A TRANSCENDENTAL PHENOMENOLOGICAL STUDY OF EARLY CHILDHOOD

TEACHERS' PERCEPTIONS OF THEIR ABILITY TO PROVIDE MENTAL HEALTH

SUPPORTS IN THE CLASSROOM TO PRESCHOOL-AGED CHILDREN

by

Stacie Linette Parham

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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APPROVED BY:

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Abstract

The purpose of this transcendental phenomenological study was to understand the pre-service or continuing professional training needs of early childhood teachers in regard to providing support for mental health and challenging behaviors displayed in children ages three to five years old. Bandura's self-efficacy theory and Knowles' andragogy theory guided the study. The guiding research question was as follows: What are early childhood teachers' classroom experiences regarding providing instruction to address mental health, ACEs, childhood trauma or other factors that cause young children to display challenging behaviors? The study's sample included 11 preschool teachers with two to 26 years of experience instructing children ages three-five years old. Data was collected through the use of semi-structured interviews, focus groups, and letter writing. Phenomenological analyses were conducted using Moustakas' (1994) modified Stevick-Colaizzi-Keen method with each data set. Findings revealed three major themes: educator well-being, behavior, trauma, and mental health awareness, and comprehensive mental health supports.

Keywords: early childhood, mental health, self-efficacy, social-emotional, trauma

Copyright Page

Dedication

I dedicate this dissertation to God, my creator, from whom all good things flow! His unconditional grace and mercy helped me each day as I worked toward meeting the end goal of my doctorate program. He keeps my parents healthy and safe, which allowed them to be there to support and encourage me when I doubted my own abilities. He keeps my children safe and full of understanding of my need to focus on my work to meet my goals. He keeps positive family and friends around me that helped me to stay on track and believe in myself. He silenced the fear that often occupied my brain during this journey. God receives all the Glory. Without Him, I would not be where I am today.

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List of Abbreviations

Adverse Childhood Experiences (ACE)

Mental Health (MH)

Social Competence (SC)

Social Emotional Learning (SEL)

Therapeutic Day Therapy (TDT)

CHAPTER ONE: INTRODUCTION

Overview

One in seven young people under the age of 18 meet the criteria to be diagnosed with a mental health issue that can cause poor health, academic failure, social issues, higher levels of drug abuse, self-harm, and suicidal behavior, but do not receive a diagnosis or interventions (Radez et al., 2021). Early identification, interventions, and support for these young people in an early childhood setting will help strengthen teaching practices and behaviors (Blewitt et al., 2021). Unfortunately, many teachers struggle with supporting challenging behaviors in the preschool setting (Lipscomb et al., 2022). This chapter presents a comprehensive outline designed to understand what early childhood teachers believe they need in the form of training, resources, and supports that will help them successfully meet the mental health needs of children ages three to five years old in the preschool classroom. The chapter first provides the background of the study from a historical, social, and theoretical perspective and explains why the study is important to the researcher. The rest of the chapter provides the problem, states the purpose, introduces the research questions, defines key terms, and concludes with a summary.

Background

Over the years, the number of children attending a formal preschool program has increased (Hemmeter & Conroy, 2018; McElrath, 2021; Pianta et al., 2005). With this increase in enrollment, many educators are providing instruction to more students with challenging behaviors that occur due to various factors, including but not limited to social-emotional deficits, adverse experiences, undiagnosed mental health concerns, or environmental factors (Carter & Van Norman, 2010; A. Roberts et al., 2016). Without proper interventions and support, the negative impact of early childhood behaviors can last a lifetime (Jimenez et al., 2016; Kim et al.,

2013). The following sections will discuss the historical, social, and theoretical background related to challenging early childhood behaviors and the support teachers need.

Historical Context

Over the years, policymakers increased their focus on preschool, with nearly nine billion dollars spent by 44 states and the District of Columbia in 2019-2020 to increase the number of children in preschool (McElrath, 2021). From 2005 to 2019, the number of children enrolled in public or private preschools increased by 6.6%, points to 59.7%, with a decrease in enrollment to 40% with COVID-19 (McElrath, 2021). This increased focus on preschool expansion is due to state and federal levels wanting to ensure that families with children have more access to high-quality preschool experiences (Hemmeter & Conroy, 2018). Preschool programs focus on early academic skills, but it has also been determined that social and emotional development is needed to ensure children are successful throughout their school years (Hemmeter & Conroy, 2018). With early childhood enrollment growing, many children are entering programs already having experiences that can negatively or positively impact their development (Coleman et al., 2013).

The negative impact of experiences specifically can be caused by exposure to behaviors modeled for them intentionally or unintentionally by a caregiver, traumatic events, and adverse childhood exposure. Other than the aforementioned environmental variables, several factors can be connected to the increase in difficult behaviors in preschool children, including communication deficits, delayed social and emotional development, and health-related issues (Wahman et al., 2022). All these factors have nearly 15% of typically developing preschoolers displaying some form of challenging behavior, which is even higher for children living in poverty (Powell et al., 2007). Being aware of these influences on young children can help us gain an understanding of why, over the last 20 years, pediatric medicine has found that mental and

behavioral health concerns are among the top five disabilities impacting young children rather than physical disabilities (Yogman et al., 2021). When early challenges are left untreated, the research shows these concerns do not subside but remain stable over time (Woodward et al., 2017), and the untreated concerns are 2.5 times more likely to meet the criteria for mental health diagnosis in the formal school setting (Luby et al., 2014).

Untreated mental health concerns can lead to behavior challenges. With preschool expulsion and suspension rates increasing, policymakers felt it was essential to focus on the promotion, prevention, and intervention services to avoid under-achievement at the early stages of education, which were designed to help students become ready to be successful in the formal school setting (Yogman et al., 2021). Since preschool children spend a great deal of time in the preschool environment and the classroom teacher's response to behaviors can impact the consequence that occurs because of the behavior, it is crucial to discover the needs of teachers. With many factors or influences causing students to display challenging behaviors, teachers must be able to identify a need, support the need, and seek additional resources when progress is not being made.

Social Context

There is significant evidence that if interventions and supports are not implemented early, children who have aggressive and anti-social behaviors are likely to have behavior challenges, difficulties solving problems, maladaptive social opportunities, mental health issues, and negative well-being (Hemmeter & Conroy, 2018). There is also evidence that children experiencing multiple risk factors at home are nearly three times more likely to display aggression, anxiety, depression, and hyperactivity in their daily lives (Cooper et al., 2009). Without adequate support for social and emotional development, preschoolers with challenging

behaviors are often suspended or expelled from programs and often experience peer rejection, conflicts with adults, and are at greater risk of school failure throughout preschool, elementary, and secondary school experiences (Carter & Van Norman, 2010; Coleman et al., 2013; Hemmeter & Conroy, 2018). There is also evidence that challenging behaviors that are identified early in a child's life are usually predictive of a life span of developmental risks and challenges related to adolescent delinquency, gang membership, and incarceration (Dodge et al., 2015; Lösel & Bender, 2012; Wahman et al., 2022), which all have an impact on their families and their community. Furthermore, Yogman et al. (2021) noted that mental health and behavioral disorders are found in nearly one out of six children aged two to eight years old, and removing these children from preschool programs through expulsion or suspension interrupts their education and access to mental health services.

