child Welfare Information Gateway, 2008). Due to inconsistent regulations and lack of mandate for prevention, community mental health grant funds tend to be used for children older than 6 with severe emotional disturbance and are unavailable for young children (Powell et al., 2003). It is possible that there may be resistance to refer young children for possible mental health issues because of lack of community mental health resources for an identified child. Fantuzzo et al (1999) acknowledge the reality of inadequate availability of mental health services and hypothesize that teachers' knowledge of this fact may affect their decisions to refer or not refer young children exhibiting severe behavior problems. At the present time there has been no research investigating this possibility.

In summary, although the health care system, child protective and welfare services, and community mental health system have great potential for early identification, referral and service provision, major changes need to occur before they can effectively provide services to young children with or at risk for behavior problems. The focus of this research study was on education and further discussion of the health care, child protection and welfare and community mental health systems will not be included in this review. The educational and child care system can provide a valuable source for identification and referral for young children with challenging behavior. Although flaws exist in the special education and early care and education systems, they hold promise as a possible system from which to build a model that could provide early identification, intervention and coordination of services.
Child care and education systems issues influencing identification and referral. Although special education and early care and education programs are promising systems to build an effective model for early intervention for young children with behavior problems, there are issues within and between programs that influence identification and referral. The following sections describe issues in child care, early education programs, and special education that promote or impede preschool teachers’ referral decisions.

Child care and education programs. There are a wide variety of programs that care for and educate young children in the United States ranging from at-home care by relatives, community based child care, and public prekindergarten. Powell et al. (2003) and Powell et al. (2007) describe early identification, screening and referral requirements of programs receiving federal funds. These programs include Child Care and Development Fund (CCDF) and state-funded pre-kindergarten programs, Title 1, Head Start, and Early Head Start. In the case of state-funded pre-kindergarten programs, only 14 states have mandated developmental screenings (Powell, et al., 2007). At the time of this review, CCDF funded and community based child care programs were not required to provide routine developmental screening, although some programs participating in accreditation programs or state licensing quality rating systems licensing voluntarily provide routine screening. In North Carolina where this study was conducted, child care programs and preschool programs in public schools are not required to provide routine developmental screening (K. Binkley-Williams, personal communication, 2011).
A high proportion of those with or at risk for behavior problems are low income children many of whom are enrolled in Head Start, Early Head Start, and Title 1 programs (Campbell, 1997; Forness, et al., 2000; Powell, et al., 2007; Serna, et al., 2002; Qi & Kaiser, 2003). Of the aforementioned programs, Title 1, Head Start and Early Head Start use the Head Start Program Performance Standards (Head Start Bureau (HSB), 2002) to guide them, and these standards mandate universal screening and the provision of mental health services. This suggests that these programs may provide the best possibilities for screening, referral and coordination of services for young children with challenging behavior although inconsistencies in interpretation and implementation of the standards need to be considered.

As described by Powell et al. (2007), there is wide latitude in the interpretation and implementation of Head Start standards within and between programs. According to the standards, every child entering the program receives a developmental screening within 45 days of enrolling in the program (HSB, 2002). The purpose of this screening is to plan for the child’s educational needs and identify any developmental delays in physical, cognitive, and/or social-emotional development. While a screening for mental health needs is recommended, doing a separate mental health screening is at the programs’ discretion (Powell, et al., 2003). The Head Start Bureau offers guidance around what types of developmental or mental health screening tests can be used but programs are able to choose which ones to administer. For example, one program in North Carolina uses the Ages and Stages questionnaire for both the developmental and mental health screening tool whereas another program uses the LAP-D (Learning Accomplishment Profile-Diagnostic Edition). Both of these instruments are
developmental, curriculum based assessments and were not developed for identifying children with potential mental health issues. This may allow a child with behavior problems, who is at risk for development of EBD, to be missed due to the program either not conducting a mental health screening or using a tool that may not be valid and reliable for that purpose.

The performance standards also suggest that programs provide "on-site" mental health consultation and suggest a wide variety of possible program practices and models. Mental health services may be provided by either a "mental health or child development professional," but programs have discretion on how to define the qualifications of those professionals. Professional qualifications could range from an individual with a Child Development Associate (CDA) credential to a child psychologist or psychiatrist (Powell, et al., 2007). Researchers suggest that while there is a greater than average need for mental health services in Head Start there is not adequate availability of resources (such as qualified personnel) to meet the need (Powell, et al., 2007).

**Special education.** Another educational system available for early identification and referral for children with challenging behavior is special education as described in Individuals with Disabilities Education Improvement Act (IDEIA, 2004). This federal act provides funds to states for the purpose of ensuring education and support to children with disabilities and directs how states and public agencies provide early intervention and special education services. IDEIA regulations are divided into Part C, which serves children ages birth to 3 and Part B, which serves children ages 3 to 21. Among the components recommended by IDEIA are early identification, screening, evaluation, and
referral for young children at risk for delays in all developmental domains. This is a mandate for Part B although the path from identification to screening, evaluation, referral and services is often indirect and unclear. The following two examples will illustrate this point.

To qualify for special education services for behavior problems, children must show one or more characteristics of emotional or behavioral disturbance over a long period of time and to such a degree that it adversely affects educational performance (IDEIA, 2004). This has been proven difficult for young children since their rapid growth and development causes frequent changes in behaviors and behavior patterns (Evangelista & McLellan, 2004; Wakschlag, et al., 2007). Often an EBD diagnosis occurs later in elementary school when academic demands become greater. This has been called the “wait to fail” approach and prevents children from receiving the supports and services they need early enough to provide the maximum impact (Yell & Drasgow, 2007). This is similar to the regulations in North Carolina, where children between the ages of three and seven can be eligible for special education services under the category of serious emotional disability. However, in order to qualify under this category the child’s disability must adversely affect his or her educational performance and require specially designed instruction as a result (North Carolina Department of Public Instruction: Exceptional Children Division (NCDPI:ECD), 2010). In addition, the child must qualify based on a psychological and behavioral/emotional evaluation and evaluations from implementation of two scientific research-based interventions to address behavioral and emotional skill deficits (NCDPI:ECD, 2010). The regulations do not specifically define or recommend scientific research-based interventions, leaving
this subject to interpretation. This practice is similar to that described by Gresham (2005) who states the definitions of emotional disturbance (ED) specified in federal special education legislation can be vague and contradictory.

Another category for young children with behavior problems to be eligible for special education services is through the designation of developmental delay; however this designation may or may not provide the young child with severe behavior problems the services needed to address emotional or behavioral problems (Evangelista & McLellan, 2004). In North Carolina where this study was conducted preschool children ages 3-5 exhibiting severe behavior problems can be eligible for special education services through this category. The criteria for eligibility state that children will be identified based on informed educational or clinical opinion and appropriate assessments. Guidelines on assessments include 1) A 30 percent delay using assessment procedures that yield scores in months, or test performance of 2 standard deviations below the mean on standardized tests in one area of development; or 2) A 25 percent delay using assessment procedures that yield scores in months or test performance of 1.5 standard deviations below the mean on standardized tests in two areas of development (NCDPI:ECD, 2010). As with the category of serious emotional disability, the regulations do not specifically define or recommend appropriate assessment tools, leaving this subject to interpretation. A consequence of this practice is that children may not be eligible for services to help them to learn and/or cope with normal environmental or situational demands in the school setting (NCDPI:ECD, 2010).

When special education services are inadequate or unavailable in their communities, teachers may feel that it is futile to make referrals for young children with
behavior problems. This is an issue that has been identified in the research literature and will be described further in the following section on teacher characteristics.

Identification, referral and eligibility issues within Part B of the IDEIA affects the number of children with challenging behavior that can be screened and receive services. Even when children qualify for special education services, they may only receive between 1.7 and 2 hours of services per week (Powell, et al., 2003). Lack of access and availability of services may inhibit teachers from referring.

In summary, eligibility determination factors and availability of services are hypothesized to contribute to the lack of effectiveness in identification and provision of special education services for young children with behavior problems (Forness, et al., 2001; Powell, et al., 2003; Powell, et al., 2007). However, recent changes in the 2004 reauthorization of IDEIA provide the possibility of a clearer path and more opportunities for children to receive needed identification and interventions for severe behavior problems than in the past. These changes will be described next.

**Early intervening services.** Historically, the focus of Part B has been on diagnosis and eligibility for special education services. In the 2004 reauthorization of IDEA, states and communities were allowed to allocate up to 15% of their Part B IDEIA funds toward “early intervening services (EIS).” EIS is primarily focused on children in grades kindergarten through three who have not been identified with a disability, but “who need additional academic and behavioral support to succeed in a general education environment” (US Department of Education, 2004). An important requirement of EIS is that schools use a “scientific, research-based” intervention as defined by the No Child Left Behind Act (NCLB). This has resulted in two major
intervention models being used in schools prior to or as part of the evaluation process for children needing additional academic or behavioral support. These models are Positive Behavior Support (PBS) for behavioral support and Response to Intervention (RTI) for academic support. Although both of these systems can be used to identify children who may be at risk for development of more serious behavior disorders, RTI is currently more focused on academic issues and will not be described further. However, the Positive Behavior Support model used with young children with suspected behavior problems and its application in early childhood programs are further described below.

*Positive behavior support.* The PBS model was first introduced by Sugai and Horner in the early 1990’s and has gained in empirical support since that time (Carr, Dunlap, Horner, Koegel, Turnbull, Sailor, et al., 2002; Weigle, 1997). It is recommended by the US Department of Education as a scientific, research-based practice. It is also one of the recommended IDEIA early intervening services (USDOE, 2004).

PBS is defined as a multi-level group of intervention strategies designed to prevent or reduce the incidence of challenging behaviors. Most PBS models are conceptualized as a pyramid. The base of the pyramid includes primary prevention strategies applied to all children in a classroom or school. The second level includes secondary strategies involving small groups of students who do not respond to primary strategies. At the tertiary level, intensive interventions for individuals who do not respond to the first two levels are provided. PBS has evolved from a set of strategies designed to promote positive behavior in persons with developmental disabilities to program wide implementation of prevention and intervention strategies (Carr, et al.,
Key primary prevention strategies include defining behavior expectations, using well-defined social emotional teaching practices and social skills instruction, modifying classroom arrangement to promote self-management, and creating positive reinforcement systems to “catch children being good” (Benedict, Horner, & Squires, 2007; Dunlap, Conroy, M., Kern, L., DuPaul, G., VanBrakle, J., Strain, P., et al., 2003; Hemmeter, Ostrosky, & Fox, 2006). Secondary strategies include specialized teaching such as teaching social skills and self-management training. Tertiary strategies are individualized and based on a functional analysis of the child’s behavior (Conroy, Dunlap, Clarke, & Alter, 2005; Fox, et al, 2002; Weigle, 1997). Although PBS programs have been implemented mainly in schools, there is growing interest in implementation of PBS models in early childhood programs.

*PBS in early childhood programs.* As research has identified the importance of earlier identification and intervention, PBS models have begun to be applied in early childhood settings as well as in schools. Implementation and research on the efficacy of PBS models in early childhood are still in the early phases and the majority of empirical research has been on specific components of the model (Conroy, et al., 2005; Frey, Faith, Elliott, & Royer, 2006) or on individual components applied in single subject research (Dunlap, et al., 2003; Fox, et al, 2002; Duda, et al., 2004). A well designed and implemented program wide PBS model in a preschool setting has been described by Hemmeter, Fox, Jack and Broyles (2007). Their model contains several components and specific steps. The first is to establish a leadership team to develop a program-wide behavior support implementation plan. Essential members of the team include a
member of the program’s administration and a behavior specialist in addition to teachers and parents. In the second step, the leadership team coordinates the effort to develop the program-wide behavior support plan, involving both staff and families in the process. Specific aspects of the Hemmeter, et al model include 1) getting commitment from 80% of the staff; 2) developing program-wide behavior expectations; 3) developing strategies to teach all children the behavior expectations; 4) developing processes and strategies for addressing problem behavior; 5) creating a professional development plan based on teacher’s identified needs; and 6) using data collected on children and classrooms to make decisions on strategies to reduce or eliminate problem behaviors. The leadership team ensures that families are involved in developing the program-wide plan by providing information and training, including families as essential members of the implementation process for each child, and requesting their feedback on the plan. Finally, the leadership team meets regularly, at least once a month, to evaluate, and monitor progress of the implementation plan.

Hemmeter et al. follow their description of the model with an implementation case study in one early childhood program (Hemmeter, et al., 2007). Some implications they found in implementing and sustaining this model were the commitment of time and effort required over five years. The authors suggest a more thorough evaluation should be conducted including fidelity of implementation at the program, classroom, and child levels. Although the complete model has been evaluated in only one program, its use of a combination of research and practice-based strategies demonstrates positive outcomes and warrants further research and evaluation.

Other researchers have investigated or sought to investigate specific
components of PBS for efficacy. In their synthesis of the literature on positive behavioral interventions for young children with challenging behaviors, Dunlap, et al. (2003) limited their review to practices that were represented by multiple replicated studies. Among these practices were four components of PBS, 1) functional (behavior) assessment and assessment-based interventions; 2) functional communication training; 3) self-management; and 4) choice making. Each of these practices were given a medium or high rating in their effectiveness for preventing and reducing challenging behaviors in young children. In another review, Conroy, et al. (2005) found few studies examined specific components of interventions. These authors and others suggest more research be conducted in this area (Conroy & Brown, 2004; Conroy, et al., 2005; Dunlap, et al., 2003).

In summary, positive behavior support is a promising model combining research and practice-based strategies to identify, refer, and provide intervention for young children with severe behavior problems. Further research is needed to evaluate its efficacy particularly in programs serving children with or at risk for disabilities and in community based early childhood programs. The next section describes two federally funded initiatives aimed at disseminating current research and evidence-based practices that promote positive social emotional development and reduce or eliminate challenging behaviors in young children.

**CSEFEL and TACSEI.** CSEFEL (Center on the Social Emotional Foundations of Early Learning) and TACSEI (Technical Assistance Center on Social Emotional Intervention for Young Children) are two federally funded initiatives dedicated to bringing research to practice in order to improve social emotional development for
young children. Both organizations use the Pyramid Model (Fox et al., 2003; Hemmeter, Ostrosky, & Fox, 2006), based on the PBS model proposed by Sugai and Horner (Carr, et al., 2002; Weigle, 1997). The Pyramid Model currently used by both CSEFEL and TACSEI is also a tiered model of positive behavior support specifically designed for promoting social emotional and behavioral development of young children, ages 0 to 5. Both organizations offer a variety of training materials on their websites at no cost, designed to promote primary prevention, and secondary and tertiary interventions for young children’s behavior problems. In addition both organizations provide training and technical assistance and currently have partnerships with several states to promote the development of PBS systems in early childhood programs. While they have many things in common, each organization has a specific focus. CSEFEL works directly with Head Start programs and child care providers to train and support them in the use of the evidence-based practices (CSEFEL, 2011). TACSEI’s stated focus is to disseminate free products and resources on evidence based practices improving social-emotional outcomes for young children with, or at risk for, delays or disabilities (TACSEI, 2011). In addition TACSEI provides consultation to programs wishing to implement program-wide PBS systems.

**CSEFEL partnership.** This dissertation study was conducted in one of the CSEFEL partner states so a brief description of that partnership is included here. CSEFEL is currently working with 11 states to support the social emotional development of children birth to age five by providing training and technical assistance to enhance early childhood educators’ knowledge and skills using evidence based practices. Some of the initiatives implemented in the study state are extensive training of trainers across
the state, identification and development of demonstration sites, selection of demonstration site coaches, and ongoing meetings to develop implementation and sustainability activities (CSEFEL, 2010). While it is apparent that improvements in CSEFEL model implementation have taken place in North Carolina, the state partnership has identified several issues that have impeded full implementation within programs. Some of these include reduced funding limiting further training opportunities, staff turnover in demonstration sites and partner agencies, and no system in place to bring training to community based child care staff (Murphey, 2010).

Recent changes in IDEIA promoting early intervening services such as PBS show promise as systems to promote appropriate referrals although they are still in the formative stages of implementation in early childhood settings. While there is evidence that fragmented or inconsistently implemented systems for identification and referral to early intervention likely influence teacher’s referral decisions for young children with behavior problems, current research has not addressed this issue.

In summary, while there are programs and systems in existence for identification and referral for young children with behavior problems, there are factors related to programs and systems that may influence teachers’ decisions to make referrals. With the exception of federally funded programs such as Title 1 and Head Start, most early childhood programs do not have systems for screening, identification, and referral. In fact the main means for solving young children’s behavior problems in some programs is to expel them from the program (Gilliam & Shabar, 2005) or adopt a “wait to fail” approach (Yell & Drasgow, 2007). Even in federally funded programs with mandated developmental screening and early intervention, there is inconsistency in screening
tools used and how early intervention for behavior problems is implemented. Inconsistent eligibility determination for special education services and vague and contradictory definitions for emotion and behavior disorders may influence teachers’ referral decisions for young children with severe behavior problems. While evidence based PBS models exist to reduce and eliminate behavior problems in young children, training and implementation in early childhood programs has been limited. The next section will discuss teacher characteristics purported to influence teachers’ identification and referral decisions.