Coleman et al. (2013) noted that school staff and parents are becoming more aware of the number of children beginning their formal school years without the prerequisites to be successful in school and life, particularly in the area of behavioral skills. Teachers must be able to provide intervention strategies and techniques early to avoid behavioral challenges from being detrimental to children's success in school (Coleman et al., 2013). Researchers have found that to help decrease preschool children's suspension rates, holistic support is needed for teachers trying to manage behavioral concerns in the classroom (Yogman et al., 2021).

Unfortunately, some preschool teachers and paraeducators do not believe they have received adequate training to work with students who demonstrate challenging behaviors, nor have they been trained enough to identify why the behaviors are occurring (Blewitt et al., 2021; Frantz et al., 2022). Another concern is that challenging behaviors displayed in the classroom are causing teachers additional stress as they attempt to support children while dealing with their

own mental health and well-being (Clayback & Williford, 2021). Learning about the support and training needed for teachers to identify the causes of challenging behaviors and support students with these behaviors is essential. Without trusting support, teachers could have maladaptive interactions with students that could inadvertently lead to expulsion from the preschool program, increased teacher emotional exhaustion, or cause a teacher to have additional stress and leave the profession (Ansari et al., 2022; Jeon et al., 2018; Wachs & Evans, 2010).

Theoretical Context

Disruptive student behavior is one of the more significant factors contributing to teacher burnout (Chang, 2013), impacting teacher engagement with students and lessons. As challenging behaviors are displayed more than before in pre-K-12 classrooms, research is being conducted to determine the impact that challenging behaviors have on students' academic success and outcomes, rates of expulsions and suspensions, and teachers' well-being. Previous and current research has investigated social and emotional learning, early childhood mental health, adverse childhood experiences (ACEs), and developmental delays to identify strategies and interventions to support disruptive behaviors. While trying to determine how to best support teachers and protect their well-being, research has looked at teachers' perspectives regarding the impact of students' behaviors on their well-being, mental health, and stress levels (Ansari et al., 2022; Jeon et al., 2019; Lambert et al., 2019; A. Roberts et al., 2016). This research helps to understand what preschool teachers need to ensure preschool children can remain in the classroom while receiving support to help reduce the negative impact of challenging behaviors.

Previous research has been done on self-efficacy and teacher beliefs related to obtaining the desired outcomes in the classroom and the professional knowledge needed to ensure the desired outcomes occur. This research is guided by Bandura's (1977) self-efficacy theory which

explains teachers perceived self-efficacy can have an impact on their interactions with students in the classroom needing supports with challenging behaviors associated with social-emotional deficits, mental health, or trauma, as well as Knowles' (1978) andragogy theory as it explains teachers' abilities to learn and how they learn in order to gain the professional knowledge needed to support all children in the classroom regardless of behavioral needs.

Zee and Koomen (2016) synthesized 40 years of research on teacher self-efficacy and its impact on the classroom. What was found was that teacher self-efficacy contributes to classroom processes, student adjustment, and teacher well-being. Understanding teacher self-efficacy when it comes to supporting students displaying challenging behaviors is an important step to understanding the professional development or support needed to ensure positive interactions will occur. Oberle et al. (2016) conducted research guided by the social-emotional theory and how school-wide approaches can address the high occurrences of mental, behavioral, and social-emotional issues with children. When schools use a school-wide approach, social-emotional learning becomes a priority and is embedded into all students' experiences at the school.

Problem Statement

The problem is that early childhood teachers are under-trained and under-supported in managing behavioral challenges caused by mental health and trauma-related issues in the preschool classroom (Blewitt et al., 2021; Frantz et al., 2022). Effective early childhood programs help preschoolers develop executive function abilities and appropriate cognitive, social, and emotional skills that are needed in order for young children to manage their feelings and have academic success (Blair, 2016). Due to this, many families have been taking advantage of publicly funded preschool programs for children three to five years of age (Stegelin et al., 2020).

With an increase in the number of students entering preschool settings, schools also notice increased behavior and developmental challenges. The research reflects that preschool children have the same common mental health disorders similar to those in older children, at rates between 10-15% (Charach et al., 2020). Furthermore, it has been determined that trauma and stress significantly impact young children's development of appropriate self-regulation and relationship skills, which causes them to display behavioral challenges (Conners Edge et al., 2021). With this increase in early childhood students' mental health concerns and social-emotional deficits, teachers are also reporting more stress-related issues and inadequate support for meeting the needs of the children under their supervision (Jennings, 2019; Stanton-Chapman et al., 2016).

In previous research, teachers have reported little confidence in assisting students with mental health or challenging behavioral needs in the early childhood setting (Clarke et al., 2021). Much of the research has made connections between the mental health needs of students and teacher well-being. Still, it lacks specific details regarding how preschool teachers can support students without risking their wellness. Madigan and Kim (2021) found that identifying the needs of teachers and helping to reduce burnout will impact the quality of instruction and support provided to children. Discovering what preschool teachers believe is needed to help them have a higher self-efficacy and less stress when supporting preschool children in their classrooms must be a priority.

Purpose Statement

The purpose of this transcendental phenomenological study was to understand the professional training early childhood teachers believe they need to support mental health and challenging behaviors displayed in children ages three to five years old in the public preschool

setting. At this stage in the research, mental health and trauma will be generally defined as behavioral, emotional, or psychosocial problems that cause distress or functional impairment, which often interfere with social relationships, positive interactions, and classroom engagement.

Significance of the Study

The study is significant because it details what preschool teachers believe they need to support preschool children who display challenging behaviors caused by mental health issues, adverse experiences, developmental delays, or other factors that can be detrimental to their school success if left untreated. Due to teachers having many work-related and personal experiences that can increase their stress levels, it is important that research is available to ensure challenging behaviors are not impacting their ability to provide high-quality interactions in the classroom. A transcendental phenomenological study of teachers' perspectives of needs can help the field of early childhood education and the field of pediatric care learn more about the early identification of young children with mental health needs, and intervention supports to ensure a positive impact on student success and teacher well-being.

Theoretical

This research study increases theoretical knowledge in the field of education by addressing the concept of teacher self-efficacy as it pertains to preschool teachers' beliefs about providing support to children in their classrooms who are displaying challenging behaviors that can be caused by experiences or developmental concerns. The research also addresses teachers' learning opportunities in regard to andragogy and how preschool teachers learn best (Knowles, 1978). Specific information was gathered from this research regarding how preschool teachers learn best when it comes to supporting them with new mental health strategies, interventions, or curriculums, as well as their perspective regarding positive self-efficacy toward mental health

identification and supports for preschoolers. This theoretical approach was made through the transcendental phenomenological perspective by researching the experiences of early childhood teachers regarding what they believe about their capabilities of successfully providing interventions and supports to children (Bandura, 1977; Moustakas, 1994) and how training and supports should be provided to help them gain the needed knowledge to support children (Knowles, 1978; Moustakas, 1994). The research emphasizes the need for early intervention and classroom support for mental health issues that impact school success (Moazami-Goodarzi et al., 2021) but also details that an emotionally exhausted teacher is not able to provide these interventions if they believe they are not trained and supported effectively (Blewitt et al., 2021; Conners Edge et al., 2021; Humphries et al., 2018; Zinsser et al., 2019).

Empirical

The empirical knowledge gained from this study will help advance the research that is currently available regarding supporting students with behaviors related to experiences that impact their mental health. With mental health and behavioral concerns holding the top five spots as disabilities affecting United States children rather than physical disabilities (Yogman et al., 2021), this research can help identify ways to reduce the negative impacts of mental health concerns on student behaviors in the classroom, since that is one of the leading causes of teacher burnout (Chang, 2013). Current research also shows that teachers do not believe that they have the knowledge base to help children with challenging behaviors that may be related to mental health (Schunk & DiBenedetto, 2020). There is a gap in the research connecting students' challenging behaviors to mental concerns and the teacher's ability to support students in the classroom with trauma-informed practices (Jeon et al., 2019; Loomis, 2018). This research identified three major themes and used teacher perspectives to determine the needs of teachers

regarding early childhood behaviors and mental health, as well as determine how to best meet teacher capacity-building needs.

Practical

This study can be used by all early childhood stakeholders who want to ensure early childhood children receive interventions and support to have positive social-emotional development while experiencing instruction from a highly prepared and supportive teacher. Failure to provide support to students can result in a lifetime of challenges. The inability to support teachers can lead to early childhood teachers leaving the profession. Lack of mental health support can result in disciplinary action, including suspension and expulsion for young children (Loomis, 2018). The high expulsion rates for preschoolers detail a lack of holistic support for teachers in managing behaviors and a need for mental health wrap-around services at school (Martin et al., 2021). Current research shows a gap between the number of children exposed to trauma and the number of students receiving mental health services (Loomis, 2018). The research also shows that 49% to 75% of children ages five and under are exposed to potentially traumatic events that can negatively impact these children through adulthood (Martin et al., 2021). This research details teachers' perspectives regarding supporting preschool students who have experienced traumatic events and how addressing emotional disorders early on can help a student with kindergarten readiness and improve teacher well-being.

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Research Questions

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One central research question and three sub-questions were developed for this phenomenological study. Recruiting early childhood teachers to share their experiences in the early childhood setting in regard to their training to prepare them to instruct students who have experienced events that may impact their mental health and behavior provides a better

understanding of the teachers' needs. Responses from early childhood teachers provided insight into understanding the training and support teachers believe they need to help reduce their stress levels and increase their levels of satisfaction with their jobs.

Central Research Question

What are early childhood teachers' classroom experiences and beliefs regarding providing instruction to address mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors?

Sub-Question One

What are early childhood teachers' pre-service or continuing professional training experiences regarding providing instruction to address mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors?

Sub-Question Two

What are early childhood teachers' experiences regarding targeted instructional supports and interventions for students with mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors?

Sub-Question Three

What are early childhood teachers' experiences regarding their mental health and stress levels when supporting a child with mental health, ACEs, or childhood trauma?

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Definitions

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1. *Adverse Childhood Experiences (ACE)* - childhood events, varying in severity and often chronic, occurring in a child's family or social environment that cause harm or distress, thereby disrupting the child's physical or psychological health and development (Kalmakis & Chandler, 2014).

2. *Mental Health* - includes manifestations of psychiatric disorders, specifically behavioral, emotional, and psychosocial problems that cause distress or functional impairment and often interfere with important family and social relationships (Charach et al., 2020; Gleason et al., 2016).

3. *Social Emotional Learning* (SEL) - the process of integrating cognition, emotion, and behavior into teaching and learning such that adults and children build self- and social awareness skills, learn to manage their own and others' emotions and behavior, make responsible decisions and build positive relationships (Blewitt et al., 2020; Brackett et al., 2019).

4. *Trauma* – experiences that may include experiencing social violence, being a firsthand witness to violence impacting a loved one, and experiencing the effects of war, natural disaster, or ongoing toxic stress (Powers & Duys, 2020).

Summary

Young children can be exposed to adverse experiences or undiagnosed mental health concerns during their early years that can disrupt their brain development, structure, and functioning (Liming & Grube, 2018). Because teachers' attitudes regarding their abilities to perform in the classroom and stress levels can impact their perceptions of children's behaviors and their abilities to support children, teachers must receive the training and support needed to implement effective practices. This transcendental phenomenological study aimed to provide teachers the opportunity to share their experiences working with students needing mental help or social and emotional support to decrease challenging behaviors in their classrooms (Creswell & Poth, 2018; Moustakas, 1994).

CHAPTER TWO: LITERATURE REVIEW

Overview

Children spend most of their waking hours in school, and the classroom teacher usually facilitates social and emotional growth during their time in school (Al-Thani & Semmar, 2017; Kutsukake et al., 2008). Most children learn social and emotional skills and their social environment from interactions with the adults in their home or school (Al-Thani & Semmar, 2017; Hartup, 1989). Adverse experiences can impact early childhood mental health and developmental and socioemotional skills beyond preschool. (Beauchamp & Anderson, 2010; Heim et al., 2010; Liming & Grube; Tuerk et al., 2021; Vasileva & Petermann, 2018). Without proper support for early intervention, children are in danger of having behavioral difficulties throughout their life span (Beauchamp & Anderson, 2010; Liming & Grube, 2018; Stegelin et al., 2020). To ensure proper support is in place, teachers must have high self-efficacy and adequate training to understand how deficits in social development occur and be able to successfully provide early interventions to children in their classrooms. Understanding and responding to the developmental needs of young children helps teachers provide nurturing relationships that will be beneficial throughout their life span. This study was conducted to understand the needs of teachers in preschool programs when it comes to addressing challenging behaviors related to mental health, trauma, or deficits with social and emotional learning. This chapter will synthesize the current literature on preschoolers' social and emotional needs and teachers' perceptions of supporting young children's mental health to reduce the removal of children from the classroom. Lastly, the chapter will identify a gap in the literature, identifying the need for the present study.

Theoretical Framework

Two theoretical frameworks guided this study. With a focus on self-efficacy, Bandura's (1977) social cognitive theory guided the research regarding teachers' perspectives on training received to equip them with handling students with challenging behaviors. Further, Knowles' (1978) andragogy theory guided the research around teachers' perception of their training to support students with challenging behaviors successfully.

Self-Efficacy Theory

Albert Bandura's (1977) self-efficacy theory is a subset of his social cognitive theory. Before developing the self-efficacy theory, Bandura's research focused on social learning, aggression, and the modeling of human behavior and observational learning (Gauthier & Latham, 2022). Bandura identified self-efficacy as a person's confidence in their ability to perform a behavior as having a considerable impact on behavior change (Bandura, 1977; Gauthier & Latham, 2022). This behavior change can lead to a successful experience (Gauthier & Latham, 2022). Self-efficacy is a central determining factor in a person's behavior or response to an adverse situation. If a person has a low perceived self-efficacy, they are more likely to have a negative reaction to an adverse experience than a person who has a higher perceived self-efficacy (Bandura, 1977, 1982; Whealin et al., 2008). Bandura (1977) mentioned that fear-provoking thoughts can elevate levels of anxiety. The fear of impending undesirable situations can cause negative feelings and impact a person's response to any situation that may cause stress (Whealin et al., 2008).

Self-efficacy theory relates to the fear and anxiety felt by teachers who struggle with providing support to students with challenging behaviors. In return, that fear is connected to students' behavioral outcomes (Clayback & Williford, 2021). Teachers with low self-efficacy

may feel as if they are not equipped with the skills and knowledge to implement successful strategies and from the feeling of not being in control of the challenging behaviors some children may display (Clayback & Williford, 2021). Research shows that high levels of teacher self-efficacy are associated with empathy and positive expectations for children (Blewitt et al., 2020; Goroshit, 2014; Tournaki, 2005). This study was framed by the self-efficacy theory and having teachers share their perspectives regarding instructing students with behavior challenges and the connection to trauma or mental health issues. This study will further extend and advance this theory as it will help provide information on developing confidence in preschool teachers to have successful experiences in the classroom.