**Teacher Characteristics Influencing Identification and Referral**

In addition to program and systems issues previously described, researchers suggest that factors related to characteristics of teachers influence their decisions to refer young children with severe behavior problems. Some have identified factors related to teachers’ feelings, beliefs, or perceptions about young children with behavior problems that may influence their decisions to make referrals (Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Kauffman, 1999). Some examples of teachers' feelings, beliefs, and perceptions include the belief that challenging behavior in preschool children is typical and behavior will change as children mature (Dunlap, et al., 2006; Forness & Kavale, 2001). Others have described preschool teachers' lack of knowledge and skills in managing behavior problems as other factors (Dunlap, et al., 2006; Fox & Smith, 2007). Many teachers rate lack of knowledge and skills in managing young children with challenging behavior as a training need (CCIE, 2011; Fox & Smith, 2007). These factors are described below.
Preschool teachers are considered reliable informants regarding identification of young children’s behavior problems and are an important part of the successful early intervention process (Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007). However, research suggests that preschool teachers’ beliefs, perceptions, knowledge and skills related to challenging behavior in young children may influence their referral decisions (Dunlap, et al., 2006; Fantuzzo, et al., 1999; Forness, et al., 1998; Kauffman, 1999; Powell, et al., 2003).

**Teachers’ feelings and concerns about behavior problems.** For many years teachers have rated working with children with challenging behavior as their highest priority training need (CCIE, 2009; CCIE, 2011). In a survey of preschool teachers, teachers placed a high priority on addressing challenging behavior in young children and specifically identified family circumstances and classroom environments as affecting children’s challenging behavior (Nungesser & Watkins, 2005). However, despite the high priority teachers place on behavior problems in children, they were not asked specifically how they perceived these as factors affecting their decisions to intervene or refer these children.

When teachers do refer children with behavior problems for screening and evaluation, a disproportionate percentage of referrals are for speech/language evaluations or learning disabilities (Forness, et al., 1998; Powell, et al., 2003; Powell, et al., 2007). Fantuzzo et al. (1999), in their analysis of an urban Head Start program’s special needs referral process, found that preschool teachers were more likely to refer young children with behavior problems for speech and language evaluations than solely for their emotion or behavior problems, even when there was no evidence of speech
and language problems. They suggested this was due to the availability of speech and language services and the lack of services for treating behavior problems. In addition, they hypothesize factors related to feelings or attitudes about behavior problems as possible influences on Head Start teachers’ referral decisions. These include the belief that emotion and behavior disorders and their associated labels are inappropriate for young children. Other researchers have not been as specific in suggesting hypotheses about factors influencing teachers’ referral decisions so a further description of those purported factors by Fantuzzo, et al., will be described below.

More subtle indications of feelings may be influencing teachers’ referral decisions. For instance, teachers may find it easier to discuss a speech and language problem with parents rather than a potential mental disorder as the former is less stigmatizing than the latter. Fantuzzo and colleagues hypothesize that identifying children with speech and language problems even when there is no speech or language problem present may be done as a means to “avoiding the negative repercussions of a more stigmatizing and enduring label (p. 478).” This suggests that there may be fears or biases related to mental health or illness in general and in young children in particular. In addition Fantuzzo et al. suggest that teachers may experience stress over time when dealing with a child with behavior problems such as over-activity, social disruption, attention problems, and non-compliance. Making a referral for speech and language services, because they are more available and less stigmatizing, may provide teachers with more immediate help than what may be received by waiting for mental health services. While all these hypotheses seem reasonable, further research on teachers’
beliefs biasing them against making referrals for emotion and behavior problems has yet to be conducted.

The research and practice literature support the importance of acknowledging teachers’ feelings and perceptions of challenging behavior in order to promote referrals for at risk children. Several researchers use the definition of challenging behavior as "any repeated pattern of behavior, or perception of behavior (emphasis mine), that interferes with or is at risk of interfering with optimal learning or engagement in pro-social interactions with peers and adults" (Smith & Fox, 2003; Hemmeter, et al., 2006). The inclusion of perceptions of behavior in the definition is important since individual perceptions are guided by beliefs around the origins and functions of behavior as well as knowledge and experience with challenging behavior in young children. The definition of challenging behavior has been criticized for being vague, not easily measurable, and for not including the influence of adults and settings on the development and maintenance of behavior problems in children (Kaiser, 2007). However, rather than seeing this as problematic, acknowledging the perception of a child’s behavior as challenging can provide the opportunity to address what might be happening in that context and with that adult. Validating preschool teachers’ perceptions of children’s challenging behavior has been suggested to make it more likely that he or she will be open to assistance in solving the problem (Hanmarburg & Hagekull, 2002). Kaiser (2007) states, “even when adults do not cause children’s behavior problems, they are a necessary part of the solution (pg 116).” Until more accurate tools and agreement on distinguishing between normal and pathological behavior occurs, it may be wise to err on the side of over identification, especially since
under-identification is the current norm (Forness, et al., 1998). The next section discusses teachers’ professional knowledge and about the origins, development, and management of behavior problems in young children as well as their personal beliefs and experiences with young children with behavior problems.

**Teachers’ knowledge and beliefs about behavior problems.** It is possible that teacher knowledge and beliefs about challenging behavior in young children may be a result of their level of education, knowledge about typical and atypical child development, and experience in classroom behavior management. Some researchers have suggested that a reluctance to refer may be related to beliefs that challenging behavior in early childhood may be normal and that “they’ll grow out of it” (Dunlap, et al., 2006; Forness & Kavale, 2001). This belief may be a result of teachers’ lack of knowledge of the developmental pathway from severe behavior problems to behavior disorders. Research in this area is relatively recent and most teachers are unaware of the long term implications of untreated behavior problems (Dodge, 1993; Dunlap, et al., 2006; Trout, Epstein, Nelson, Reid, & Ohlund, 2006). In addition, specific criteria for distinguishing normative from pathological behavior are still in the process of development (Keenan & Wakschlag, 2002; Wakschlag, et al., 2008; Egger, 2010). At the present time there is no consensus, even among psychiatrists and psychology professionals, on a reliable tool or system for early identification of young children at risk for the development of behavior disorders (Conroy, et al., 2005; Egger, 2010). Surveys of teachers suggest that lack of knowledge and skills about managing young children with challenging behavior is a barrier to identification and intervention, even among
highly qualified teachers (Smith & Kaufman, 2005) and that teachers rate this issue as more important to them than any other issue (Fox & Smith, 2007).

In reviewing the literature, it appears that, to date, preschool teachers have not been asked what factors they perceive as influencing their referral decisions of young children with behavior problems. Identifying these factors may help researchers clarify variables that can be further tested empirically and may provide the basis for more effective interventions designed to increase appropriate referrals.

**Summary**

Research indicates there is a clear developmental path from untreated behavior problems to behavior disorders (Campbell, 1995; CEBP:YCCB, 2004; Egger & Angold, 2006; Fantuzzo, et al., 1999; Feil, et al., 2005; Kazdin, 1993; Lavigne, et al., 2001; Powell, et al., 2007; Qi & Kaiser, 2003). Preschool children with behavior problems can be identified for early intervention to reduce or eliminate their challenging behaviors. There are existing programs and systems for identification of behavior problems in young children but there appear to be gaps in implementation (Powell, et al., 2003; Powell, et al., 2007). Even within well designed and implemented programs, there are factors that might influence preschool teachers’ decisions to refer young children when those children’s behavior problems do not improve with typical teaching and intervention strategies (Dunlap, et al., 2006; Fantuzzo, et al., 1999; Powell, et al, 2003; Powell, et al., 2007). Factors related to early intervention programs and systems include lack of preventative mental health services, inconsistent eligibility determination for special education services, vague and contradictory definitions for emotion and behavior
disorders, and early intervening services that lack full implementation in early childhood settings.

Research suggests teachers can identify young children with or at risk for behavior problems that may be early indicators of emotion and behavior disorders (Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Seversen, et al., 2007). However, researchers hypothesize factors related to teachers’ beliefs, perceptions, knowledge and skills related to challenging behavior in young children make teachers reluctant to refer those children for further screening and evaluation based solely for their behavior problems (Dunlap, et al., 2006; Fantuzzo, et al., 1999; Fantuzzo, et al., 2005; Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007). These factors include knowledge and beliefs about typical and atypical child behavioral development, experience in classroom behavior management, and attitudes and feelings surrounding the identification and referral process for young children with a potential behavioral disorder. Identifying the most important factors contributing to teachers’ referral decisions for preschool children with severe behavior problems is an area identified in the literature as needing more study (Fantuzzo, et al., 1999; Powell, et al., 2007).
Chapter Three: Methodology

The overall purpose of the study was to determine preschool teachers’ perceptions of the factors influencing their informal and formal referral decisions for young children with behavior problems. The specific research questions guiding this study focused on factors preschool teachers perceive as influencing their identification and referral decisions for young children with behavior problems. These include 1) teacher factors, 2) program-system factors, and 3) other factors not specifically identified by the research or practice literature.

Qualitative research methodology was used in the study. Qualitative methodology is appropriate when investigating feelings or perceptions about a phenomenon (Bogdan & Biklen, 2007; Cresswell, 2009). The next section will outline the steps in the research process used in the study beginning with a description of the researcher’s influence. This is followed by the procedures used to recruit and select participants and a summary of Head Start program and participant characteristics. Instruments used in the study are described followed by the data collection and member check procedures. Finally the process of data analysis is described from initial impressions and coding schemes to the creation of final categories and subcategories of factors teachers describe as influencing referral decisions.

Researcher Influence

At the outset, it is important to acknowledge, the researcher’s background and her possible influence in the design and implementation of the research. The qualitative
researcher typically uses his or her subjective understanding and relationship with the study participants to investigate their understanding and experience of the phenomenon under study (Bogdan & Biklen, 2007; Creswell, 2009). The judgment and interpretations of both the participants and the researcher are valued as important contributors to understanding the reality of the phenomenon from the perspective of the participants (Bogdan & Biklen, 2007; Lofland, Snow, Anderson, & Lofland, 2006). The qualitative researcher shares personal history, values, background and experience with the reader as these influence his or her interpretation of the data. The qualitative researcher must also consider potential power or privilege issues related to his or her status that might affect the type of information participants will share in an interview. The researcher has 20 years’ experience as an early childhood teacher and administrator with many experiences working with children with challenging behavior. The factors identified in the research and teacher practice literature are similar to those she encountered as a practitioner, potentially biasing her analysis of the data. The researcher’s status as a graduate student at a major university also could have inhibited teachers’ responses to questions about how teachers make decisions about when to make referrals and/or the factors influencing their decisions. The researcher was concerned that lead teachers with less experience or education might perceive her as judging their responses so she was careful to listen to their statements and only divulged as much information about her background as needed to demonstrate shared understanding of experiences. While discussing the definitions of challenging and severe behavior with one teacher the researcher described severe behavior in uncomplicated terms rather than using technical or clinical language; “We used to
define it as throwing chairs.” She used restating to clarify understanding of their comments, particularly when they expressed frustration. For example, one teacher described a complicated situation with identification and referral of a three year old child who was functioning at an 18 month old level. The researcher responded, “So when you gave the example of the child who had obvious developmental delays, there were certain steps you went through.” The teacher replied, “Yeah.”

Having a shared experience as a preschool teacher with teacher participants helped the researcher build rapport, understand what additional questions to ask to clarify their statements, and assisted in the analysis of data. Teachers enthusiastically stated their desire to share experiences with children who have challenging behavior in their initial email contact with the researcher. The teachers elaborated on questions during interviews, suggesting that they were not intimidated or inhibited in their interview responses.

**Program and Participant Recruitment and Selection**

Study participants were chosen based on an informed sampling procedure to gather perspectives from teachers with a variety of characteristics situated in different types of Head Start programs. Head Start programs were chosen because they have uniform policies for routine screening and referral of children, as described in the Head Start Performance Standards (Head Start Bureau (HSB), 2002). These standards indicate that every child receive a developmental screening and a mental health screening within 45 days of enrollment. Public or private and for-profit or non-profit agencies (grantees) receive funding directly from the Administration for Children and Families of the United States Department of Health and Human Services. In the region
where the study was conducted, two different types of Head Start grantees were identified; 1) programs administered by and located in a public school system; 2) programs administered by a non-profit community based agency and located in either a public school classroom or in a community-based setting. Teachers were recruited from a total of four different programs, two administered by non-profit agencies and two administered by a city or county public school system and were located within a 75 mile radius.

**Head Start program selection criteria.** Head Start programs were chosen as the setting for this study for several reasons. First, research suggests that prevalence rates of behavior problems are higher for children enrolled in Head Start programs than in the general preschool population (Feil, et al., 2005; Kuperschmidt, Bryant, & Willoughby, 2000; Qi & Kaiser, 2003). Thus, Head Start teachers are more likely to have had experience with young children with behavior problems in their classrooms and experience with the identification and referral process. Secondly, Head Start programs have uniform written standards for screening and evaluation for children at risk for developmental problems, including routine screening within 45 days of enrollment in the program (Head Start Performance Standard 1304.20 (b), HSB, 2002) and provision of positive behavior support for children exhibiting behavior problems (Head Start Performance Standard 1304.52(h)(1)(iv), HSB, 2002). Limiting the study sample to Head Start programs was done to reach uniformity in program characteristics relative to program philosophy, child and family characteristics, program funding and structure, and program administration priorities that could affect rates of referral for severe behavior problems.
The research literature identified program and systems issues such as organization and administration of programs, availability of training and support for teachers, inadequacies or gaps in the process of identification and referral for children with behavior problems, and wide latitude in the interpretation and implementation of Head Start Performance Standards as factors having an effect on the availability and implementation of a positive behavior support system in early childhood programs (Conroy, et al., 2008; Dunlap, et al., 2006; Fantuzzo, et al., 1999; Hemmeter, et al., 2007; Powell, et al., 2007; Qi & Kaiser, 2003). Therefore a comparison of responses from teachers working in the different types of Head Start grantees described above was gathered. Information about program characteristics was initially gathered through an internet search of Head Start programs in the state of North Carolina. Programs in two counties administered by non-profit, community-based agencies and programs administered by a county or city public school system were invited to participate.

The research literature also suggested availability or lack of availability of services for a child identified as having behavior problems might influence teachers’ referral (Powell, Fixsen, & Dunlap, 2003; Powell et al., 2007). Therefore the researcher sought Head Start programs located in both suburban and rural counties. Table 1 shows population, median income and percent of the population living below the poverty level for each county where programs were located and the state as a whole, according to the United States Census Bureau (2010). Of the programs participating in the study, the median income in comparison to the state average ranged between $5000 lower up to $8000 higher. However the percentage of families living in poverty in the county with the highest median income was .7% higher than the state average and the percentage...
of families living in poverty in the county with the lowest median income was .9% lower than the state average. Although the sample of programs was located only within a 75 mile radius of the center of the state it is a close representation of the state average.

Table 1

<table>
<thead>
<tr>
<th>Program/location</th>
<th>total population</th>
<th>median income</th>
<th>% poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>A, C, E/County 1</td>
<td>133,801</td>
<td>51,944</td>
<td>16.9</td>
</tr>
<tr>
<td>B/County 2</td>
<td>151,131</td>
<td>43,103</td>
<td>15.2</td>
</tr>
<tr>
<td>B/County 3</td>
<td>141,752</td>
<td>38,529</td>
<td>16.0</td>
</tr>
<tr>
<td>D/County 4</td>
<td>39,464</td>
<td>42,559</td>
<td>14.6</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9,535,483</td>
<td>43,754</td>
<td>16.2</td>
</tr>
</tbody>
</table>

The directors (or their designees; henceforth called gatekeeper) of four different Head Start programs were contacted; two programs were administered by a city or county local education authority (LEA) and two programs were administered by a non-profit agency. For two programs the researcher took additional steps prior to receiving permission to send the recruitment flyers (Appendix 2). In one program the researcher met with the director and another staff member to discuss the study and hear about the program. In another program the researcher submitted a copy of the study proposal to the director of research. After receiving approval from the director of research, she presented a summary of the study to the Policy Council of the Head Start program for
final approval. After receiving final approval from the Policy Council, the researcher followed the IRB approved recruitment process.

The researcher requested permission from each program using the script for telephone or email consent for gatekeepers (Appendix 1). After receiving permission from the gatekeeper, the researcher emailed the recruitment flyer (Appendix 2) to the gatekeeper for distribution to the program’s teachers. Gatekeepers included Head Start Program directors and local site directors for classrooms located in community based programs. The flyer briefly described the study and invited interested teachers to contact the researcher by email or telephone for more information. To ensure the maximum number of teacher participants, the researcher also used word-of-mouth to recruit teachers from among acquaintances.