Andragogy

Another key supporting theory framed by this study is andragogy, or how adults learn (Knowles, 1978). Malcolm Knowles furthered research on adult learning and focused not only on adults' abilities to learn but also on how adults learn (Knowles, 1978). Before andragogy, there was only one theoretical framework for education called pedagogy, and it encompassed children and adult learning (Knowles, 1978). Knowles (1978) understood that adults learn differently from children and conducted work to determine how adults learn best. Andragogy details six assumptions about adult learning that include the following: 1) the need to know why something should be learned, 2) learners' self-concept of being viewed as capable of learning, 3) the role of the learners' previous experience, 4) learners' readiness to learn, 5) learners' orientation to learning and the connection of the learning to their lives, and 6) learners' motivation to learn (Duff, 2019).

Adult learning opportunities for early childhood teachers working with students with social-emotional skills have been found to be effective when they include practicing the use of

new strategies and interventions with time for reflection, as well as opportunities to be observed and given feedback on their interactions with students as a part of their professional development (Haslip et al., 2020). Consideration should also be made with andragogy to ensure it is culturally relevant to meet the needs of educators and to ensure the six assumptions are beneficial to all adult learners (Duff, 2019). The discussion of andragogy for this study includes the teachers' perception of their professional knowledge to meet the mental health needs of students in their classrooms and the training they have received on mental health. The literature will detail the current andragogy to help teachers meet the social-emotional needs of students with mental health and challenging behavior. The six andragogy assumptions must be considered when providing professional development to teachers to build teacher confidence and self-efficacy using how each teacher learns best (Blewitt et al., 2021). This study will help expand the theory of andragogy by helping understand how teachers learn and their beliefs on how this learning helps them support all students in their classrooms.

Related Literature

The related literature contains information from current research that has taken place regarding early childhood social-emotional learning, early childhood mental health, the supports available for meeting the needs of all students, current teacher preparation to assist children's social-emotional needs, and the impact of the teachers' mental health needs on their abilities to maintain positive relationships and engagement to support the preschoolers in their classrooms. An essential aspect of this review includes the research that supports the importance of positive social-emotional development and early interventions for mental health support for students and teachers.

High-Quality Preschool Programs

Exposure to adult-child interactions in an early childhood education setting can help children build a strong foundation for cognitive, behavioral, social, and emotional skills (Blewitt et al., 2020; Conners Edge et al., 2021; Moazami-Goodarzi et al., 2021). Across the nation, public schools are expanding preschool programs for three- and four-year-old children as it is known that children who participate in high-quality programs are more likely to be prepared for later school success (Conners Edge et al., 2021; Stegelin et al., 2020).

High-quality programs are determined based on the physical classroom environment, group size, enrollment ratios, structural quality of professional development and teacher qualifications, and teachers' attitudes and interactions with the children in the program (Blewitt et al., 2020; Jeon et al., 2019). It is also found that process quality, which includes teachers' sensitivity, responsiveness to student needs, positive interactions, emotional support, and instructional support, impacts students' developmental growth and the program's quality (Peisner-Feinberg et al., 2001). In order for programs to ensure children obtain the benefits of a high-quality classroom, the teacher must stimulate young children's development in a positive manner (Jeon et al., 2019). With the increase in access to early childhood programs, many inequities exist. For example, children in under-resourced neighborhoods receive lower-quality programs and are exposed to more stress and trauma, causing some young children to have challenging behaviors (Conners Edge et al., 2021). Early childhood programs can positively impact child development in one or more areas, which can help place children on a trajectory for lifelong health and wellness (Cannon et al., 2018).

Social Emotional Learning

Participation in high-quality preschool programs assists with preparing students for school success (Conners Edge et al., 2021; Stegelin et al., 2020). However, ensuring a strong social-emotional foundation is also needed. Young children are naturally curious and eager learners (Virginia Early Childhood Foundation for the Virginia Early Childhood Advisory Council, 2013). From birth, infants learn how their responses and actions can manipulate their environment and get reactions from others around them (Gerber et al., 2011). Since it is known that even infants engage in SEL, it is essential to understand that SEL takes place across the four key settings in which young children learn: the classroom, school, within families, and in their communities (Collaborative for Academic, Social, and Emotional Learning, 2022). Academic achievement and school readiness have been associated with young children's social-emotional development and abilities (Halle & Darling-Churchill, 2016; Hemmeter et al., 2018; Humphries et al., 2018).

SEL integrates emotion, behavior, and cognition into building secure relationships with peers and adults (Blewitt et al., 2020, 2021; Brackett et al., 2019; Halle & Darling-Churchill, 2016). SEL includes regulating emotions, expressing feelings, exploring the environment, and engaging in learning (Blewitt et al., 2021; Halle & Darling-Churchill, 2016). The Collaborative for Academic, Social, Emotional Learning (CASEL) defines SEL as the process that children go through to regulate, understand, and recognize their own emotions while empathizing with the feelings of others with the intent of building and maintaining relationships and making responsible decisions (Blewitt et al., 2020). The following five competencies should be taught in a culturally diversified manner at appropriate developmental stages from birth to adulthood in order to help children develop a solid SEL foundation as they grow and develop: Self-awareness,

self-management, social awareness, relationship skills, and responsible decision-making (CASEL, 2022; Oberle et al., 2016). Being able to meet these competencies provides a solid foundation for academic success throughout the school career (Halle & Darling-Churchill, 2016; Humphries et al., 2018). Mastery of these competencies can be obtained from the supports and interactions provided to children in their homes, community, and educational settings (Bronfenbrenner, 1977). However, high-quality early childhood programs also have a positive influence on promoting children's social-emotional development (Blewitt et al., 2020; Burchinal et al., 2000; Conners Edge et al., 2021; Jeon et al., 2019; Stegelin et al., 2020).

In general, children's social skill development is usually facilitated by the relationships and experiences they encounter at school or at home that equip them with the tools they use in social situations (Al-Thani & Semmar, 2017). Unfortunately, disruptions to typical social development can cause social problems that can either stem from direct insult to underlying brain bases of social cognition or environmental factors (Tuerk et al., 2021). Research has found that universal SEL interventions enhance social and emotional skills and academic success (Clarke et al., 2021; Humphries et al., 2018). Gains in social-emotional skills during preschool have predicted the end of kindergarten reading achievement, learning engagement, and academic skills (Nix et al., 2013). In Blewitt et al.'s (2021) study, many Head Start and pre-kindergarten teachers believed that social-emotional skills were more important than literacy, math, and early language skills. Research has even determined that SEL is essential to positive mental and physical health, moral judgment, citizenship, academics, and motivation (Brackett et al., 2019).

Without the proper SEL instruction and support, preschool children are in danger of facing discipline disparities similar to those of black/African American and Latino students in which they are more often represented in office discipline referrals and often more suspended

and expelled (Albritton et al., 2019; Gilliam et al., 2016). The negative dynamic of teacher-child conflict and lack of understanding of the causes of SEL deficits can be one of the reasons why public and private preschool centers remove children permanently at rates nearly three times or higher than the national K-12 rate (Conners Edge et al., 2021; Gilliam, 2005; Gilliam & Shahar, 2006; Zinsser et al., 2019).

Social Competence

SEL is essential during the preschool years; however, social competence (SC) is a way to ensure preschoolers can successfully apply the skills to their everyday lives and is just as crucial to their school success. Ensuring all children have social-emotional competence equips them with the ability to maintain secure relationships with others, handle experiences in appropriate manners, regulate and express their feelings, explore their environments, and broaden their knowledge about their world (Ackerman & Brown, 2006; Blewitt et al., 2021; Moazami-Goodarzi et al., 2021). Many scholarly sources list social competence, emotional competence, behavior problems, and self-regulation as common subdomains of social and emotional development (Halle & Darling-Churchill., 2016; Rose-Krasnor, 1997).

Due to the increased recognition that there is a link between difficulties with peers and a child's poor social, emotional, and academic adjustment, there has been more interest in understanding SC (Rose-Krasnor, 1997). Possessing appropriate social skills or SC is needed in order for young children to develop successful and lasting relationships with peers and adults (Rose-Krasnor, 1997). SC is thought to be required to have appropriate human behavior and actions, and essential to establishing and maintaining relationships, communicating with others, partaking in social interactions, and engaging appropriately in society (Cacioppo, 2002; Tuerk et al., 2021). There has also been an increased interest in understanding social development from a

neurodevelopmental viewpoint since disruption to typical social development can cause social problems and impact SC (Beauchamp, 2017; Tuerk et al., 2021). For young children, developmental and neurological disorders, chronic illness, and mental health conditions can impact their SC (Tuerk et al., 2021). In order to help students gain social competence, there must be an understanding of what may be causing the child to have a delay in gaining SC.

Even with the increased interest in the term SC, there continues to be a lack of a common understanding for defining the term, which makes it challenging to have a consistent tool and approach to measuring these skills and competencies in young children in order to provide support and interventions (Halle & Darling-Churchill., 2016; Rose-Krasnor, 1997; Zaslow et al., 2006). This lack of consistency is unfortunate as having an accurate measurement of social and emotional competencies for young children will provide important data to all birth to five stakeholders (Halle & Darling-Churchill., 2016). Having accurate measures to assess young children can provide early childhood educators with a holistic view of students' social and emotional needs and abilities (Halle & Darling-Churchill, 2016; Zaslow et al., 2006). SC is directly related to academic achievement, enjoying life, mental health, and emotional welfare across the lifespan of young children, which is why early childhood educators must ensure young children are meeting the developmental milestones during the preschool and early childhood years (Ackerman & Brown, 2006).

Social Emotional Developmental Milestones

Since SC describes how children can apply SEL skills to establish and maintain relationships, using developmental milestones will help promote holistic and purposeful learning and development at each milestone (Virginia Department of Education, 2021). Learning begins at birth and continues throughout our lives, with the first social milestone being an infant

bonding with their caregiver through various interactions (Gerber et al., 2011). Because SEL is an ongoing process in multiple environments, developmental milestones have been developed so parents, caregivers, educators, and other adults can identify age-appropriate observable behaviors and interactions (Virginia Early Childhood Foundation for the Virginia Early Childhood Advisory Council, 2013). For example, the Virginia Board of Education (2021) recently approved the unified birth to five early learning developmental standards to be used by childcare providers, families, and schools so that all caregivers can monitor the developmental progress of children from birth to five years of age. Knowing the social-emotional milestones helps educators plan instruction and provide resources based on students' individual needs (Virginia Department of Education, 2021). Adults, especially teachers, must remember that though some development can be predictable, children develop at their own rate and can progress faster or slower than other children their age (Virginia Department of Education, 2021). Having unified social-emotional competencies in place helps enhance school-wide strategies that can be extended to the family and community to support positive social development (Oberle et al., 2016). Ensuring teachers are aware of the social-emotional developmental milestones will help them identify deficits, provide early intervention support for students demonstrating social deficits in their classrooms, and express concerns to families who can share them with the primary care provider (Brignell et al., 2021).

Early Childhood Mental Health

Mental health includes emotional, psychological, and social well-being and affects how a person thinks, feels, and acts (U.S. Department of Health and Human Services, 2022). In young children, mental health is associated with the child's ability to form close relationships, manage and express emotions, explore the environment, and learn (Liming & Grube, 2018; Stegelin et

al., 2020). Early childhood mental health understanding and knowledge of interventions for preschoolers is another area of focus to help teachers support students with behavioral challenges and reduce suspensions and expulsions (Ghandour et al., 2019; Yogman et al., 2021).

Mental health disorders can have a negative impact on the child's ability to meet social, emotional, cognitive, and academic milestones and engagement in their environment (Ghandour et al., 2019). Mental health disorders vary and can be identified before a young child attends school (Charach et al., 2020; Yogman et al., 2021). These disorders consist of emotional and psychosocial problems that interfere with social interactions among caregivers, family, and peers (Charach et al., 2020; Ghandour et al., 2019; Gleason et al., 2016). Recently, research has been finding that mental health, developmental, and behavioral health disorders are among the top five diagnosed disabilities in young children (Ford et al., 2018; Yogman et al., 2021).

Currently, there is a misconception that mental health issues develop over time and are not directly impacting young children (Stegelin et al., 2020). This belief is partly due to a lack of awareness about the mental health needs of young children (Stegelin et al., 2020). The reality is that about one in every six children between the ages of two and six has been identified with a mental health concern (Charach et al., 2020). This statistic includes data from 2016 showing that one out of six children in the United States had a diagnosed behavioral, developmental, or mental health disorder, with boys being diagnosed more often than girls (Charach et al., Yogman et al., 2021). There is evidence that the current healthcare system must focus on a plan to help prevent and mitigate the negative impact of early experiences and ensure children's and their families' developmental needs are met regarding mental health concerns (Perrin et al., 2020).

Early childhood teachers report increased behavior and developmental challenges within the classroom and school setting and inadequate support to meet the mental health needs of

children (Stegelin et al., 2020). Many advocates recommend early widespread screenings and early identification of mental health disorders in young children to help support teachers with identifying early interventions (Charach et al., 2020; Nelson et al., 2020). Without interventions, mental health disorders will continue to be a challenge in elementary school and beyond (Charach et al., 2020; Nelson et al., 2020; Stewart, 2022).

Social-emotional issues that impact the relationships between children and caregivers, along with behavioral disorders, often interrupt the instructional day and cause a delay in identifying the need for mental health services (Conners Edge et al., 2021; Yogman et al., 2021). When children are removed from the classroom or expelled from the program, they will not have their needs met and will not have access to needed support like special education services or mental health referrals (Conners Edge et al., 2021). Punitive practices are one of the reasons why it is essential to learn about teachers' experiences so that programs can invest in reducing teacher stress, increasing teacher self-efficacy regarding supporting children, as well as improving teachers' knowledge, beliefs, skills, and well-being to keep children in the preschool classroom to receive access to resources to strengthen their social-emotional deficiencies (Conners Edge et al., 2021; Gilliam, 2005). In order to prevent impairment, suffering, and effects on the overall health and development of young children, it is crucial to identify and treat mental health disorders as early as possible (Cohen & Andujar, 2021).