Participant recruitment. A total of 18 teachers contacted the researcher about participating in the study. Two were deemed ineligible to participate; one because she had no experience making referrals for behavior problems and the second because she had more than seven years’ experience and the study already had sufficient representation of teachers from similar programs with more than five years of experience. Three teachers agreed to participate but did not schedule an interview. A total of 13 participated in the interview, all of whom taught or were currently teaching in a Head Start program. There were no exclusion criteria based on gender, ethnicity, race, and age. All subjects were lead teachers in their classrooms with experience teaching three to five year old preschool children displaying severe behavior problems in the classroom and were willing to participate in audio-recorded interviews.
Participant selection. Research suggests that certain teacher characteristics may influence their decisions to refer or not refer young children with behavior problems (Powell, et al., 2003; 2007). These characteristics include the teachers’ level of education, professional credentials, teaching experience, and status as the lead teacher in the classroom. To ensure representation of teachers with a variety of these characteristics, the researcher gathered information on teachers’ level of education and major or specialization, types of teaching credentials, years of teaching experience, and type of program where teachers were employed using Appendix 4, Teacher Demographic Information.

In addition, the location and administration of the Head Start program as described above in the section “Head Start program selection criteria,” was considered as part of the informed sampling procedure. This procedure was used to recruit teachers with different levels of education and experience working with young children with behavior problems in different types of Head Start programs located in either a suburban or rural county. During the recruitment process, information on participant characteristics was gathered using Appendix 4, Teacher Demographic Information. To be eligible to participate, teachers had to be the lead teacher in their preschool classroom and be willing for the interview to be audio-recorded, and to review and provide feedback and/or clarification on the interview transcript.

As subjects agreed to participate, the researcher monitored their characteristics to ensure representation of teachers with a variety of education levels, teaching credentials, and years of experience working with young children and as a lead teacher. In addition, the researcher limited the total number of participants from each type of
Head Start program to ensure equal representation from each type of program. For example, at least two additional teachers from non-profit grantees with community based classrooms wished to participate; however these teachers had more than 5 years of experience, a characteristic similar to other teachers already interviewed, and therefore were considered ineligible to participate.

**Final participant characteristics.** The researcher interviewed Head Start preschool teachers in programs administered by three different types of grantees; 1) located in and administered by a public school system; 2) located in community-based settings and administered by a non-profit community-based agency; and 3) located in elementary schools and administered by a non-profit community-based agency. Thirteen teachers were interviewed but one interview did not record. Four were employed in a program administered by and located in a public school system; three were teachers from a suburban school program and one was from a rural county administered school program. A total of five teachers were interviewed in programs administered by and located in a non-profit, community based setting. Four teachers were interviewed from a non-profit grantee whose classrooms were located in public schools.

Six study participants were lead teachers in programs administered by two different non-profit agencies and located in community-based settings (programs A and B). While both agencies and communities were considered suburban, one agency, Program A, was located in the wealthiest county, county 1 (U.S. Census Bureau, 2010). Only one teacher was interviewed from Program A, however, compared to the teachers in the lower-income county (program B), she had a higher education level and held a
Birth to Kindergarten (B-K) teaching license. Education levels of these six teachers ranged from associates (three), bachelors (two) and masters’ degrees (one). All had majored in early childhood education, child development and family studies, or early childhood intervention and special education. A B-K teaching license was held by three participants and three did not hold a teaching license.

Participants in programs administered by public schools included four teachers, three from the same suburban public school system (program C) and one from a rural public school system (program D). All of these teachers held a B-K teaching license, two with Bachelor’s degrees and two with Master’s degrees. All participants in programs administered by a non-profit agency and located in public schools (programs C and E) held a B-K license. All three held between one and three additional teaching licenses and two of the three teachers had masters’ degrees. Programs C and E were located in the same county as program A, county 1. County 1 had the highest median income of all the counties and a higher median income than the state. It is possible that the teachers with the highest credentials were attracted to this county because of its resources. One teacher in program E described the resources available in county 1 in this way; “we are sitting in a wealthy area in terms of early childhood education.”

Specific participant and program characteristics are noted in Table 2.
Table 2

<table>
<thead>
<tr>
<th>Program administered/ located</th>
<th>Teacher$^a$</th>
<th>Lead teacher yr/mo experience</th>
<th>Highest education</th>
<th>License or certifications held$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP$^a$/CB$^b$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A 1</td>
<td>4</td>
<td>BAEd</td>
<td>B-K</td>
<td></td>
</tr>
<tr>
<td>B 2</td>
<td>17</td>
<td>AA</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>B 3</td>
<td>9</td>
<td>MEd</td>
<td>B-K</td>
<td></td>
</tr>
<tr>
<td>B 5</td>
<td>8</td>
<td>BA</td>
<td>B-K</td>
<td></td>
</tr>
<tr>
<td>B 6</td>
<td>6 mo</td>
<td>AA</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>PS$^c$/PS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C 7</td>
<td>5</td>
<td>MEd</td>
<td>B-K</td>
<td></td>
</tr>
<tr>
<td>C 8</td>
<td>3 mo</td>
<td>BA</td>
<td>B-K; K-6; SpEd(1)</td>
<td></td>
</tr>
<tr>
<td>D 9</td>
<td>5</td>
<td>BA</td>
<td>B-K</td>
<td></td>
</tr>
<tr>
<td>C 10</td>
<td>12</td>
<td>MEd</td>
<td>B-K</td>
<td></td>
</tr>
<tr>
<td>NP/PS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E 11</td>
<td>3 mo</td>
<td>BA</td>
<td>B-K, K-6, SpEd(2)</td>
<td></td>
</tr>
<tr>
<td>E 12</td>
<td>21</td>
<td>MEd</td>
<td>B-K, L/D, EMH,B/EH</td>
<td></td>
</tr>
<tr>
<td>E 13</td>
<td>6</td>
<td>MEd</td>
<td>B-K, K-6; NBCT-ECE</td>
<td></td>
</tr>
</tbody>
</table>

$^a$NP = non-profit agency; $^b$CB = community-based; $^c$PS = city or county public school.

$^d$AA = Associate of Arts; BA = Bachelor of Arts; BAEd = Bachelor of Arts in Education; MEd = Masters of Education
$^g$B-K = Birth to Kindergarten; K-6 = Kindergarten to grade 6; SpEd(1) = Special Education general curriculum; SpEd(2) = Special Education mild/moderate; L/D = Learning Disabilities; EMH = Emotional Mental Health; B/EH = Behavioral Emotional Health; NBCT-ECE = National Board Certified Teacher-Early Childhood Education

$^h$=teacher 4 interview did not record and not included in data analysis

Instrumentation

The main instruments used to collect data were the case study scenario and interview questions, and probing and clarifying questions used during the interview, as well as the member check procedure.
**Case study scenario.** The case study scenario was developed from case studies found on the Center for the Social Emotional Foundations of Early Learning (CSEFEL) website in the preschool learning modules (CSEFEL, 2010). These case studies have been validated for use in professional development trainings since 2003. By including a hypothetical case within the interview it was believed that participants would be more comfortable sharing their perspectives than by focusing on a case in which they were personally involved. The case study was also used as a means to gather teachers’ perceptions of typical versus challenging and/or severe behavior. Using a case study is a strategy recommended by other qualitative researchers (Lofland, et al., 2006) as a means to present less sensitive topics first and build rapport with participants. Participants in a pilot study conducted by the researcher agreed with this strategy (Kingsley, 2010). The case study and corresponding interview questions are included in Table 3.

<table>
<thead>
<tr>
<th>Table 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Study Scenario</strong></td>
</tr>
<tr>
<td>James is a 4 year old boy who lives with his mother, father, and 12-month-old sister. He has been enrolled in the preschool program for about 3 months. James doesn’t talk very much and when he does it’s usually in one or two-word phrases. He is not toilet-trained and prefers to play by himself rather than with peers. At preschool, James does not like to stop what he’s doing or share toys and he is not easily redirected. Sometimes he has tantrums that include crying, screaming, and dropping to the floor. He is most likely to have these behaviors during small group activities, clean-up time, and when transitioning from activities. He prefers to</td>
</tr>
</tbody>
</table>
wander from center to center, often taking items off the shelf and dropping them on
the floor or grabbing toys from other children.

Case study questions:

a. If James were in your classroom, how would you describe his behaviors (in
terms teacher is using before, e.g. of being typical, challenging, or a behavior
problem)?

b. In what ways would you likely to respond to him, to his behavior?

**Interview questions.** Interview questions were developed to elicit
participants’ responses on their personal experiences with young children with
behavior problems. All questions were open-ended to encourage participants to
freely share their experiences. Question topics proceeded from general to more
specific issues. Questions included asking about general experiences with children
the teacher perceived as having severe behavior problems, what types of problems
s/he perceived as severe, what happened when a child didn’t respond to typical
behavior management strategies, what was the process for identification and referral
for a child with behavior problems, how was the teacher involved in that process,
and what happened when the teacher asked for help with a child with behavior
problems. See Table 4 for a list of all interview questions organized by topic area.
Question topics were developed to elicit responses on areas hypothesized to be
factors influencing teachers’ decisions to refer young children with behavior problems as well as allow for new information to be shared on other factors not identified in the research or practice literature. The semi-structured interviewing used provided similar issues or themes across participants (Bogdan & Biklen, 2007).

Table 4

*Interview Topics and Questions*

*Teacher’s general attitudes about the rewards and challenges of teaching*

1. What do you love/enjoy about teaching preschool; what do you find most satisfying?

2. What do you find challenging about your job as a preschool teacher?

*Teacher’s attitudes about children’s behavior*

3. Are there particular kinds of challenges that children themselves present?

4. What kinds of children’s behaviors do you find particularly challenging?

5. Could you tell me at what point these [challenging behaviors] become what you’d label “real behavior problems?”

6. [Case study scenario here]

*Teacher beliefs and attitudes in own classroom*

7. Given the example of James, does this vignette bring to mind any other kinds of behaviors that you consider problem behaviors?

8. Describe a child in your class who demonstrates one or more of these behavior problems (that the teacher describes).

9a. What do you generally do [what have you done] with this child or others with this same set of behavior problems?
b. What do you do first? If the problem were to continue, what else might you do or what would you do differently?

c. And if it seemed that nothing you did was having any significant influence?

10a. Do you consider any of these behaviors you’ve just described as “severe” behavior problems?

b. If not, what are some examples of severe behavior problems in preschool children that you have dealt with in your classroom? In what ways is your response different from what you just described? *(alternative question: if the teacher describes behaviors that meet the definition of severe, according to the definition in the introduction of the study, then I would ask, How do you distinguish between problem behaviors and severe behavior problems?)*

11. When [At what point] do you decide to ask for help or make a referral for an evaluation for a child with behavior problems in your class? In other words what’s your ‘tipping point?’

*Contexts and conditions that influence teacher referrals*

12. What supports (people or systems) are available in your program that help you to decide to ask for help or make a referral for a child with behavior problems?

13. Are there reasons or challenges that hinder you from asking for help or making a referral for a child with behavior problems?
Table 4

Continued

14. What happens when you ask for help from colleagues with a child with behavior problems?

15. It sounds like _______ (a factor named by the teacher) makes a difference in whether or not you decide to make a referral (or seek extra help). Am I correct?

16. To conclude this interview, please share any other thoughts about-- or significant experiences you’ve had-- with children in your class with behavior problems?

The next section describes the procedures used from the time eligible participants agreed to be interviewed until the final member check was conducted. Although there were differences in how teachers were contacted to set up the interview (email or phone), the steps that followed were similar.

Data Collection

After agreeing to participate in the study, participants were sent the informed consent form (Appendix 3) by email or postal mail in advance of their scheduled interview. Each interview was scheduled at a time and location convenient for the participant. Interview locations included a private meeting room in a public library, the teacher’s classroom when children were not present, a private meeting room at the teacher’s program, and the teacher’s home. Prior to beginning the interview, the researcher read the informed consent form, answered any questions, had the participant sign the form, and provided a hard copy of the form to the participant.
Participants were not given interview questions in advance or during the interview but were given a copy of the case study scenario to read and refer to while answering questions during that part of the interview. Interview length averaged around an hour and ranged between 50 and 90 minutes. At the conclusion of the interview the participant received a $50 cash stipend and the researcher reiterated the request for follow up telephone or email contact to clarify any statements made by the participant during the interview. Teachers who participated in the member check procedure through telephone or email clarification and/or review of transcribed interview received an additional $25 stipend check by postal mail.

**Probing questions.** Probing questions were used to clarify participants’ meanings and to uncover information related to the topic that the participant might not mention in their response to the initial question. Examples of probing questions include: Tell me more about that; What do you mean by ____; Can you elaborate on that; I’m not sure what you mean, can you explain; It sounds like ____ is something that influences your decision. By asking probing questions the interviewee was perceived as the expert on the topic. This is a technique that can elicit a greater depth of material and ideas on the topic and is recommended by experienced qualitative researchers (Bogdan & Biklen, 2007; Lofland, et al., 2006).

Probing questions were also used to check with teachers on the meaning of some of their statements. For example, one teacher talked about the referral process for children with behavior problems as different from the referral process for special education. The researcher asked the teacher how these two processes were the same or different. In three other cases, teachers described different
personnel who were available to them or whom they perceived or named as “bosses” including site directors, principals, consultants, and Head Start directors. The researcher asked specific questions about the roles and responsibilities of each one mentioned as they pertained to the teacher and the referral process for children with behavior problems.

During the interview one teacher stated “parents don’t believe what we have to say and don’t believe what will happen if they don’t get help.” When asked “can you tell more about that,” the teacher elaborated and stated her perception of the elementary school as having more authority than the Head Start program because they can call parents at work to come get the child, suspend students with behavior problems, or send students to an “alternative school for behaviorally challenged children.” This response echoed statements from several other teachers interviewed who perceived limits to their and the Head Start program’s ability to promote parents’ compliance with their request for further evaluation for a child’s behavior problems.

Audio transcription. Interview audio recordings were transcribed by a professional transcriptionist employed by the researcher. The researcher checked each transcript against the audio recording to ensure accuracy of the transcribed interview before erasing the original recording. Two interviews did not record; one was not included in the transcripts. For the second interview that did not record, the interviewer conducted the interview by phone and transcribed the conversation on a laptop computer while speaking to the teacher.
**Member check procedure.** In addition to clarifying questions asked during the interview, the researcher sent follow up questions by telephone, email and postal mail after interviews were transcribed as part of the member check procedure. The researcher shared a copy of the transcribed interview with each participant to ensure the accuracy of the transcription and requested feedback on any item that should be deleted or changed. In addition the interviewee was asked if s/he wanted to add further comments for clarification purposes.

The researcher asked for clarification on statements that appeared to be factors that the teacher perceived as influencing his or her referral decisions of young children with severe behavior problems. Sample follow up questions included; “You mentioned that you have a principal that goes to bat for you. Is the principal also the director of the Head Start program or is there another person you work with who has that role? Is the principal involved in the identification and referral process?” “Do you remember how you first found out about the process of identification and referral when children exhibit behavior problems?” “You mentioned that when a parent refuses to get help for their child in preschool that when they go to school, the public school can probably do more than your program can do to get the child help. What kinds of help can they give that your program can’t?” These procedures were done to provide a more accurate understanding of the participants’ meanings and perspectives on the topic.

Five participants responded to member check requests to clarify statements made during the interview. Sample clarifications provided by the interviewees included the following examples: Three teachers were asked how they found out
about the process of referral for children with behavior problems. All described participating in a process of initial or annual orientation that included information about procedures including the process for referrals for children with behavior problems. Three teachers mentioned how the public school had more influence over parents following through with requests for evaluation than they did in Head Start. Two of these teachers elaborated on their initial response with a more thorough description of their perception of the public school’s authority.

**Field notes journal.** The researcher used a field notes journal to record general impressions of the interview, note advantages and disadvantages of different interview settings, make lists of points to remember, and to reflect on and record impressions of other aspects of the research process. Field notes are sometimes called ‘notes-on-notes’ or ‘analytic memos’ by qualitative researchers (Bogdan & Biklen, 2007; Kleinman & Copp, 1993) and they provide a place for the researcher to record and reflect on emotions, perspectives, and experiences during the research process that might influence analysis of the data.