Exposure to Childhood Trauma

One precursor to children's mental health concerns is exposure to childhood trauma. Nearly 90% of individuals experience a traumatic event at some point during their lives, with a small fraction of that group never recovering from the event and having a negative long-term impact on their lives (Heinzelmann & Gill, 2013). Trauma-related psychological impairment was

formally recognized with the introduction of posttraumatic stress disorder (PTSD), which in due course led to the connection between childhood trauma and disruptive childhood behaviors (van der Kolk & Fisler, 1994). As researchers learned more about PTSD, they began to understand that a discrete traumatic event did not just cause it but was the result of extensive traumatic circumstances or toxic stress that caused much more sweeping impairments, including disruptive behavior, primarily when occurring in childhood, (Quiñones et al., 2022). PTSD is considered a disorder of dysregulation of fear and the ability to process stimuli associated with trauma and includes these three main clusters of symptoms: reexperiencing, avoidance, and hyperarousal (Heinzelmann & Gill, 2013; Wiseman et al.,2021). Though traumatic events can put individuals at a higher risk of developing PTSD, many persons exposed to trauma can recover and never develop PTSD (Heinzelmann & Gill, 2013; Wiseman et al., 2021). When mental illness and traumatic stress are left untreated, there can be considerable negative impacts on an individual's health and overall well-being throughout their lifetime (Stewart, 2022).

Trauma can be described as an emotionally painful event that makes it difficult for a person to cope and build positive relationships and can have a negative impact on a person's physical and mental health well into adulthood (Felitti et al., 1998; Martin et al., 2021; The National Child Traumatic Stress Network [NCTSNET], 2022; Parker et al., 2021a; Vasileva & Petermann, 2018). Trauma is often referred to as involving a catastrophic event and the psychological impact that occurs due to the event (Quiñones et al., 2022). It has been recognized that trauma is connected to various psychological difficulties that go beyond the diagnosis of PTSD (Luyten et al., 2017).

Early on in life, children can be affected by trauma and the pattern of inappropriate behaviors that can be a result of adverse circumstances with consequences including limited

coping strategies, aggressive behaviors, emotional disconnect from others, and the negative stigma of being a bad child (Quiñones et al., 2022). The impact of traumatic experiences in early childhood is often ignored or underestimated (De Young et al., 2021)

Additionally, childhood risk factors have been found to be associated with an increased risk of trauma exposure and the development of PTSD (Koenen et al., 2007). These risk factors included children's externalizing attributes (including difficult temperament, antisocial behavior, and hyperactivity), family history of mental health difficulties, and family hardships (including the loss of a parent) (Koenen et al., 2007; Wiseman et al., 2021). These adverse experiences can cause a young child to have intense reactions and emotions that can cause frustration and irritation in caregivers or peers and can lead to an increase in verbal and physical abuse or bullying (Wiseman et al., 2021). Not only can intense reactions occur, but exposure to trauma can cause emotional disengagement, a form of maladaptive coping skill that allows a person to protect themselves from the emotional distress resulting from traumatic experiences (Quiñones et al., 2022). Individuals with limited coping strategies can display emotional avoidance and appear to be unemotional, callous, and uncaring (Quiñones et al., 2022), or they can have emotional reactivity and be emotionally sensitive, have stronger emotional insensitivity and have emotions that persist longer than average (Shapero et al., 2019). For some children, the first three years of life can bring about biological and psychosocial threats that can affect their overall development, health, and mental ability (Nelson et al., 2020). Unfortunately, due to challenges with assessing early childhood trauma and interventions and the widely held belief that young children do not experience mental health difficulties, children ages 0-6 have been largely neglected (De Young et al., 2021).

Toxic Stress

Exposure to childhood trauma can lead to toxic stress, especially when early interventions and support are not in place for young children. It is important to note that not all stress is considered harmful stress, especially if the child has support from a caring adult and can respond to the stressors in a way that promotes positive growth and development (Morsy, 2020; Quiñones et al., 2022). Temporary stressors are referred to as tolerable stress, and these temporary experiences can usually be overcome if a child has a relatively favorable environment in which they can learn to adapt by using problem-solving skills, regulating their emotions, expressing their feelings, and tolerating distress (Morsy, 2020; Quiñones et al., 2022). Toxic stress is described as a dysregulated reaction to conditions or events that are frightening and threatening and, when considered severe, can impact a child's behavior, cognitive capacity, and emotional and physical health (Morsy, 2020; Morsy & Rothstein, 2019). Toxic stress can occur when chronic adverse experiences occur over a prolonged period, causing the body to have a heightened state of alertness and tension, especially if the child lacks the support and interactions of caring adults to help mitigate the stress response (Morsy, 2020; Nelson et al., 2020; Quiñones et al., 2022).

Toxic stress is a powerful factor that can block better health and cause health inequalities for disadvantaged children (Kim et al., 2013; Morsy, 2020). Current research details that lower social class children, lowest-income children, and the child's race being Black make them more likely to be exposed to frightening and threatening conditions that induce a stress response and, in return, make these groups more likely to experience academic problems, behavioral problems, and health problems (Morsy & Rothstein, 2019). For young children, the impact of exposure to toxic stress results in disruption of the brain architecture and developing organ systems, which

cause a lifelong risk for physical and mental disorders (Kim et al., 2013; Nelson et al., 2020; Quiñones et al., 2022) if not treated with early interventions (Stewart, 2022).

Adverse experiences in childhood and toxic stress were found to extend beyond the damaging impact trauma can cause (Quiñones et al., 2022). Unfortunately, this could mean that a young child can be living with toxic stress from experiences at home and then interacting with a classroom teacher who is failing to cope with their own stressors.

Adverse Childhood Experiences

Exposure to trauma and toxic stress can impact a child's behavior; however, there are other experiences that can have detrimental lifelong consequences. As researchers have learned more about trauma, it has been identified that there might be psychologically damaging circumstances that are detrimental to children's growth and development that are not considered to be trauma (Quiñones et al., 2022). When combined with trauma, these other circumstances are referred to as adverse childhood experiences (ACEs) (Felitti et al., 1998; Quiñones et al., 2022). In 1998, Felitti et al. conducted a study to explore ACEs that can cause trauma and have a negative impact on a person's personal advancement, social relationships, coping skills, health, and finances. The research also shows that repeated stress in childhood can lead to difficulty with emotional regulation, anxiety, and aggression (Felitti et al., 1998; Parker et al., 2021a). Specifically, in Liming and Grube's (2018) study, young children who had been exposed to three or more ACEs were significantly associated with social concerns, attention deficits, and aggressive behaviors in the kindergarten setting. Research has also shown that the number of ACEs a child experiences can predict various negative behaviors in adulthood (Quiñones et al., 2022). Due to the long-term negative impact of ACEs on a person's overall quality and quantity

of life, early intervention must occur with support in the early childhood setting (Stegelin et al., 2020).

By age four, nearly 50% of preschool-aged children have been exposed to at least one potentially traumatic adverse experience, such as abuse, neglect, or witnessing violence (Jimenez et al., 2016; Loomis, 2018). These negative experiences put children at risk for attachment, developmental, and mental health problems that can impact their social and emotional development and relationships with adults in peers in the preschool classroom (Loomis, 2018; Stegelin et al., 2020; Vasileva & Petermann, 2018). Recently, the COVID-19 pandemic has increased adverse experiences for young children as their routines might have changed, social engagement with family or peers may have stopped, or the death of a loved one may have occurred (Martin et al., 2021).

Adverse experiences can range from those that are more common (parental divorce) to those that are more horrific (witnessing a parent being murdered), and contextual factors are important as they can determine if the adversity can become biologically embedded (Nelson et al., 2020). Exposure to adversity comes with behavioral and emotional issues involving increased risk-taking, violent behaviors, relationship difficulties, and aggression (Cooper et al., 2009; Felitti et al., 1998; Nelson et al., 2020; Parker et al., 2021a). Depending on the type of trauma experienced, there is an elevated possibility that children will be at risk of psychiatric disorders, depression, PTSD, conduct issues, substance abuse, self-harm, and suicidal thoughts or attempts (Cooper et al., 2009; Nelson et al., 2020; Radez et al., 2021). Children are also exposed to environmental adversities, and if they have exposure to higher psychological adversities, they are more likely to be at a greater risk of common diseases, as well as reduced

brain volume and structural and functional brain differences (Nelson et al., 2020; Turesky et al., 2019).