<table>
<thead>
<tr>
<th>Table 5</th>
<th>Examples from Field Notes Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library room– nice setting, private quiet; feel like we can talk openly; Classroom after kids dismissed; assistant present ; someone walked in, phone ringing– I’m less comfortable but teacher seems ok with it; she openly shares about challenges of working with parents</td>
<td></td>
</tr>
</tbody>
</table>
Table 5

Continued

Have too many teachers with many years’ experience with the process, many of whom have learned what to do through experience; need to recruit newbies with 3 years or less for different perspectives, more recent experience

Surprised to find well developed systems even in rural community-based programs; must be a result of CSEFEL partnership

Limitation: Did not ask @ whether teacher followed PBS and what specific things they did as part of that process, i.e., FBA

Data Analysis

This section describes the process used by the researcher and research assistant to analyze interview data using an iterative process where data was initially analyzed separately by both researcher and RA. The researcher and RA discussed the initial coding scheme, made adjustments, re-analyzed the data, had a second discussion and revised the coding scheme, then chose a sample of transcripts to try out the revised coding scheme. This scheme was collapsed into the three main categories as defined by the research questions. Final refinements of the codes and analysis of the data were made by the researcher.

Data was analyzed and coded using analytic induction. Analytic induction is a process involving ongoing data collection and analysis and is often used when there is a specific focus or research question (Bogdan & Biklen, 2007; Lofland, et al.,
This procedure has been used in open ended interviewing by identifying developing themes as each interview is analyzed. For the purpose of this study “themes” are general categories of participant responses that can subsequently be coded and arranged into categories that are relevant to the research questions. Data analysis proceeded from the initial identification of general themes to a more focused process of attaching codes to statements and sorting them into categories.

To counteract the limitations and potential bias of the researcher’s interpretations of the data and enhance reliability of the data analysis, interview transcripts were reviewed and cross-checked by a graduate-level research assistant (RA) (Creswell, 2009). The RA was a fourth year doctoral student with prior experience in conducting qualitative research studies. She was also an experienced elementary school teacher.

**ATLAS.ti.** To assist with coding, transcripts were downloaded into ATLAS.ti software and used to build coding schemes based on words, phrases, patterns of behavior and events (Mihas, 2009). ATLAS.ti provides several features assisting the researcher in analyzing data including sorting and merging codes, making links between codes, and attaching memos and comments to portions of text. The query tool provides a means to search for coded text displayed as a list of quotes from the text. The researcher can switch between textual analysis and conceptual analysis within the program as a means to develop theories based on the data. The textual level of analysis includes coding segments of text, writing memos and definitions of codes. At the conceptual level, codes are linked to form networks, allowing the researcher to form a graphical representation of the relationships between selected...
text and codes. In these ways ATLAS.ti software assists in the development of codebook of expected and emerging themes from the data (Creswell, 2007).

The researcher and RA met to generally discuss the research prior to the first transcript analysis. The researcher and RA read nine transcribed interviews and separately analyzed the data looking for general impressions of themes. Following this meeting, the researcher and RA each created a hermeneutic unit in ATLAS.ti using these nine transcripts. The hermeneutic unit contained the documents being analyzed and codes created as a result of the first analysis.

The researcher instructed the RA to create codes based on any themes she saw in the first reading. This was done to identify how the researcher and RA were interpreting participant statements and whether or not there was agreement on interpretation. As a result of this initial analysis, the RA created codes using single words or short phrases such as language barrier, hitting, tantrum, public school, working with staff, principal, mental health specialist, developmental delay, socioeconomic status, home, environment, parent contact, parent communication, and parent involvement. The researcher created a separate set of codes and subcodes based on teachers’ definitions of children’s behavior, the three major research questions, and the teachers’ description of their “tipping point,” the point at which they decided to make either an informal or formal referral. The researcher and RA met to discuss their initial findings, how each one interpreted teacher statements, and how their codes were similar or different. A major theme identified as a result of this initial discussion was teachers’ perceptions of parents as problematic and their influence on their referral decisions. Other themes identified
included the program and system issues such as the influence of public schools, availability of services for children, working with assistants and other staff, the time frame for identification and referral, and parental involvement in the process. Other issues emerged such as teachers’ perceptions of children as not being at fault for their behavior problems because of developmental or environmental influences beyond their control.

The researcher then created a merged copy in ATLAS.ti with both the researcher’s and RA’s analysis and, using the co-occurrence tool, looked at where both coding schemes overlapped. The researcher and RA discussed the similarities and differences in this initial coding scheme and agreed that most of coded statements could be sorted to one of the six categories presented in Table 6. This coding scheme included major themes identified in the research literature as well as themes that emerged as a result of the first analysis of the data. These included teacher definitions of child behavior as challenging or severe, parent factors, teacher factors, other factors, and “tipping point,” the point at which the teacher asks for an informal or formal evaluation of child behavior.
Table 6

*Coding Scheme 1*

1. Behavior
   a. challenging or severe (by Fox & Smith definition)
   b. teacher perceived behavior problems

2. Program factors
   a. referral systems (designed & implemented)
   b. eligibility and availability of services

3. Teacher factors
   a. concerns (fears & feelings) and beliefs (maturation, mental health/illness)
   b. knowledge and skills (relative to children with behavior problems, PBS & training on evidence based practices for behavior problems)

4. Parent factors
   a. Cooperative (gives info and support)
   b. Gives inconsistent info
   c. Impedes referral or provision of services

5. Other factors
   a. Child (development, ELL/DLL, SES, temperament/personality)
   b. Blame/responsibility (for child’s behavior)

6. Tipping point (informal or formal referral made)
The researcher did a second analysis of five transcripts using the revised coding scheme. Only five transcripts were chosen for the second analysis because seven of the first nine interviewees had greater than five years’ experience. It was this point in the study the researcher identified the need to interview teachers with less than three years’ experience and those interviews had not yet taken place. Four transcripts were chosen representing teachers employed by one of the three different types of grantees and one example from a teacher with three months experience. These four transcripts were analyzed in ATLAS.ti by both the RA and researcher using the revised coding scheme.

Further refinement of the coding scheme was discussed by email and in a face-to-face meeting. After receiving the coded interviews from the RA, a second merged copy of both the RA & researcher’s coded interviews was created to identify where coding was similar or different. The researcher and RA discussed these similarities and differences and came to consensus on naming and defining codes as shown in Table 7.

Table 7

<table>
<thead>
<tr>
<th>Coding Scheme</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Behavior</td>
<td></td>
</tr>
<tr>
<td>a. Challenging</td>
<td></td>
</tr>
<tr>
<td>b. Severe</td>
<td></td>
</tr>
<tr>
<td>2. Other Factors - teacher</td>
<td></td>
</tr>
<tr>
<td>3. Other factors - child</td>
<td></td>
</tr>
</tbody>
</table>
Table 7

**Continued**

a. developmental level  

b. language (DLL or ELL)  

c. Socioeconomic status (SES)  

d. temperament or personality traits  

4. Parent factors  

a. general comments  

b. perceptions, positive  

c. perceptions, negative  

d. cultural/language differences  

e. deficit  

4. Program-system factors  

a. intra & inter-agency  

b. services  

c. other staff  

5. Teacher characteristics  

a. fear/concern  

b. knowledge/skills/expertise  

6. Tipping point
The researcher used this second coding scheme and did an analysis of the researcher-RA merged coded interviews noting the number of overlaps in coding between herself and the RA. There was a high level of agreement between the RA and researcher's analyses as indicated by frequency of overlaps in coding teacher statements. The researcher then used this second coding scheme and re-analyzed all twelve transcripts. Table 8 shows a side-by-side comparison of coding schemes one and two demonstrating the iterative process of coding development.

Table 8

<table>
<thead>
<tr>
<th>Coding Scheme 1</th>
<th>Coding Scheme 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Behavior</td>
<td>1. Behavior (Fox &amp; Smith definitions)</td>
</tr>
<tr>
<td>a. challenging or severe (by definition)</td>
<td>a. Challenging</td>
</tr>
<tr>
<td>b. teacher perceived behavior problems</td>
<td>b. Severe</td>
</tr>
<tr>
<td>2. Program factors</td>
<td>2. Program-system factors</td>
</tr>
<tr>
<td>a. referral systems (designed &amp; implemented)</td>
<td>a. intra &amp; inter-agency (within Head Start and between Head Start, LEA, outside agencies)</td>
</tr>
<tr>
<td>b. eligibility and availability of services</td>
<td>b. services (availability of services for identified child)</td>
</tr>
<tr>
<td>3. Teacher factors</td>
<td>3. Teacher characteristics</td>
</tr>
<tr>
<td>a. concerns (fears &amp; feelings) and beliefs (maturation, mental health/illness)</td>
<td>a. fear/concern(same as scheme 1)</td>
</tr>
<tr>
<td>b. knowledge and skills (relative to children with behavior problems, PBS and training on evidence based practices for behavior problems)</td>
<td>b. knowledge/skills/expertise (same as scheme1)</td>
</tr>
<tr>
<td></td>
<td>c. other staff (assistants, consultants, administrators, colleagues, supervisors)</td>
</tr>
</tbody>
</table>
Table 8

*Continued*

<table>
<thead>
<tr>
<th>Coding Scheme 1</th>
<th>Coding Scheme 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Impedes referral or provision of services</td>
<td>4. Parent factors</td>
</tr>
<tr>
<td>4. Parent factors</td>
<td>a. general comments (both positive and negative or veiled comments)</td>
</tr>
<tr>
<td>a. Cooperative – gives info and support</td>
<td>b. perceptions, positive (parent cooperative)</td>
</tr>
<tr>
<td>b. Gives inconsistent info</td>
<td>c. perceptions, negative (parent negative influence on child behavior)</td>
</tr>
<tr>
<td>c. Impedes referral or provision of services</td>
<td>d. cultural/language differences (influences communication and understanding)</td>
</tr>
<tr>
<td>e. deficit (views parent from deficit perspective)</td>
<td>5. Other factors – child</td>
</tr>
<tr>
<td>5. Other factors</td>
<td>a. developmental level</td>
</tr>
<tr>
<td>a. Child (development, ELL/DLL, SES, temperament/personality)</td>
<td>b. language (DLL or ELL)</td>
</tr>
<tr>
<td>b. Blame/responsibility (for child’s behavior)</td>
<td>c. socioeconomic status (SES)</td>
</tr>
<tr>
<td>6. Tipping point (informal or formal referral made)</td>
<td>d. temperament or personality traits</td>
</tr>
<tr>
<td>6. Other Factors – teacher</td>
<td></td>
</tr>
</tbody>
</table>

The researcher further refined coding categories and subcategories as a result of her analysis of all twelve transcripts using the coding scheme in Table 8. The number of categories was reduced to correspond to the three research
questions and all codes created as a result of data analysis were sorted to one of the three major categories, teacher factors, program-system factors, and other factors influencing referral decisions. Table 9 shows the final list of categories and subcategories of factors created as a result.

Table 9

*Categories and Subcategories of Factors Influencing Referral Decisions*

1. Teacher factors influencing referral decisions
   a. Perceptions of child behavior
      1. challenging vs. severe – professional definitions, teacher definitions
      2. teacher knowledge and beliefs about child behavior
      3. teacher feelings, attitudes, concerns about labeling/referring young child
      4. referral point – teacher decides child behavior needs informal or formal evaluation
   b. Perceptions of parents
      1. general comments – both positive and negative
      2. perceptions, positive – parents cooperative, support teacher decision
      3. perceptions, negative – parents uncooperative or incapable
      4. cultural/language differences

2. Program-system factors influencing referral decisions
   a. intra & inter-agency – within Head Start, between Head Start & public schools and/or other outside agencies
   b. service availability - within Head Start, public schools, other agencies
Table 9

Continued

c. other staff, helped or hindered

3. Other factors influencing referral decisions
   a. child risk factors
      1. developmental level
      2. language (DLL or ELL)
      3. poverty status
      4. temperament/personality traits
   b. teacher, competing responsibilities

The resulting themes and categories outlined in Table Nine allowed the researcher to understand and articulate the major issues teachers perceived as influencing their referral decisions. Table 9 was also used as an organizing framework to report the study results. The next section describes the results of the study and gives examples of factors teachers perceive as influencing their referral decisions for young children with behavior problems.
Chapter Four: Results

The study participants identified several factors they perceived as influencing their referral decisions for young children with behavior problems. These are included under the following categories; 1) teacher factors, 2) program-system factors, and 3) other factors not specifically identified by the research or practice literature. This chapter will begin with a description of teacher factors beginning with teachers’ perceptions of children’s challenging and severe behaviors as compared to the currently accepted definitions (Smith & Fox, 2003; Fox & Smith, 2007). Teachers’ knowledge and beliefs influencing their perceptions of children’s behavior and the point at which they request either an informal or informal evaluation will be described. Other teacher factors reported are teachers’ positive and negative perceptions of parents and the influence of cultural and language issues on teacher referral decisions.

Next program-system factors identified by study participants are described. These include intra and inter-agency issues within and between Head Start, public schools and/or other outside agencies, availability of services for an identified child, and other staff within and outside Head Start who either helped or hindered the teacher’s referral decision. The final section describes participant reported factors not otherwise identified in the research literature. These include child risk factors such as actual or perceived developmental delay or disability, dual language or English language learner, low socioeconomic or poverty status, and difficult
temperament or personality traits. Responsibilities in addition to teaching were perceived as competing with the lead teacher’s primary responsibility to her own classroom, thus delaying referral decisions. In one case the teacher held a dual role as lead teacher and back-up site manager; in another case a teacher was studying for a degree in another profession and was perceived as not invested in her primary responsibility as a lead teacher.

**Teacher Factors Influencing Referral Decisions**

In this section teacher descriptions of challenging and severe behavior are described followed by how teachers’ education and experience influenced their perceptions. Teachers’ concerns about labeling young children, talking to parents about children’s challenging behavior, and their referral point are discussed. This is followed by descriptions of teachers’ positive and negative perceptions of parents as either cooperating with or impeding teacher recommendations. Finally, teachers’ perceptions of the influence of family culture and language differences will be described.

**Challenging behavior.** Teachers’ referral decisions were affected by whether they perceived children’s behavior as either challenging or severe. Interview questions and the case study were designed to elicit teachers’ personal definitions of children’s behaviors. These responses were compared to the currently accepted definitions of those terms in the research and practice literature. According to Smith and Fox (2003) challenging behavior is “any repeated pattern of behavior, or perception of behavior, that interferes with or is at risk of interfering with optimal learning or engagement in prosocial interactions with peers and adults.” (p. 7).
Teachers described many behaviors they perceived as challenging either from their own experience or from the case study. The criteria used for coding behavior as challenging was based on the researcher’s interpretation of the Smith and Fox (2003) definition of challenging behavior and teachers’ using the word “challenging” when describing children’s behavior. Descriptions ranged from behavior perceived as disrespectful, “he’ll just roll his eyes at me and continue on,” and annoying, “they just can’t keep their hands to themselves,” to difficult, “kids hit, or scratch, or grab,” or “she enters into a fantasy world and has a really hard time working…and playing in the group.” Teachers appeared to accept that some children would exhibit challenging behavior and it was their responsibility to deal with it by teaching social skills and “…(the) rules and routine of the classroom.” Most teachers in the study did not perceive challenging behavior as a “behavior problem.” Teachers stated that in most cases challenging behavior was the result of “lack of exposure” to a group setting and behavioral expectations such as “learning to say please and thank you and taking turns.” Teacher quotes of child behaviors meeting the definition of challenging behavior are included in Table 10.

All teachers interviewed, regardless of education level or experience, considered the behaviors described in the case study as challenging or concerning. One teacher said, “This is…challenging behaviors; not normal for a four-year-old.” Another said, “I would say that would be pretty challenging.” None believed the case study child was exhibiting severe behavior. A teacher with an associate’s degree and only three months lead teaching experience stated, “He doesn’t have a behavior problem, he just needs…to be taught.” All teachers described strategies they would
try with the child prior to making a formal referral. Some examples included trying to “reason” with the child, teaching the schedule and classroom routines, giving positive reinforcement for desirable behavior, redirecting to another activity, repeatedly teaching problem solving skills, and giving and teaching respect. Two teachers with master’s degrees suggested making an informal referral to their “team” to consider evaluating the case study child’s speech or to observe him further.

**Severe behavior.** Severe behavior is distinguished from challenging behavior in that it is more frequent and intense and includes physical aggression toward one’s self, other children and teachers, destruction of classroom property, elopement (escape from the classroom), prolonged tantrums, verbal aggression, disruptive vocal and motor responding (e.g., screaming, echoing another’s response), noncompliance, and withdrawal (Fox & Smith, 2007). In many instances teachers gave examples of child behaviors that could be categorized as severe. Challenging behaviors were considered “a behavior problem” or severe when the child did not respond to typical teaching strategies over several months’ time. Teachers gave examples of some behaviors that were similar to the clinical definition of emotion and behavior disorders (APA, 2000). Teacher descriptions of severe behavior ranged from extreme physical aggression to withdrawal and anxiety. Examples of participant quotes in each category of behavior are included in Table 10.
### Table 10

**Teacher Quotes on Challenging and Severe Behavior**

<table>
<thead>
<tr>
<th>Challenging</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touching another child; bothering the person next to them; doesn’t want to sit by somebody</td>
<td>(When) … the child might be a danger; very physically aggressive and harmful to other children; he was a hitter and a kicker and a biter…a 4 year old biting is a problem</td>
</tr>
<tr>
<td>Doesn’t want to rest and have quiet time (during naptime)</td>
<td>(He) would cuss you out and spit at you…and run out the room; the constant threats…were concerning…telling the other children ‘I’m and gonna whoop your ass’… (using) spatula’s and and toys (as weapons)</td>
</tr>
<tr>
<td>Talking when they should be listening interrupting adult conversations</td>
<td>The child would respond with strange things…he said there was someone playing basketball outside when no such person existed</td>
</tr>
<tr>
<td>Don’t have any self-help skills; don’t know how to use materials</td>
<td>They just become very fixated on a particular item; severe…would be…lining up toys, twirling around…(not) engaged in what we’re doing</td>
</tr>
<tr>
<td>They think they are the teacher and the world revolves around them</td>
<td>The child) could be happy one minute and really, really angry the next, throwing things across the room</td>
</tr>
<tr>
<td>He would constantly turn the lights on and off</td>
<td>There was a little girl (who) would actually pee on herself</td>
</tr>
<tr>
<td>Defiance …not following the rules in this room; when I ask him to listen, me he’ll just roll his eyes and continue on; he was going to do what wanted to do when he wanted to do it</td>
<td>Child…cried (starting) about two weeks in… it happens every day, she has severe anxiety …screams and is not really consolable</td>
</tr>
<tr>
<td>She was sneaky and a situation manipulator…she would look at you when she did it (dumping sand on the floor, knocking over blocks)…it wasn’t an accident</td>
<td>Multiple tantrums; push(ing) over the table; at throwing toys; throwing chairs…that’s pretty severe</td>
</tr>
<tr>
<td>Throwing tantrums; throw himself on the floor and scream and kick</td>
<td>Stuffing straws down his throat until he would choke</td>
</tr>
<tr>
<td>Children that use the “F” word; yelling and cussing</td>
<td></td>
</tr>
<tr>
<td>A child hitting other children or just being mean</td>
<td></td>
</tr>
</tbody>
</table>
Similarities and discrepancies between teachers’ descriptions of challenging or severe behavior were noted by the researcher. While all teachers’ described challenging behaviors as challenging some teachers described severe behaviors as only “challenging.” For example, one teacher talked about reviewing the case file of a child who was extremely physically aggressive, hitting, biting, punching, and kicking other children and adults. She followed this description by saying, “there are some teachers that would consider that so severe that they would immediately try to get steps in place…but that’s not the choice I make as a professional…” Another described a child who “would just jump from table, furniture or anything” as “very challenging.” A third teacher said, “if a child is aggressively hitting and hurting...(and) you just don’t know …what’s going to be the predetermined factor before they hit someone…that’s probably one of the most challenging behaviors I have had.” The researcher investigated the demographic characteristics of teachers and compared them to individual responses to see if there were any connections. The next section describes the results of this analysis.

**Teacher knowledge and beliefs about child behavior.** Research suggests that teacher levels of education and experience influence their knowledge and perceptions of children’s behavior and is a factor influencing referral decisions (Powell et al., 2003; Powell, et al., 2007). While all teachers interviewed described behavior that could be categorized as challenging according to the Smith and Fox (2003) definition, six teachers described behaviors as challenging that met the Fox and Smith (2007) definition of severe.
For the six teachers who described severe behaviors as merely challenging (henceforth called Group Y), all held a Birth to Kindergarten (B-K) teaching license, three had bachelor’s degrees, three had a master’s degree, and all except one teacher had greater than 5 years’ experience as a lead teacher with an average of 5.9 years. In comparison, the other six teachers who described challenging behaviors as challenging and severe behaviors as severe (henceforth called Group N), only four held a B-K teaching license, two held Associates Degrees, two bachelor’s degrees, and two master’s degrees. Two had less than a year as lead teachers and the others had greater than five years’ experience with an average of 8.8 years. Although the teachers with bachelor’s and master’s degrees were in both groups, only Group N had teachers with associate’s degrees.

Years of experience as a lead teacher did not appear to be a factor in whether teachers in this study described severe behavior as only challenging. Group Y averaged 5.9 years’ experience as opposed to the 8.8 years for Group N. The administration and location of the Head Start program did not appear to be strongly correlated to teachers’ definitions. Group Y teachers were located in each of the three types of programs although three of the six taught in the same public school program. The researcher then looked at the university or college where teachers reported receiving their degrees. In Group Y, four of the six received their bachelor’s or master’s degrees from the same university early childhood education program, U-1. The other two received degrees from two different university programs (U-3 and unknown). In Group N, two teachers received degrees from U-1, one a bachelor’s and the other a master’s degree. Two teachers in Group N attended community college. Of the
remaining two teachers in Group N, one received a master’s degree at U-2 and the other a bachelor’s degree at an unknown university. These results suggest more educated teachers may feel more capable in handling and/or more tolerant of severe behaviors in young children and thus delay making referrals. It is also possible teachers receiving degrees from a specific higher education program, regardless of education level, or teachers working in a public school based Head Start program may feel more capable and tolerant as a result of specific training or support received. See Table 11 for a summary of teacher demographic information by response.

Table 11

<table>
<thead>
<tr>
<th>Program administered/located</th>
<th>Teacherb</th>
<th>Severe described as challenging</th>
<th>Lead teacher yr/mo experience</th>
<th>Highest education</th>
<th>License or certifications heldc</th>
<th>Degree granting institutiond</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Yes</td>
<td>4</td>
<td>BAEd</td>
<td>B-K</td>
<td>U1</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>No</td>
<td>17</td>
<td>AA</td>
<td>none</td>
<td>CC</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>No</td>
<td>9</td>
<td>MEd</td>
<td>B-K</td>
<td>U2</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Yes</td>
<td>8</td>
<td>BA</td>
<td>B-K</td>
<td>U3</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>No</td>
<td>6 mo</td>
<td>AA</td>
<td>none</td>
<td>CC</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Yes</td>
<td>5</td>
<td>MEd</td>
<td>B-K</td>
<td>U1</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Yes</td>
<td>3 mo</td>
<td>BA</td>
<td>B-K; K-6; SpEd(1)</td>
<td>U1</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>No</td>
<td>5</td>
<td>BA</td>
<td>B-K</td>
<td>unknown</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Yes</td>
<td>12</td>
<td>MEd</td>
<td>B-K</td>
<td>unknown</td>
<td></td>
</tr>
</tbody>
</table>
Table 11

*Continued*

<table>
<thead>
<tr>
<th>Program administered/located</th>
<th>Teacher(^a)</th>
<th>Severe described as challenging</th>
<th>Lead teacher yr/mo experience</th>
<th>Highest education or certifications held(^b)</th>
<th>License granting institution(^f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP / PS</td>
<td>E</td>
<td>11 No</td>
<td>3 mo BA</td>
<td>B-K, K-6, SpEd(2)</td>
<td>U1</td>
</tr>
<tr>
<td>E</td>
<td>12 No</td>
<td>21 MEd</td>
<td>B-K, L/D, EMH, B/EH</td>
<td>U1</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>13 Yes</td>
<td>6 MEd</td>
<td>B-K, K-6; NBCT-ECE</td>
<td>U1</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\)NP = non-profit agency; \(^b\)CB = community-based; \(^f\)PS = city or county public school.

\(^d\)AA = Associate of Arts; BA = Bachelor of Arts; BAEd = Bachelor of Arts in Education; MEd = Masters of Education

\(^e\)B-K = Birth to Kindergarten; K-6 = Kindergarten to grade 6; SpEd(1) = Special Education general curriculum; SpEd(2) = Special Education mild/moderate; L/D = Learning Disabilities; EMH = Emotional Mental Health; B/EH = Behavioral Emotional Health; NBCT-ECE = National Board Certified Teacher-Early Childhood Education

\(^g\)U= university; U1, U2, U3 were all located in North Carolina; CC= community college

\(^h\)=teacher 4 interview did not record and not included in data analysis

Teacher feelings and concerns about child behavior. Other teacher factors identified in the research literature include teachers’ feelings and concerns about labeling or referring a young child with a potential mental health or behavioral disorder and their perceptions of challenging behavior in young children as developmentally typical (Dunlap, et al., 2006; Fantuzzo, 1999; Powell, et al., 2003, 2007). In this study teacher concerns appear to influence teachers’ referral point. Teacher concerns ranged from wanting to give children more time to worries about parents’ reactions when hearing about their child’s behavior. These concerns influenced teachers’ referral decisions in a variety of ways described below.

Teacher concerns about labeling or referring young children. Teachers’ concerns about labeling a child were expressed in several ways. Teacher concerns seemed to focus on several issues including 1) allowing children more time to adjust to
the classroom, 2) worry resulting from their inexperience with specific behavior, and 3) concern about negative connotations of labeling. One teacher said, “…while I’m seeing some things…that concern me, it’s not fair to that child …until they’ve had an opportunity to have some time…” Another teacher described holding back on making a decision to ask for help beyond consulting with her site director; “I’m kind of in a holding pattern with this one… this is something new that I have not experienced before and it’s severe aggression… I’m at such a loss because I find it very scary.” Several teachers described concerns with labeling. One stated “you don’t want to label kids so early…and being pinned on with ‘I have a behavior problem’ so early is…like…giving up on that kid.”

Teachers also expressed concern about talking with parents about a child’s challenging behavior because “the parent flies off the handle.” In addition a teacher expressed concern about having to talk with other parents whose children were the victims of a child with challenging behavior; “…you don’t want to have to tell them that their child got hit.” One teacher spoke extensively about how she holds herself accountable for children’s behavior; “…at the end of the day if they’re still having problems then what am I doing that’s not helping them? …I’ve done everything I can do and I don’t know what to do about this.” These statements appear to reflect a reluctance to take the next step in the referral process.

**Referral point or “tipping” point.** In this study the concept of referral point was used to describe when the teacher decided the child’s behavior warranted an informal or formal evaluation. As noted previously, teachers’ referral decisions were influenced by both personal and professional perceptions of child behavior, hence, the criteria they
used to make those decisions varied widely. Teachers’ personal perceptions were often mentioned in their descriptions of their “tipping point.” For example, some study participants described how a child's behavior was “making me bananas” or was becoming very “frustrating.”

One “tipping point” described by all teachers was when the child was perceived to be a danger to himself or herself and others. For example, one teacher said, “You see something… you know it’s dangerous…you try to act upon it.” When behaviors were not dangerous, teachers used their judgment in deciding when to take the next step. One teacher described this by saying, “my tipping point would be the consistency of…behavior...(if it was) every day…and it continued for more than two weeks.” Other teachers described a process of trial and error, “changing my teaching style,” teaching social skills and working with parents but “If we are still not getting anywhere and … when we really realize that this is not helping” would then make a referral. Another teacher said, “You know what, I’ve tried this and I’ve tried that…I don’t think there is any certain set amount of time, I think it is probably different with each child. My thing is, if I feel like I’ve tried everything I can try and know to do and I’m still not getting through that something has got to give.”

Other criteria that pushed teachers to begin the referral process included concern for the actual or perceived effect the child with behavior problems was having on the other children in the class as the point when they decided to make a referral. One teacher’s referral point was when a child’s intense crying started bothering other children as well as teachers. She said, “The other children (were saying) ‘It hurts my
ears,' looking at her and (asking) ‘What’s wrong with her? Why is she crying?’”

Another teacher described a situation that made her realize a child with behavior problems needed a referral. When the child was absent and “the children are all playing together…and they are not (saying), ‘Ms. ____, so and so hit me.’” A third teacher described a child’s behavior as severe when “…you feel like all your focus is being put on just controlling the behaviors of that one child.”

For some teachers in this study there was little or no delay in determining that a child’s challenging behavior warranted additional support. In those cases, the referral point was quick. One teacher stated “…you sort of have that intuition within the first month” and another said “I can kind of tell at the home visit.” For the majority of teachers the decision to refer is made after “a significant amount of time” or “…when we really realize that this is not helping.” For the teachers in this study the timing of making a referral decision appeared to be related to their perceptions of the severity and/or intensity of the child’s behavior rather than a specific time frame or behavior count; “it’s not like three bites you are out kind of thing.”

In summary, teachers’ concerns regarding children’s behavior influenced how soon and whether or not they decided to make a referral. Concerns included labeling or referring a young child with a potential mental health or behavioral disorder, sharing potentially disturbing information with parents, and perceptions of some challenging behavior as normative in young children. Other teacher concerns centered around the teacher’s focus on the target child, the child’s disruption of the class, and its effect on other children.
Teachers’ perceptions of parents. Teachers’ perceptions of parents were a main concern in all interviews. Parents were perceived as supporting or impeding teachers’ referral decisions by their ability and/or willingness to cooperate with teachers’ recommendations. Teachers perceptions of parents were either positive, negative, or both. Comments ranged from perceptions of parents as cooperative and helpful to parents being unable or unwilling to work on improving the child’s behavior. Some teachers expressed ambivalent or mixed feelings about parents. Teachers described difficulties in communicating with non-English speaking parents and cultural differences between parent and school priorities as impeding their referral decisions.

Teachers’ positive perceptions. Parents were perceived positively when they were proactive in sharing information about their child’s challenging behavior, supported the teacher’s evaluation of the child’s behavior, and valued the importance of parenting as it influenced child behavior and supported school priorities. In the following examples, teachers describe how parents give information and support and cooperate with teacher and program; “A lot of time the parents tip us off at the very beginning…’oh yeah, you are going to have problems…he doesn’t like to share and fights with his friends.’” “Most of the parents if they are open and honest and they think there is a problem they will relay that to us.” When parents agreed with the teacher’s assessment of the child or followed through with an evaluation, they were perceived positively; “I was talking with the parent about my concerns and the parent was very willing and wanted the help.”
Even when the teacher had an overall positive perception of the importance of working with parents, some teacher comments perceived that being “open and honest” meant valuing the teacher’s expertise and school priorities. For example one teacher said “I don’t want them to be frustrated with me or with the rules of school,” insinuating that the “rules of school” were imperative. Other teachers described the importance of involving parents in the decision making process but with a particular focus on sharing information about how what might be happening at home could be influencing the child’s behavior at school as opposed to the reverse. One teacher described talking to parents about a child’s attention seeking behavior. “I talked to (the parents)…trying to get a sense for what kind of engagement they have with (the child) at home and why they might be so attention seeking at school.”

**Teachers’ negative perceptions.** The majority of comments about parents’ influence on children’s challenging behaviors and on the referral process were overtly or subtly negative perceptions. Teachers’ negative impressions of parents ranged from mild expressions of disappointment to serious concerns about potential harm to the child. Most teachers described parents as not doing all they could for the child. For instance, one teacher noted “I look at them and I look at their life and all of the challenges that they face on a regular basis and I think …they still bring their kids to school as much as they can.” At the other extreme, several teachers described potential or actual abuse or neglect cases. One teacher said, “I thought he was being battered…because he often talked about so many whippings and things like that.” In another case the teacher suspected the parent had a drinking problem because “…her face was always red” and “…by the way she carried on.”
Another teacher expressed her concern about a child’s acting out behavior when she said, “I felt like I needed to maybe call child protective services.”

Study participants made subtle comments about their perceptions of families as not having the best interests of the child in mind when parents impeded the referral or refused services for an identified child. As one teacher stated, “Sometimes parents are really not interested in outside help.” In another case a teacher described initiating a referral for a child with strange behaviors for whom she had serious concerns. When “Mom only had testing done for his education” instead of for his behavior, she stated her belief the parent was “in denial about child’s problem.” Another teacher described a child whose behavior she considered severe. The child would pretend to kill dolls and said “I wish I could die and not be here anymore.” When the teacher and other staff in the program approached the parents about their concerns, the teacher stated, “They ended up pulling him (out of the program).”

Many study participants made explicit comments indicating negative perceptions of parents and parenting styles and their influence on the child’s school readiness and behavior in preschool. Comments mainly revolved around issues related to lack of structure, routines, and communication models provided in the home. One teacher reiterated what many other teachers noted when she explained, “so much of school culture in this country and specifically in this community is structured…if you can’t follow that routine, you’re going to be completely unsuccessful.” Routines in the home such as “coming to…sit at the table,” paying “enough attention,” or providing positive behavior guidance “to keep
them from doing it (misbehaving)” were mentioned as influencing the child’s behavior in school.

Negative communication models from the home were also described as influencing children’s behavior in school. Teachers stated how they see “people in the home are yelling back and forth to each other.” In another case, “I’ve seen a battle between the parents” and how “…this just carries over.” Disagreement or miscommunication between mothers and fathers or between parents and grandparents over the child’s behavior problems was another issue identified by study participants. Other teachers talked about children yelling and screaming at friends and slapping and hitting because “she has had all of this modeling (at home).” Another teacher described a child as “repeating what he had seen and heard” when he said “I’m going to whoop your ass!” Comments about the “environment” outside of school were interpreted as negative perceptions of the child’s home life. For example one teacher said, “…a three-year-old was not born knowing the “F” word. So you know that it was environment.” Teachers’ interpreted children’s home life, particularly parents’ communication and parenting styles, as contributing to children’s challenging behaviors in school.