The Impact of COVID-19 on Mental Health of Young Children

COVID-19 not only caused anxiety, fear, and social isolation for adults, but it also brought with it these same stressors for young children, which may be considered additional stressors for those already experiencing negative mental health concerns (World Health Organization, 2020). Even though there has been increased attention on early childhood programs, increased enrollment in programs, and research showing the lifelong positive impact early intervention services have on families and children (Conners Edge et al., 2021; Stegelin et al., 2020), there was a decrease in the number of three- to five-year-old children enrolled in a preschool program from 2019 to 2020 with the decline occurring during the COVID-19 Pandemic (National Center for Education Statistics, 2022). History has shown us that when humanity experiences a crisis, the consequences can jeopardize children's healthy development and education (Barlett et al., 2020; Spiteri, 2021).

On March 11, 2020, the World Health Organization declared the acute respiratory syndrome coronavirus 2 (SARS-COV-2) a pandemic as cases surged in more than 114 countries worldwide (World Health Organization, 2020). Even though young children were not considered the face of the pandemic, it is believed that children, and more specifically children from disadvantaged or vulnerable groups, will be the ones most impacted by the lifelong harmful effects caused by the mitigation measures that were put in place to keep everyone safe (Egan et al., 2021; O'Keeffe & McNally, 2021; United Nations, 2020; Wijaya et al., 2022).

Many countries have closed schools, childcare centers, playgrounds, and recreation centers, which are all environments where children learn and practice social interactions and

social skill development (Egan et al., 2021). In the United States, all 50 states closed schools to in-person instruction during the 2019 – 2020 school year, with only Montana and Wyoming allowing local school divisions to make local decisions to reopen in-person instruction before the school year ends (Ballotpedia, 2020). During the 2020 – 2021 school year, states returned to in-person, virtual/remote learning, a combination of the two formats, or a hybrid schedule. (Ballotpedia, 2021). Children's daily routines were disrupted at home, while families and children had to adjust to being confined at home while learning virtually (O'Keeffe & McNally, 2021; Raymond et al., 2022). The changes in how students were being educated meant that caregivers, teachers, and young people were all trying to adapt to this new way of life while maintaining individual well-being (UNESCO, 2020).

Many states developed policies regarding education and the safe return to in-person instruction while dealing with the COVID-19 pandemic (Ballotpedia, 2022). This caused further disruption for children during the return to school as mitigation practices required cohorts of children to remain with one teacher the entire day, wear a mask, isolate or quarantine from social interactions repeatedly, and social distance from peers (O'Keeffe & McNally, 2021; Raymond et al., 2022). Though the Centers for Disease Control and Prevention (CDC) reported that young Americans have a lower risk of exposure to COVID-19 (CDC, 2022), what is known is that children's reactions to various crises situations, whether natural disasters or political violence, can cause adverse effects for months, years, or even the rest of their lives (Jalongo, 2021; Raymond et al., 2022). It is critical and crucial that families and communities build vital coping skills and emotional resilience to help equip young children with the knowledge, skills, attitudes, and behaviors they need to address and counter the social anxiety, emotional upheaval, and fearful insecurity unleashed by COVID-19 (UNESCO, 2020). It must also be taken into

consideration that virtual or remote learning affects young children differently than it would an older child, as the early childhood classroom structure uses real-life sensory experiences, adult-child interactions, and hands-on activities that are harder to achieve in a virtual or remote setting (Spiteri, 2021).

The impact of COVID-19 on children and their families include loss of income, reported violence in the home, and lack of access to healthcare. There were also other significant negative socio-emotional impacts of COVID-19 on young children, including missing routines, lack of structure, decreased peer interactions and relationships, and decreased interactions in the early childhood setting or school (Egan et al., 2021).

It has been determined that exposure to trauma or other adverse experiences, such as those caused by COVID-19, is related to the insensitive-unemotional traits of the numbing of sadness, general emotional numbing, fear, and anger (Quiñones et al., 2022), which can all be viewed in the classroom as social-emotional deficits or challenging behaviors.

Supporting Mental Health in Young Children

It has been recommended by researchers that adults create a positive, supportive relationship with young children and help all children develop their social and emotional skills (Hornor, 2015; Quiñones et al., 2022). With young children spending on average 29.5 hours in an early childhood setting, supporting preschoolers with early interventions provided in the school or childcare setting can help address children's academic, social-emotional, behavioral, and various mental health needs (Moazami-Goodarzi et al., 2021). Following this practice can help children cultivate resilience while managing emotions, practicing self-care routines, and strengthening empathy, self-efficacy, self-regulation, and other social and emotional skills that are beneficial to children (Quiñones et al., 2022).

Though many K-12 public schools have access to specialists to help with academic and behavioral deficits, many of these specialists are not readily available in childcare centers or early childhood centers that support young children with social-emotional needs (Stegelin et al., 2020). Many schools lack services or have inadequate support for students, undermining the importance of schools as settings for addressing trauma and other mental health concerns (Nagaswami & Spiegelman, 2019; Quiñones et al., 2022). Schools should also ensure that mental health staff are available to meet the needs of young children exposed to adversity. This staff should include school counselors, social workers, behavioral specialists, or psychologists in at least a part-time position (Nagaswami & Spiegelman, 2019). When schools do not have the mental health staff available to assist classroom teachers with students, the teacher is left to address the students' issues in the classroom without being provided the proper training and supports to be able to do so effectively (Zinsser et al., 2016).

In addition to staffing concerns, there are several other factors that impact supporting students' mental health, including identifying behaviors and making sure interventions are appropriate. Identifying needs can be challenging, especially when 10-20% of preschool children display challenging behaviors (Carter & Van Norman, 2010), universal primary prevention is only effective for about 80% of students (Center on PBIS, 2022), and fewer than 10% of students who display challenging behaviors never receive the intensive and individualized services they need for long-term improvement (Carter & Van Norman, 2010). Further, schools should also ensure current practices are in place to reduce traumatic stress or retraumatizing children (Quiñones et al., 2022). Exclusionary or punitive practices can restrict students' ability to access services and, ultimately, cause more harm and further trauma to a child (Quiñones et al., 2022). Working together as a school and community to ensure supportive environments are in place and

teachers are mentally able to provide students with the support needed to address mental health concerns will improve teacher capacity to meet the needs of all children (Quiñones et al., 2022).

Universal School-Wide Trauma-Informed Practices

When supporting students with mental health concerns, it is suggested that schools go beyond providing child-level approaches to trauma-informed services and work toward developing and fostering intentional, universal, school-wide practices that create a trauma-informed environment for all students (Murphey & Sacks, 2019). The purpose of trauma-informed school approaches is to decrease the negative impact of trauma and support healing, growth, and change by having inclusive policies and procedures that create a safe and supportive environment for students in which students can regulate their emotions, focus their attention, and succeed socially and academically (Avery et al., 2021). There is not a universal definition of a trauma-informed approach (Purtle, 2020). However, the Substance Abuse and Mental Health Services Administration (2014) details it as realizing the widespread impact of trauma and understanding the pathways for recovery, being able to recognize the symptoms and signs of trauma, fully integrating what we know about trauma into policies, procedures, and practices, and actively resist retraumatization.