In the situations described above, teachers viewed themselves as the experts when it came to the child’s behavior and school readiness. Parents were viewed as needing to follow the teachers’ and schools’ recommendations in these areas. One teacher stated, “Parents don’t believe what we have to say and don’t believe what will happen if they don’t get help.” Another view of parents was “Sometimes the parents are more challenging than the children.” Parent behavior and inadequate
parenting skills were perceived as the main factor contributing to their child’s challenging or severe behavior. One teacher stated “The challenging behaviors are more with the parents…getting them to use…our behavior management techniques at home.” Other teachers echoed this perception when they talked about parents not following through with suggestions at home. When parents did not follow teachers’ pre-referral suggestions, they were seen as continuing to negatively influence the child’s behavior. This view carried over into teachers’ referral decisions as well.

Teachers stated that some parents were in denial about the seriousness of their child’s behavior at best or, at worst, opposed the teacher’s appraisal of the child’s behavior. Opposition to the teacher’s assessment of the child’s behavior ranged from ignoring the teacher’s suggestions to refusal to follow through on recommended evaluations and services to withdrawing the child from the program. Every teacher interviewed stated that parents’ refusal to follow through on recommendations, agree to a referral, or an evaluation were factors influencing their referral decisions.

**Ambivalent or mixed perceptions.** Some study participants made contradictory statements indicating ambivalent or mixed feelings about parents, parent involvement, and parent choices, often in the same sentence. Teachers talked about how important it was to understand and work collaboratively with parents and their desire to do so. However, when parents’ priorities and choices differed from theirs, teachers’ critiqued parent choices. One teacher said, “It might not be the choice that we would make for our children but it’s their choice to
make...and you want parents...to make choices that you would make as a well-educated professional.” Another teacher described feeling sympathetic to the pressures parents were under and wanting parents to feel welcome in the classroom while simultaneously reinforcing the expectation that parents should comply with “the rules of school.” She said, “I find (it) challenging helping them...working with their stresses at home, such as getting to school on time and...getting the car started or using the car or having a car or putting gas in the car or getting up on time, with helping them feel welcome in the classroom and helping them understand that it’s important getting to school on time.” These comments suggest that teachers understand the importance of and desire to work collaboratively but struggle when their opinions and priorities are different from parents.

Family cultural/language differences. Not surprisingly, teacher communication with parents about child behavior was impacted by differences in language, cultural values, and the parents’ immigrant status. One teacher suggested “the children are affected by their parents’ fears because they are here illegally.” Some teachers perceived communication with parents as challenging when the parent’s primary language was not English. Language barriers caused delays in communication and the necessity to involve other staff to act as translators, complicating or slowing down the referral process. Sample comments included, “(The) family service coordinator and myself will talk about who would like to address the parent... if it is a language barrier” and “Over half my class is Spanish speakers... And to talk to those parents... I can’t always communicate with them.”
In one particularly challenging case a teacher described a long process of trying to communicate with a parent who was a recent immigrant from a small country where a unique dialect of the language was spoken. There were few translators available to assist the teacher in sharing her concerns about the child’s challenging behavior. “That situation was exceptionally hard because the mom…didn’t know how to tell us things…she’s trying to tell me about this hospital visit and I’m not understanding what she’s meaning because she doesn’t have the English vocabulary to really tell me what happened.” Although only five teachers commented on family cultural and language differences, in each case they were perceived as a barrier influencing the teacher’s ability to make a referral for the a child with behavior problems.

In summary, parental factors such as non-English speaking parents and parents who were immigrants promoted or impeded teachers’ referral decisions for children with challenging behavior. Teachers wished to work collaboratively with parents but found it difficult when parent priorities and choices differed from theirs. Cultural and language barriers contributed to delays in teachers’ referrals. The next section describes some factors related to both the Head Start program and other programs and systems that teachers perceive as influencing their referral decisions for behaviorally challenged children.

**Program-system Factors Influencing Referral Decisions**

The research literature identified two main programs and systems issues influencing teachers’ referral decisions. The first was availability of programs and services for young children with behavior problems and the second was the existence of well-coordinated referral systems within Head Start and between Head
Start and outside agencies (Powell, et al., 2003; Powell et al., 2007). While teachers in this study identified some of these issues, they were not perceived as major factors influencing their referral decisions. The next sections describe three types of program and systems issues identified by teachers in this study. They include intra and inter-agency referral issues within Head Start and between Head Start and public schools and/or other outside agencies. Also included in this section are those issues related to availability of services for an identified child both within Head Start and outside agencies. Finally teachers’ descriptions of how other staff from Head Start and outside agencies helped or hindered their referral decisions will be presented.

**Intra and Inter-agency Issues.** Teachers described different types of programs and systems issues within Head Start and between Head start and other agencies influencing teachers’ referral decisions. In general, referral systems within each of the Head Start programs were described by teachers as clear and supportive. Several teachers described the new employee orientation and annual process when they received information about “exactly what the procedure should be if you have concern about a child.” This system was in place in every Head Start program for all the study participants although the exact process differed slightly between programs. One teacher described having “stuff thrown at us left and right” and being “nervous” because there were “so many different” types of referrals. “It was confusing at first, but we have a chain of command” and “I had this notebook” that explained procedures and who to contact. Teachers in four of the five programs in this study talked about a notebook or “handbook” that provided guidance for them.
on multiple referral processes and who to contact for assistance. This resource was often cited when teachers were describing the referral process for children with challenging behavior but was not available for review by the researcher.

Teachers in each program described routine visits by “various individuals in our Head Start program” or “mental health consultants” who were contracted from outside agencies. These individuals came to observe classrooms and “make suggestions for the classroom” or to “observe a child” in the classroom. This program was described as beneficial to “help me develop a plan to address…behaviors.” Another resource teachers found helpful with Head Start were regular “team meeting(s)…where we talk about concerns…and decide…if there is a behavior problem…and figure out something.”

Study participants described program and systems issues occasionally impeding their referral of children with behavior problems. New teacher orientation and annual orientation were viewed positively by all but one teacher who stated she didn’t know the process for making a referral for behavior problems. Another issue described was specific to two programs, Program C, a program administered and located in a public school system and Program E, a program administered by a non-profit agency and located in public schools. In those two programs some teachers talked about having “several bosses” and juggling demands from each of those bosses. As one teacher said, “I have a principal, I have an educational coordinator, I have a PreK coordinator…the More at Four people…our mental health coordinator…they all want to make sure our mandates are being met. I need to make sure that I’m always on top of (that)…besides meeting the educational and
mental health needs of my children.” For other teachers in those programs, figuring out what the roles and responsibilities of each of their “bosses” was a challenge. While the principal was on site, the Head Start administration was in another location. Principals were mainly responsible for the physical plant and overseeing teaching assistants although some principals provided support for Head Start teachers or for a child with behavior problems. Head Start staff was the teachers’ immediate supervisors and provided support related to children and families. Several teachers talked about the challenges of getting immediate help when a child was having behavior problems when the Head Start administration was located in another site, “a good ten minute drive from my school.” While these program and system issues occasionally delayed referrals, they were not described as seriously impeding that process.

An issue emphasized by every teacher was the perception that they as individuals and the Head Start program as a whole had limited authority to compel the family to “get help” for the child and to comply with requests for evaluation and services. They described the differences they saw in the public school’s system for dealing with children with behavior problems. They described how public schools can call parents at work to come get the child, and suspend students with behavior problems. If behavior escalates or does not improve, children can be enrolled in a special “school for behaviorally challenged children.” One teacher stated that even if parents refuse permission for referrals Head Start doesn’t expel the child, “we have never kicked anybody out of the program.”
Service availability. Teachers in this study described many services available for children with behavior problems and the process of eligibility for services. Services included those provided by Head Start such as mental health consultants and such as the Head Start mental health coordinator or special services coordinator. Teachers also talked about services available for children with behavior problems through special education in public schools and therapeutic services for children and their families provided by community-based mental health agencies. One teacher described the availability of services saying, “We’re in a wealthy area for early childhood education.” Another teacher named several agencies to which they could make a referral, “Carolina Outreach or El Futuro if it’s a Spanish (speaking) child, or Kidscope to get outside therapies…or Children’s Therapy Associates…to get other things the child might need.” In general, availability of community based services promoted teachers’ referral decisions. With so many services available, teachers typically had several referral options for children with behavior problems.

In a few instances teachers described how the process of eligibility for services impeded their referral decisions. In one case a teacher described a child “who had a very specific set of severe behaviors…a serious emotional disturbance,” who was referred for testing, but “didn’t qualify for anything.” Another child was described by the teacher as having “very serious emotional problems. “I know intuitively that something is not right” but “she didn’t qualify.” One teacher stated that as a result of these kinds of experiences she “learn(ed) very quickly…not to refer children for a specific behavior issue.” Another teacher described holding off
on making a referral for “behavioral concerns” and first recommending a “speech language diagnostic exam” because “I can’t get the child into the school system…unless they qualify for speech/language…or… cognitive needs” even when “they are showing us that working in the group situation is very frustrating for them.” These cases illustrate the “wait to fail” approach (Yell & Drasgow, 2007) for special education services. Results of this study reveal how this approach impeded some teachers’ referral decisions.

Other staff. An interesting finding was the frequency study participants described many staff as helpful or assisting them with their referral decisions. Such staff included colleagues, Head start coordinators or specialists, mental health consultants, staff from therapeutic agencies, allied health professionals, and public school personnel. Teachers in this study had positive experiences with other staff, those within Head Start and those in outside agencies. Some of the ways other staff assisted teachers were observing classrooms, problem solving, advising, talking with parents, setting up meetings, and coordinating referrals with outside agencies. One teacher talked about the support she gets from Head Start staff, “I have learned…that everybody is very willing to help.” Another described getting support from her school principal, “I’m really lucky to have an administration that really supports early childhood and that is more than willing to support me.” All the teachers described mental health or behavioral specialists from within Head Start, from outside agencies, and from public schools as most helpful and supporting their referral decisions. Study participants did not describe any staff who hindered their referral decisions.
In summary, teachers generally described the referral process and other programs and systems within their programs as supporting their referral decisions. Particular factors supporting their referrals included other staff, both from within and outside Head Start, handbook outlining referral procedures, and availability of multiple service options for children and families. Teachers identified some inter-agency issues occasionally hindering their referral decisions. These included demands from multiple “bosses,” special education eligibility criteria, and Head Start’s limited authority in getting parents to comply with their referral requests.

**Other Factors Influencing Referral Decisions**

Two other categories of factors influencing preschool teachers’ referral decisions emerged from this study not previously identified in the research literature. The first category of other factors includes perceptions of child risk factors teachers described as reasons to delay referring an identified child. The second category of other factors concerns teachers’ other responsibilities, in addition to teaching, that caused them to delay referrals.

**Actual or perceived child risk factors.** This category of factors described by teachers was related to child characteristics teachers perceived as not directly attributable to parenting or the home environment. These included the child’s developmental level or disability status, their status as second language learners, socioeconomic status, and temperament or personality traits. If teachers perceived the child’s behavior problems were the result of one of these characteristics it appears they were more likely to delay a referral. Several teachers made statements suggesting they were more likely to wait and see if the child’s behaviors
improved as a result of participating in their program. It seems the teachers were more likely to “excuse” the child’s behaviors if it was related to circumstances they perceived as beyond the child or parent’s control. One teacher summed it up how some child characteristics influenced her referral decisions in this way; “Age, given their age and given the place that they’re from, their economic background… a child like that, I wouldn’t refer right off the bat…”

**Developmental level.** The child’s developmental level or disability status appeared to be a reason some teachers delayed referring the child for his or her behavior problems. One teacher described how she changes her teaching style before making a referral, “especially with some of the ADHD (children with attention deficit hyperactivity disorder)…” Another teacher stated she wouldn’t refer a child who was blind and another with autism for behavior problems because “it is totally connected to (their) disability.” Teachers who suspected a child had a developmental delay also delayed referring the child for an evaluation for behavior problems. Such developmental factors influencing child behavior included prematurity and suspected cognitive delay. In describing a three year old with apparent delays the teacher stated, “We decided right now we need to hold off because we think some of it is just typical 18-month old (behavior)…” implying the child’s challenging behavior is typical given the child’s developmental level. For children with speech or communication delays exhibiting behavior problems, another teacher she would delay referring for behavior problems because “they can’t communicate their likes and dislikes” as a result of their special needs.
**Language.** Some teachers delayed referrals for children who were dual language or second language learners. They suggested that child behavior was a result of not understanding English. “I had one student that was Hispanic…he could not understand me and we were trying to communicate with each other and he would seem to get very upset because he couldn’t understand me.” Another teacher described how a parent spoke both English and the family’s native language to the child in the same sentence, potentially confusing him. She also described behaviors that were indicative of possible developmental delay but held off on referring because of his language situation.

**Poverty.** Teachers attributed low socioeconomic status or living in poverty as a factor influencing child behavior and a reason they might delay making a referral for a child. Teachers did not attribute the child’s poverty status to the parents but saw poverty as an issue unto itself; “Poverty in itself has a particular set of challenges.” One teacher described how she “take(s) a step back and put(s) everything in perspective” when looking at a child living in poverty who exhibits behavior problems. “If you’re a three year old and you live in unsafe Section housing…if you live in an area where you see violence every day, that’s what you know and that’s how you know how to handle problems.” Another teacher described how she held back from making a referral for a child who was “very, very poor” and hadn’t had “outside experiences;” “they have never seen toys, they’ve never seen materials, they have no concept of what to do with things…” Teachers felt that a child experiencing poverty needed extra time before they initiated a referral for behavior problems.
**Temperament/personality traits.** Some children’s challenging behavior was attributed to innate temperament or personality traits described as a reason for delaying a referral. In response to a question about whether having tantrums was a problem, a teacher said “No, I think that some children, that’s their way.” Another teacher said, “there are a few children…who have a lot of difficulty playing together…they are my very outgoing kids who have a lot of personality.” Children who “do some acting out” during group time were perceived “attention-seeking” by one teacher but not as needing a referral. In each case the behaviors described were considered severe but children were not referred. Teachers who expressed this view seemed to be noting that the child’s temperament or personality traits were the reason for their behaviors and for delaying a referral.

**Teachers’ competing responsibilities.** A final factor influencing referral decisions not previously identified in the research literature was described by two teachers in this study. Additional responsibilities, both within and outside of the Head Start program, competed with the teacher’s primary responsibility as a lead teacher in a classroom. One teacher described her dual responsibilities as a teacher and back-up to the site manager as influencing her work with children with challenging behavior both within her classroom and with other teachers in her program. When other teachers needed help with children with challenging behavior, they brought them to her. In addition she alluded to being “pulled several different ways….sometimes I’m at different areas of the building when I could be in the classroom. That’s the only thing that I would say that would be a downfall…I am pulled to handle different situations (when) I could handle … my classroom.” This
statement, although subtle, suggests the teacher felt torn between her primary responsibility as lead teacher for her own classroom and responsibilities to teachers and children in other classrooms. She was helping children with challenging behavior from other classrooms rather than in her own classroom.

Another teacher described a colleague in her program who had several children with severe behavior problems while “she was going to school for a profession outside… education.” Those children’s behaviors included physical aggression, elopement, and property destruction. The study participant described her perception of how that competing responsibility influenced her colleague’s referral decisions; “When all those things started to happen, she just checked out and the system checked out with her.” This statement appears to allude to the other teacher’s lack of commitment to follow through on the child’s referral. These teachers competing responsibilities appeared to interfere with their ability to follow up with children’s challenging behaviors in their own classrooms, influencing their referral decisions. In the first case it appears the teacher’s administrative responsibility influenced the time she could spend in her own classroom potentially delaying referrals. In the second case, the teacher “checked out” and did not follow through with referrals, despite the severity of the children’s behavior problems.

In summary, other factors not previously identified influencing preschool teachers’ referral decisions included child risk factors teachers perceived as not directly attributable to parenting and teacher’s responsibilities in addition to their role as lead teachers. Teachers were more likely to delay a referral if they believed the child’s behavior problems were due to perceived or actual child risk factors. Child
risk factors included the child’s developmental level or disability status, the child’s poverty status, whether the child was a second language learner, and the child’s temperament or personality traits. Teachers appeared to “excuse” children’s behavior problems and delayed referrals when they perceived children had one of these risk factors. Two study participants described competing responsibilities in addition to their main role as classroom teachers. One teacher was a back-up to the site director and the other was enrolled in a degree program for a profession outside of education. These competing responsibilities were perceived as directly or indirectly influenced referral decisions for children with behavior problems.

The next chapter provides a thorough discussion of study results based on teacher, system, and other factors influencing teacher referral decisions. Implications of study findings, study limitations, and suggestions for future research are provided.
Chapter Five: Discussion

The purpose of the study was to identify preschool teachers’ perceptions of factors influencing their informal and formal referral decisions for young children with behavior problems. Two categories of factors identified in the research literature influencing teachers’ referral decisions were teacher factors and program-systems factors (Dunlap, et al., 2006; Fantuzzo, et al, 1999; Fantuzzo, et al., 2005; Kauffman, 1999; Powell, et al., 2003; Powell, et al., 2007). Research questions guiding this study focused on identifying teacher factors, program-systems factors, and other factors teachers described as promoting or impeding their referral decisions.

The research literature identified teacher factors influencing teachers’ referral decisions as 1) teachers’ knowledge, skills and expertise; 2) teachers’ perceptions, and beliefs about behavior problems in young children. In this study teacher factors included 1) teachers’ perception of children’s challenging and severe behaviors as compared to the currently accepted professional definitions by Fox and Smith (2003, 2007); 2) teachers’ knowledge, skills, and expertise as it influenced their perceptions of children’s behavior and their referral point; 3) teachers’ positive and negative perceptions of parents; and 4) the influence of cultural and language issues on teacher referral decisions. The results of this study supported prior research on teachers’ knowledge, skills and expertise about young children’s behavior and how that supported or impeded their referral decisions.
Teachers’ perceptions of challenging and severe behaviors were mostly accurate as compared to the Fox and Smith definitions. However, it appears that some teachers were more tolerant of severe behaviors in young children and perceived them as only challenging. The main difference between the results of this study and the research literature was in the area of teachers’ perceptions of parents. Parents were perceived as a major factor influencing their referral decisions. Parents were perceived positively when they supported teacher recommendations and assessment of child behavior. Parents were perceived negatively when they opposed or impeded teachers’ recommendations. Some teachers in this study expressed both positive and negative perceptions of parents, sometimes in the same sentence. Differences in culture and language were seen as a barrier to teachers’ referral decisions.

Program-systems factors identified in the literature included 1) lack of appropriate screening and diagnostic tools and inconsistent eligibility determination; 2) lack of services for an identified child; 3) unclear or uncoordinated referral systems within early childhood programs and between early childhood programs, special education, and community-based therapeutic and mental health services. In this study program-system factors identified by teachers included 1) intra and inter-agency issues within and between Head Start, public schools and/or other outside agencies, 2) availability of services for an identified child; and 3) other staff within and outside Head Start who either helped or hindered the teacher’s referral decision. The main focus of the research literature was on the inadequacies of programs and
systems for identification and service to young children with behavior problems.

This was not the case in this study.

A third category, other factors not previously identified by the research or practice literature was identified in this study. Other factors included actual or perceived child risk factors that influenced teachers’ decisions to delay referral. Child risk factors included 1) an actual or perceived developmental delay or disability; 2) if the child was a dual language or English language learner; 3) the child’s low socioeconomic level or poverty status; and 4) the child’s temperament or personality traits. Teachers perceived these factors as beyond their or the parents’ control, thus delaying referrals for children’s behavior problems.

According to social cognitive theory, the conceptual framework guiding this study, a teacher’s agency and self-efficacy are influenced when one or more of the above named factors are present (Bandura, 2004). Teachers’ agency is defined in this study as intentionality in action (Bandura, 2004). Teachers’ self-efficacy or feelings of effectiveness with children is also influenced by the factors identified in the research (Liljequist & Renk, 2007). Program-systems factors and teacher factors can either positively or negatively affect teachers’ agency and self-efficacy, ultimately influencing their referral decisions for children with behavior problems. For example when the system for identification and referral for young children with behavior problems is unclear or non-existent, teachers may feel powerless to take any further action or make a referral. In this study, teachers described programs and systems that supported their referral decisions. When services are unavailable for a child identified with behavior problems or parents refuse permission for
evaluation, teachers may feel it’s useless to take further action. While teachers in this study described multiple services available for children, most often parents were perceived as impeding evaluation and/or provision of services. When teachers feel knowledgeable about child behavior, how to use positive behavior support strategies, and be able to consult with either intra- and inter-agency personnel, they may be more likely to make a referral. Teachers in this study perceived intra- and inter-agency staff as supportive and helpful in supporting their referral decisions.

The factors identified in the research and in this study affected teachers’ agency and self-efficacy and their ability to make referrals for children with behavior problems. Clear and supportive programs and systems and parents who were perceived positively promoted teachers’ agency and self-efficacy. Actual or perceived child risk factors and parents who were perceived negatively impeded teachers’ agency and self-efficacy. The following discussion focuses on those factors teachers perceive impeding or delaying their referral decisions.

**Teacher Factors Influencing Referral Decisions**

**Teacher knowledge and beliefs about child behavior.** Study findings supported previous research identifying the influence of teachers’ knowledge, skills, and expertise on their perceptions of child behavior and their referral decisions. In this study more educated teachers, teachers receiving degrees from a specific university, and teachers working in a public school based Head Start program appeared to have a higher tolerance level for severe behavior and tended to delay referral. However the small sample size precludes making a strong assertion. None
of the teachers with an associate’s degree described severe behaviors as only challenging but there were only two teachers with associate’s degrees in the sample.

Although teachers who described some severe behaviors (Fox & Smith, 2007) as only “challenging” (Group Y) had fewer years of experience as lead teachers, all held a bachelor’s or master’s degree and a teaching license in birth to kindergarten (B-K) education. No teachers with an associate’s degree were included in this group. Teachers who described challenging behaviors and severe behaviors as severe (Group N) had a wider range of education levels. This group included two teachers with associate’s degrees, two with bachelor’s degrees and two with master’s degrees. Only the teachers with bachelor’s and master’s degrees had a B-K license.

It is possible teachers in this study with a higher level of education (bachelor’s or master’s degree) may be more tolerant of severe behaviors in young children than their more experienced and less educated counterparts. Although research on teachers’ education level and classroom quality is inconsistent, this result supports similar research by Han and Neuharth-Pritchett (2010) that investigated preschool teachers’ education level and their beliefs about classroom practice. They suggested teachers with bachelor’s degrees were more likely to sanction developmentally appropriate practices than those with lower levels of education. Since many Head Start programs require only an associate’s degree for lead teachers, this is an area that should be investigated. Future research should look into the correlation between preschool teachers’ education level, their knowledge and beliefs about young children’s behavior, and how this might influence their
referral decisions. Do teachers bring their preconceived ideas about child behavior into their practices as teachers and is it possible to modify those notions? Does more education and/or specific educational experiences increase teachers’ feelings of self-efficacy regarding children with behavior problems?

Four of the six teachers in Group Y attended the same university (U-1) for their pre-service or graduate education (see Table 11). A common vision, coursework, and/or practicum experiences may have influenced their perceptions of young children with severe behavior and subsequent referral decisions. Other researchers suggest taking into account college coursework and student teaching experiences as they influence teachers’ work with young children (Bogard, Traylor, & Takanishi, 2008). In addition, practicing teachers rated working with children’s challenging behavior as their highest training need for the past five years (CCIE, 2011) suggesting they may not have received adequate pre-service training on this topic. Further research into the types of courses, course content, and field experiences relative to young children with behavior problems at each college or university could help clarify whether that influences teachers’ perceptions, self-efficacy, and subsequent referral decisions. Further research is needed into how pre-service teacher preparation programs could better prepare teachers to meet children’s behavior challenges.

Three teachers in Group Y, those who described children’s severe behavior as only challenging and delayed referrals, taught in the same Head Start program. This program was administered and located in local public schools while the other Head Start programs in this study were administered by non-profit agencies.
Because public school teachers are required to have a degree and teaching license, this phenomenon may be more closely related to their education level than the program administration. However, it is also possible that the public school system had a better developed training and support system for teachers. Further research is needed comparing Head Start program models requiring different minimum education levels for teachers and programs utilizing different types of training and support systems.

Another question relative to teachers’ pre-service and in-service training is whether teachers at any education level can learn competencies that will influence their perceptions of children with behavior problems and increase their self-efficacy. Research on teachers’ education level and child outcomes is mixed (Early, Bryant, Pianta, Clifford, Burchinal, Ritchie, et al., 2006; Han & Neuharth-Pritchett, 2010). Others suggest teachers’ attitudes and beliefs may be as influential as teachers’ education level and teaching practices (Palardy & Rumberger, 2008). It is possible that teachers’ inherent characteristics such as attitudes, beliefs, or dispositions contribute as much or more to their perceptions of children with behavior problems and their self-efficacy than their education level. This is an area that warrants further study.

**Teachers’ feelings and concerns.** Other teacher factors identified in the research literature were teacher feelings and concerns about labeling or referring a young child with a behavior problem or a potential mental health issue and talking with parents about those concerns (Dunlap, et al., 2006; Fantuzzo, et al., 1999; Forness, et al., 1998; Kauffman, 1999; Powell, et al., 2003). Fantuzzo et al (1999)
suggested that preschool teachers had concerns about assigning a stigmatizing label to young children. Teachers in this study also expressed reluctance to assign a stigmatizing label, concern about talking to parents, and fear of parents’ reactions to their assessment of the child’s problem behavior. This finding warrants further study into the source of teacher feelings and concerns. Teacher concerns have a direct effect on teacher agency and self-efficacy and ultimately on teachers’ ability to take action on behalf of children with behavior problems. It is possible that concerns about labeling and communicating with parents are closely related. Fantuzzo et al (1999) suggested teachers may find it easier to discuss a less stigmatizing problem, such as a speech or language delay, than a potential mental health disorder because of potentially negative repercussions. This phenomenon may be related to broader issues of societal perceptions of behavioral and mental health. It may also be related to teachers’ perceptions of parents as contributing to children’s behavior problems (see section below). Further research is needed to identify the nature of teachers’ concerns about labeling children and communicating behavior concerns with parents.

Teachers’ perceptions of parents. A major finding of this study was how teachers’ positive and negative perceptions of parents influenced their referral decisions. Teachers perceived parents positively when they agreed with teacher recommendations and cooperated with the referral process. Teachers were able to proceed with the referral process for the child. Teachers perceived parents negatively when parents were resistant to teachers’ recommendations. This resulted in teachers’ being unable or unwilling to continue with the referral process.
Although the research literature identified teachers’ beliefs and perceptions, including their perceptions of parents, as issues influencing their referral decisions, this was not a major factor in the articles reviewed (Anthony, et al., 2005; Fantuzzo, et al., 1999; Dunlap, et al., 2006; Smith & Kaufman, 2005; Fox & Smith, 2007). Blending teachers’ fears and concerns about talking to parents and their negative perceptions of parents' increased the significance of these two factors in the current study. As described in the preceding section on teachers’ concerns, teachers’ and societal perceptions surrounding the stigma associated with behavior problems and mental health issues appears to contribute to reluctance to initiate a referral. If teachers’ perceive parents as contributing to the child’s behavior problem, communication with parents may be difficult. Teachers’ negative perceptions and concerns about parents were barriers influencing teachers’ agency and self-efficacy and contributed to their reluctance to make referrals.

Teachers in this study perceived themselves as experts and valued school priorities over parent priorities and expertise. Teachers stated the importance of parent involvement but many criticized parent choices. For example teachers frequently talked about the importance of parents following their behavior management recommendations at home, providing structure, and how parents’ negative communication models contributed to children’s behavior problems. One teacher stated, “Sometimes the parents are more challenging than the children” and another said, “Parents don’t believe what we have to say and don't believe what will happen if they don’t get help.” Further investigation is needed on how to reconcile
family values with teacher and school values, an important aspect of family centered practice models.

In this study family-centered practices are defined as “beliefs and practices that treat families with dignity and respect; individualized, flexible, and responsive practices; information sharing so that families can make informed decisions; family choice regarding any number of aspects of program practices and intervention options; parent-professional collaboration and partnerships as a context for family-program relations; and the provision and mobilization of resources and supports necessary for families to care for and rear their children in ways that produce optimal child, parent, and family outcomes (Dunst, 2002, p.139).” Research into family centered practice has identified teachers support the idea but lack the skills to implement it effectively (Beckman, 1996; Bruder & Dunst, 2005). The results of this study confirm this as an ongoing issue for teachers. It appears that teachers in this study lacked understanding or ability to effectively empower and strengthen parents of children with challenging behavior. This resulted in teachers being unable or unwilling to effectively collaborate with parents around children’s behavior concerns and make appropriate referrals. Further research assessing the effectiveness of pre-service and in-service training in family centered practices is needed. Particular emphasis should be placed on what kinds of experiences and support are needed to give teachers the skill set to effectively collaborate with parents, manage challenge behaviors in children, and negotiate referral systems to seek additional support for the target child and family. Additional research is needed to understand if these gaps in knowledge are similar for preschool teachers in other Head Start programs.
A specific area of family centered practices is improving teachers’ ability to communicate effectively, especially with families who speak different languages and are members of different cultural groups (Beckman, 1996; Barrera & Corso, 2002). In the present study, teachers described cultural and language barriers as complicating or slowing down the referral process. Research into specific practices that increase meaningful, respectful family-teacher communication is needed. Quantity and quality of communication was identified as an important component of positive parent-professional partnerships by participants in a study by Blue-Banning, et al. (2004). They suggested developing assessments that measure communication and other components of positive parent-professional partnerships. In addition, the influence of the presence or lack of translators on communication between parents and teachers needs to be investigated.

In summary, teachers’ concerns, and perceptions appear to strongly influence their agency and self-efficacy and ultimately their ability to follow through on referral decisions. The research literature identified the importance of accepting teachers’ feelings and perceptions of challenging behavior in order to promote appropriate referrals (Hammarburg & Hagekull, 2002; Powell, et al., 2003; Hemmeter, et al., 2006; Kaiser, 2007). This concept can be extended to include teachers’ perceptions of challenges related to working with parents. Teacher agency and self-efficacy in pre-service and in-service teacher education can be increased using a guided mastery approach (Bandura, 2004). Bandura suggested “joint performance with the therapist” as a means to assist “frightened people to do things they would refuse to do on their own (p. 620).” For pre-service teachers this model could be applied by
pairing the student with a highly skilled teacher during critical field experiences. In-service teachers can be paired with a highly skilled mentor teacher. In both cases, the more highly skilled partner can provide support while the less skilled partner gains mastery in specific skills. Support would be reduced as the less skilled teacher attains mastery. Validating teachers’ perceptions and using a guided mastery approach (Bandura, 2004) to increase teacher agency and self-efficacy and appropriate referrals for children with behavior problems are areas needing further research.

In summary, further research is recommended two main areas, 1) teachers’ professional knowledge and beliefs about child behavior problems, and 2) teachers feelings and concerns about child behavior problems. In the first area further study is needed to better understand 1) how teachers’ education level influences their knowledge and beliefs about young children’s behavior problems; 2) what course work and field experiences contribute to preschool teachers’ knowledge, beliefs, and self-efficacy in working with children’s challenging behaviors; 3) comparing Head Start program models with different minimum teacher education levels, different types of training, and different support models to identify how these influence teachers’ knowledge, beliefs, and self-efficacy in working with children’s behavior problems; and 4) whether teachers’ characteristics such as attitudes, beliefs, or dispositions contribute as much or more to their perceptions of children with behavior problems and their self-efficacy than their education level. In the area of teachers’ feelings and concerns it is recommended to investigate 1) the source of teacher concerns about labeling children with behavior problems; 2) pre-service and
in-service training and support models for effective implementation of family centered practices; and 3) best practices for communicating with culturally and linguistically different families.

**Other Factors Influencing Referral Decisions**

An important contribution of this study is the identification of factors, not otherwise found in the research or practice literature that teachers described as reasons for delaying referrals for children’s behavior problems. These factors focused on the teachers’ perception of specific child characteristics and teachers’ perception of responsibilities competing with their primary role as lead teacher.

**Actual or perceived child risk factors.** Some teachers delayed behavior referrals for children they perceived as having certain characteristics that are typically defined as risk factors. These included 1) the child’s developmental level or disability status; 2) child language status (English language or dual language learner); 3) poverty or socioeconomic status; and 4) temperament or personality traits. Several teachers in this study perceived these characteristics as factors over which neither the child nor the family had control and as justification for delaying a referral for behavior problems. Although typically considered an environmental factor, teachers in this study perceived poverty as a unique issue with its own inherent challenges. When one or more of these factors were present, teachers appeared to “excuse” the child’s behavior problems more readily. When teachers perceived one or more of these child characteristics, challenging or severe behaviors were allowed to continue for a longer period of time than otherwise might be expected. Since delaying referrals has short and long term implications for
treatment and intervention additional research is needed to further investigate this phenomenon.

**Teachers’ competing responsibilities.** Although only mentioned by two teachers, responsibilities in addition to being a lead teacher directly or indirectly influenced teachers’ referral decisions. One teacher’s administrative responsibility and work with children with challenging behavior from other teachers’ classrooms influenced the time she could spend in her own classroom potentially delaying referrals. In the second case, a teacher appeared to lack commitment on following through with referrals, despite the severity of children’s behavior problems. Continuing her education in a field other than education was perceived as competing with her primary role as a lead teacher. Further study is needed to identify if teachers’ shifting foci from a child/classroom orientation to administration or pursuing other career options are unique to these individuals or prevalent in other early childhood programs.

**Study Limitations**

It is important to acknowledge limitations of this study. This is an exploratory study highlighting additional research questions to be studied; the small sample size and the specific context in which the study was conducted limit the generalizability of the findings. This study was conducted in three different types of Head Start programs in North Carolina. Program characteristics such as the administration and location of the program may have influenced the study results. For example, programs administered by a public school system require Head Start teachers to possess a minimum of a bachelor’s degree and a Birth to Kindergarten teaching
license. In programs administered by and located in community-based agencies lead teachers are not required to hold a teaching certificate and only need an associate’s degree. Different minimum qualifications for lead teachers potentially skew the influence of teachers’ knowledge and beliefs about young children with behavior problems.

In addition the influence of the partnership between the Center on the Social Emotional Foundations for Early Learning (CSEFEL) and Head Start in North Carolina makes it difficult to apply the results to Head Start Programs in other states. North Carolina is one of only eleven states participating in this partnership. The overarching goal of the CSEFEL partnership is to identify gaps in services and resources supporting young children’s social emotional development. A further goal is to assist states in developing sustainable systems for training and technical assistance on young children’s social emotional needs and to create a positive behavior support system for early childhood programs (CSEFEL, 2012). According to the latest report all newly hired Head Start staff receives pre-service training and annual training and technical assistance support is provided in all Head Start programs in North Carolina (CSEFEL, 2011). Based on comments by study participants, the partnership appears to be positively influencing programs and systems within Head Start programs, as well as increasing teachers’ knowledge and skills to provide positive behavior support to young children with behavior problems. This would not be the case in states who are not participating in the CSEFEL partnership.
It appears that the CSEFEL partnership includes support and mentoring for classroom teachers that could be described as a guided mastery approach. Further investigation into this model is needed to understand how mentors and supervisors are trained and whether the model includes a guided mastery approach. Additional research into the CSEFEL partnership model could provide information on what parts of the model may be most influential in supporting teachers’ referral decisions.

Teachers in each Head Start program in this study described a handbook or manual that provided information on the steps of the referral process; however the researcher was unable to procure copies. Reviewing handbooks from each program would help clarify teachers’ involvement in the referral process as well as other inter- and intra-agency program and system factors potentially promoting or impeding teachers’ referral decisions. Comparing procedures described in these handbooks with current best practices in positive behavior support for early childhood programs could identify whether the system was responsible for supporting or impeding teachers’ referral decisions (Hemmeter, et al., 2007).

**Implications and Future Directions**

This research could be expanded by including additional interview questions and interviewing teachers’ supervisors and program administrators. Information about the programs’ existing positive behavior support system could be gained by adding questions about that process. Interviewing teachers’ supervisors would give additional information on how they provide guidance and support to teachers in positive behavior support and through the referral process. In addition, program administrators could have been interviewed for their perspective on the referral
process within their programs as well as teachers’ roles in the referral process.

Gathering additional data on the racial, cultural and ethnic characteristics of teachers interviewed and comparing to the characteristics of the children and families served can strengthen the study. That information was not gathered in this study. During interviews, the researcher observed teachers’ race, cultural and ethnic characteristics but did not ask teachers how they characterized themselves. It appeared that teachers’ and school priorities were valued over family values despite similarities in race, culture, and ethnicity. Gathering information on teachers’ race, culture, and ethnicity and comparing it to parents’ characteristics could identify whether similarities or differences were a factor in teachers’ perceptions of family values. Further, this information could clarify whether challenges in communication with families or fears and concerns about talking with parents were correlated with race, cultural and ethnic differences.

A benefit of this study is that it provides a model for researchers interviewing teachers in Head Start programs in other states. Future research on teachers’ perceptions of factors influencing their referral decisions should be conducted, not only in Head Start, but in early childhood programs serving children and families from a wide variety of diverse cultural and ethnic groups. This research should be extended into community-based preschool programs, particularly programs lacking a mandate for identification and referral for young children with behavior problems. Identifying barriers to preschool teachers’ referral decisions is needed to provide early intervention and promote positive long term outcomes for these children.
The results of this study suggest several implications for practice. Training and support is needed for pre-service and in-service teachers' to overcome their fears and concerns about children with challenging behavior. Training and support is also needed to help teachers overcome fears and challenges related to communicating and collaborating with parents. Programs should provide mentors or supervisors trained in a guided mastery approach. This would help teachers overcoming their fears and concerns that impede their ability to take action on behalf of young children with behavior problems. One administrator in a Head Start program called this creating a “chain of support” as opposed to a chain of command.

To facilitate parent-teacher relationships, programs should provide opportunities for teachers and parents to interact informally in addition to mandated teacher-parent meetings. In order to put these supports into place, programs as well as individuals must be committed to family centered practices and understand the connection between practices and outcomes for children with behavior problems.
APPENDIX 1: Email Response & Recruitment Script for Participants

Hello, my name is Susan Kingsley. Thank you for contacting me about my study. I am a graduate student from the University of North Carolina at Chapel Hill conducting research about factors that may affect teacher identification and referral of preschool children with behavior problems. I’d like to tell you more about my study, and then ask you a couple of questions about your teaching background in this email.

Some researchers have hypothesized that there are several factors that might affect preschool teachers’ decisions to informally or formally refer a young child with behavior problems for early intervention services. I would like to interview preschool teachers, like you, about their experiences with preschool children with behavior problems and find out what reasons teachers say may be affecting their referral decisions.

- Participation in this research is completely voluntary. This means that you do not have to participate in the interview or follow up unless you want to. It also means that you do not have to answer any questions you do not want to answer, and can quit at any time. However, you should not agree to participate unless you are planning to have at least two meetings with me.
- As I indicated on the flyer, the interview would last about an hour, but we could do it in a couple of shorter sessions if that is better for you. I want to be sure to hear all that you have to say.
I need to **tape record the interview** so I can be sure to capture accurately what you are telling me, and not have you wait or slow down for me to catch up in my notes.

I may need to check with you by phone or email if I need **clarification** about something that I run across when I am transcribing the interview, or analyzing the data.

I will be keeping everything you tell me **confidential**, and I will destroy the tape recording as soon as I have made a transcript of the interview and you have had a chance to **review it, in case I did not hear you correctly**. This is a very important part of the study.

As I indicated in the flyer, I will **not have any real names** in what I write, and will not use real names in the transcripts. I will **change details in the stories** you tell me or the children you describe, so that no one else who reads my work will know who was involved.

In addition to asking you about your experiences and opinions, I need to know about your **own educational background**, your licenses or teaching credentials, and how long you have been working with young children.

**At this point, do you think you might be interested?**

If not, please know that I do appreciate your time and willingness to learning about my study. I know it is not a perfect fit for everyone.

Thanks, Susan Kingsley
If you are interested, you can email me back with the answers to the following questions or you can call me at 919-923-2078 with your answers and we can discuss participation.

- Are you the lead teacher in your preschool classroom?
- Are you willing to have the interview tape recorded?
- Can I contact you after the interview is completed to ask for clarification?
- Are you willing to review and provide feedback on the written transcript of your interview?
- Are you comfortable with my changing names and details in stories and descriptions so no one else would be able to know which teacher or child is involved?
- What is your highest education level, and what kind of licenses or certification do you hold, if any?
- How long have you been working with young children?
- How long have you been working as a lead teacher?

I want to remind you that all the information I receive from you by phone or email, including your name and any other identifying information, such as the name and location of your program, will be strictly confidential and will be kept under lock and key. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study. If it is okay with you, I might want to use direct quotes from you, but these would only be quoted as coming from “a person” or a person of a certain label or title, like “one teacher said.” When I finish with all the interviews from everyone who has agreed
to participate, I will group all the answers together in any report or presentation.

There will be no way to identify individual participants.

This study is being paid for by the Research Triangle Schools Partnership. You will receive $50 for participating in the interview and $25 for participating in a follow up review of the transcribed interview or validation of your comments.

If you have any questions later, you can contact me at skingsley@unc.edu, or 919-923-2078, like on the flyer

You can also contact my advisor Harriet Able by phone at 919-962-9371 or by email at hable@email.unc.edu.

You should also know that this study has been approved by the IRB at UNC-Chapel Hill. All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

If you agree to be in this study, we can set up a time for the interview. I will bring two copies of the consent form for you to sign that includes the information I have told you today. I can also send you a copy via email in advance, if you would like.

ARE YOU WILLING TO BE IN THE STUDY?

DO YOU WANT ME TO SEND YOU AN EMAILED COPY OF THE CONSENT BEFORE WE MEET? (PLEASE PROVIDE YOUR EMAIL ADDRESS AND PHONE NUMBER)
I will get back to you about your eligibility, which depends a bit on who else has already decided to be in the study.

Thanks so much!!! I look forward to hearing from you.

Susan Kingsley
Appendix 2: RECRUITMENT FLYER

Are you a preschool teacher who now has or has had a child in your class with severe behavior problems?

- I need to interview individuals who are the lead teachers in their preschool classrooms for a research study on this topic.
- The interview would last for an hour, but could be done in a couple of shorter sessions. I might have to contact you afterwards, to ask for clarification of your responses because I want to be sure that I understand correctly everything you have told me.
- I will also ask you to review and provide feedback to me on the written transcript of your interview.
- All interviews will take place after school and will continue through the summer.

All information will be treated as confidential, and no real names or identifying features will be used when I report my findings.

If you qualify, you could receive up to $75 for participating.

Please contact Susan Kingsley about the study and to provide information about your teaching background.
EMAIL skingsley@unc.edu or CALL Susan (919)-923-2078

Thank you for helping me with my research project!

Coping with children's challenging behaviors   IRB study #10-0671
Appendix 3: INFORMED CONSENT FORM

University of North Carolina-Chapel Hill
Consent to Participate in a Research Study
Adult Participants
Social Behavioral Form

IRB Study #10-0671
Consent Form Version Date: 4-15-10

Title of Study: Coping with children’s challenging behaviors:

Principal Investigator: Susan Kingsley
UNC-Chapel Hill Department: Early Childhood Intervention & Literacy, School of Education
UNC-Chapel Hill Phone number: 919-923-2078
Email Address: skingsley@unc.edu
Faculty Advisor: Harriet Able, hable@email.unc.edu, 919-962-9371

Study Contact telephone number: 919-923-2078
Study Contact email: skingsley@unc.edu

________________________________________________________________________

You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of the study is to learn about preschool teachers’ perspectives of important factors influencing their decisions to refer or not refer young children with severe behavior problems to early intervention services.

You are being asked to be in the study because you are currently or have been a preschool teacher who has worked with young children with severe behavior problems.

How many people will take part in this study?
If you decide to be in this study, you will be one of approximately 10-12 people in
this study.

**How long will your part in this study last?**
You will be asked to participate in one 60-minute interview or two shorter interviews. You will also be asked to participate in a follow up conversation or email exchange to help clarify your responses.

You will be asked to review and provide feedback on the written transcript of your interview, to make sure that I transcribed what you said correctly. The time for the review and feedback will vary depending on the participant.

**What will happen if you take part in the study?**
- After receiving your consent, I will begin recording our interview with an audio recorder. I will ask you to provide a bit more detail about your education level, professional credentials, and years of teaching experience than you had given me before.
- I will ask you some general questions about teaching and children’s behavior.
- I will share a case study of a young child with severe behavior problems. We will read it and discuss questions pertaining to your impressions of that child and what would happen to that child in your classroom and in your program.
- After reviewing the case study, I will ask you some questions about your experiences with children in your class who have severe behavior problems.
- If we run out of time at the first interview, you will have to option to continue with a follow up interview either in person or on the phone.
- After I begin transcribing the audio recordings, I may contact you if I have questions or need clarification on anything you said.
- After I have completed the transcription, I will ask you to review and provide feedback on the written transcript. I want to insure accuracy and make sure that I understand your thoughts about how and when referral decisions are made for young children with severe behavior problems.

**What are the possible benefits from being in this study?**
Research is designed to benefit society by gaining new knowledge. You will not receive a direct benefit, but you might find the opportunity for thoughtful reflection on your own practice in working with young children with severe behavior problems to be helpful in your own work.

**What are the possible risks or discomforts involved from being in this study?**
There is the possibility you may feel uncomfortable talking about your own experiences with young children with severe behavior problems, or even about the children themselves. However, you can skip over questions you do not want to answer, and you can talk as little or as much as you choose in response to questions.

As in most studies, there is a remote possibility that others might learn that you participated in this study, or that your responses might be connected to you. There are several protections in place to prevent that breach of confidentiality.
There also may be uncommon or previously unknown risks. You should report any problems to the researcher.

**How will your privacy be protected?**
Your privacy will be protected in several ways, and the confidentiality of your responses will also be protected. Participants **will not** be identified in any report or publication about this study.

1) As noted above, you may skip over any questions you do not want to answer
2) You can choose to stop the interview at any time
3) Although I strongly prefer that your interview be audiorecorded for accuracy, you may request that the audio recorder be turned off at any time during the interview and I will just take notes until you are ready to have it turned on again.
4) I will be using pseudonyms instead of real names or initials in the information that I gather, in the transcriptions of the interviews, and in my reports that I prepare to share my findings
5) I will be changing or removing any unique identifying features from written reports or conference presentations that could possibly identify a child or a teacher to someone else
6) I will be keeping the audio recordings in a locked cabinet prior to and during transcription and erasing recordings after transcription

**What if you want to stop before your part in the study is complete?**
You can withdraw from this study at any time, without penalty. The investigator also has the right to stop your participation at any time.

**Will you receive anything for being in this study?**
You will receive $50 for participating in the interview and $25 for participating in a follow up review of the transcribed interview or validation of your comments.

This study is being funded by a grant from the Research Triangle Schools partnership. In order to receive the stipend, you will need to complete the RTSP Statement for Stipend Recipient form and include your social security number and mailing address.

**Will it cost you anything to be in this study?**
There will be no costs for being in the study except for your time. I will meet you wherever you prefer, so there are no transportation costs.

**What if you are a UNC student?**
You may choose not to be in the study or to stop being in the study before it is over at any time. This will not affect your class standing or grades at UNC-Chapel Hill. You will not be offered or receive any special consideration if you take part in this research.

**What if you are a UNC employee?**
Taking part in this research is not a part of your University duties, and refusing will not affect your job. You will not be offered or receive any special job-related
consideration if you take part in this research.

**What if you have questions about this study?**
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, complaints, or concerns, you should contact the researchers listed on the first page of this form.

**What if you have questions about your rights as a research participant?**
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

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**Title of Study: Coping with children’s challenging behaviors.**

**Principal Investigator:** Susan Kingsley

**Participant’s Agreement:**
I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Check the line that best matches your choice:

__ OK to record me during the study (and I understand that I may ask for the recorder to be turned off at particular times if I desire)

__ Not OK to record me at all during the study—you must take notes the entire time

______________________________    ________________________________
Signature of Research Participant    Date

______________________________
Printed Name of Research Participant

______________________________    ________________________________
Signature of Research Team Member Obtaining Consent    Date

______________________________
Printed Name of Research Team Member Obtaining Consent
Appendix 4: TEACHER DEMOGRAPHIC INFORMATION

[completed in whole or in part on the telephone/via email for eligibility (items marked with **), and then completed, as necessary, at the first interview]

Name of program where currently employed ____________________________

**What is your highest education level?**

High School Diploma _______ Major or specialization ___________
Child Development Associate (CDA)__ Major or specialization ___________
Associates degree: AA ___ AS ___ Major or specialization ___________
Bachelors degree: BA ___ BS ___ BEd ___ Major or specialization ___________
Masters degree: MA ___ MS ___ MEd ___ Major or specialization ___________
Doctoral degree: EdD__ PhD__ Major or specialization ___________
Other degree not listed: ______________ Major or specialization __________

If your degree is not in early childhood or early childhood development or you do not have a degree, what training or courses in early childhood education and/or early childhood development have you received? (For example, outside professional development courses, in-service training from supervisor, technical assistance from state agency, etc.)

________________________________________________________________________

________________________________________________________________________

**What teaching licenses or other certification do you hold?** (For example, B-K or K-6 license, certification of completion for specialized early childhood training, etc.)

________________________________________________________________________

________________________________________________________________________

**Years/months working with young children in any capacity: _____ _____ years months

**Years/months working as a lead teacher: _____ _____ years months
References


Kingsley, S. (2010). *What do preschool teachers perceive as the factors affecting referral decisions for young children with severe behavior problems: Pilot


Smith, B. J., & Fox, L. (2003). Systems of service delivery: A synthesis of evidence relevant to young children at risk of or who have challenging behavior. Tampa, Florida, University of South Florida, Center for Evidence-Based Practice: Young Children with Challenging Behavior.