Research has gradually explored approaches to caring for traumatized students in schools. However, additional research on the effectiveness of multi-tiered, trauma-informed approaches to address this area of trauma is needed (Avery et al., 2021; Berger, 2019). Even with the need for additional research on the effectiveness of multi-tiered approaches to address trauma, current research does provide guidance on how to integrate multi-tiered trauma approaches into the schools existing multi-tiered frameworks (Avery et al., 2021; Berger, 2019). Instead, much of this guidance includes staff training and consultation, community engagement and awareness,

support and training for parents, student support, and curricula implementation (Avery et al., 2021; Berger, 2019; Purtle, 2020). In Purtle's (2020) study, staff knowledge, attitudes, and behaviors improved over time when trauma-informed organization approaches included the training of staff. Ensuring that staff is appropriately trained on trauma-informed practices helps staff view challenging behaviors differently, decreasing the potential of reactive responses and the possibility of punitive practices or escalation of students (Avery et al., 2021).

Teacher Mental Health

Teacher qualifications and capabilities are not the only criteria that can have an impact on student learning, but consideration must be made regarding a teacher's emotional state, stress, and satisfaction on the job, which can also impact students' success in the classroom (Jennings, 2019; Jeon et al., 2019; Pianta et al., 2005; A. Roberts et al., 2016). Supporting young children depends on the teacher's well-being (Kwon et al., 2022; Spilt et al., 2011). With teacher attitudes and interactions with children being criteria for a high-quality preschool program (Blewitt et al., 2020; Jeon et al., 2019), it is important to understand teachers' perspectives and needs regarding their own mental health. Unfortunately, early childhood teachers report extremely high stress levels (Jeon et al., 2019; McGinty et al., 2008). Teachers who were more emotionally exhausted, regardless of the number of years they have been teaching, have demonstrated a lower quality of interactions with the children in their classrooms than teachers who were less emotionally exhausted (Ansari et al., 2022; Jeon et al., 2019). Teachers, being the agents who observe and help students develop social-emotional skills, must have positive perceptions and attitudes toward their abilities to provide interventions, especially since challenging behaviors lead to stressful and difficult classroom environments for teachers and students (Al-Thani & Semmar, 2017). There is a great responsibility to support teachers in order that they can provide high-

quality interactions that lead to preschool children mastering their social-emotional competencies.

Teacher Stress

Teacher stress can be described as the experiences of unpleasant, negative emotions, such as anger, anxiety, frustration, depression, and tension, occurring from some aspect of their work as a teacher (Kyriacou, 2001). This description is based on the concept of stress as a negative emotional experience that leaves the teacher's perception that the work or situation threatens their self-esteem or well-being (Kyriacou, 2001). Other definitions include stress as a strain an individual feels due to pressure or demands or emotional, physical, and attitudinal exhaustion, all of which occur due to individuals having unsuccessful coping skills (Kyriacou, 2001; Pyhältö et al., 2021). Several factors have been identified through empirical studies as causes of teacher stress with poor interactions with students and inappropriate student behavior amongst the causes (Clayback & Williford, 2021; Kyriacou, 2001; Pyhältö et al., 2021; Sandilos et al., 2018).

Teacher stress can impact their perceptions of a child's social, emotional, and behavioral development in their classroom (Jeon et al., 2019). There is an association between teachers' stress levels and their reports of anger aggression, anxiety withdrawal, and social competence deficits in children (Jeon et al., 2019). Early childhood working conditions might be insufficient to support teachers' well-being since many early childhood teachers receive low pay and resources, less professional development than elementary teachers, and encounter high rates of challenging behaviors in their classrooms, all of which can cause stressful situations (Clayback & Williford, 2021; Friedman-Krauss et al., 2014; McGinty et al., 2008; A. Roberts et al., 2016). It has been found that when the early childhood teacher is the one who is experiencing stress, it is positively related to the teachers' use of exclusionary discipline practices that may include

expulsion from the program (Clayback & Williford, 2021). The level of stress and job-related

exhaustion a teacher is experiencing is negatively associated with teaching efficacy and has an

impact on student learning. (Jeon et al., 2018).

Chronic Psychological Distress

Having a teacher who suffers from psychological distress like depression, anxiety,

negative affect, and burnout can have a harmful impact on a child's development and learning

(Hindman & Bustamante, 2019a; Jeon et al., 2019; Madigan & Kim, 2021; A. Roberts et al.,

2016). Early childhood educators with psychological deficits have less cognitive and emotional

energy, which impairs their verbal and emotional responsiveness and overall cognitive and social

engagement, which is needed for young children to build language and social competencies

(Hindman & Bustamante, 2019a; Madigan & Kim, 2021). Publicly funded early childhood

programs like Head Start are designed to provide at-risk students with high-quality preschool

experiences. This goal may not be met if the teacher is suffering from psychological distress

(Hindman & Bustamante, 2019a; A. Roberts et al., 2016). Teachers who are more stressed or

emotionally exhausted are less prepared for their lessons and content mastery, less engaged with

their students, have more significant conflicts with children in their rooms, lack optimal socio-

emotional adjustment, have reduced motivation to teach, have doubts about their abilities, and

are less committed to the teaching profession (Ansari et al., 2022). Additionally, a teacher's

social-emotional capacity and psychological wellness can impact their interactions with children

with challenging behaviors (Jeon et al., 2018). Challenging behaviors, unfavorable working

conditions, stressful classroom experiences, and negative personal experiences outside the

classroom can impact a teacher's psychological health (Friedman-Krauss et al., 2014). This, in

return, can create a lower-quality classroom environment for a group of children who are already disadvantaged (Friedman-Krauss et al., 2014; A. Roberts et al., 2016).

Supporting Teachers' Mental Health and Well-Being

Teachers' beliefs regarding meeting the needs of their students with challenging behaviors are essential, as the lack of resources and support along with the behaviors can impact the teacher's mental health (Sandilos et al., 2018). Often, early childhood teachers believe they do not have the knowledge or tools to accurately identify and successfully handle the unique challenges that arise when working with children with behavioral and mental health issues (Hemmeter et al., 2007, 2008; Quesenberry et al., 2011; Westling, 2010).

Ensuring early educators feel supported protects their mental health and well-being. This reassurance of support is vital because preschoolers must be present in an engaging, positive setting as they learn basic language skills, how to express their thoughts, and correctly use their executive functions (Hindman & Bustamante, 2019b). Whether parents or teachers, caregivers must be equipped with the strategies and supports to cope with their own stress and trauma while ensuring students aged birth - five develop the skills needed to prevent negative experiences from impacting their educational or learning day (Sandilos et al., 2018). Teachers do not always have the professional support or training for the successful implementation of social-emotional and behavioral supports, which can impact teacher attitudes, well-being, and mental health, which makes the implementation of SEL programs less effective (Blewitt et al., 2021; Conners Edge et al., 2021; Humphries et al., 2018). Also, in order to provide appropriate, effective support to students, teachers must be able to understand the causes of social deficits and have a sound knowledge of how social skills develop in optimal environments and what contributes to discrepancies in social competence across typical development (Tuerk et al., 2021).

Teachers' perceived working conditions are associated with their psychological well-being and their need for resources to treat any emotional burdens when encountering stressful situations (Jeon et al., 2018). When classroom environments seem more chaotic, teachers can have more difficulties maintaining their optimal psychological functioning and might experience higher levels of depression, stress, and emotional exhaustion (Jeon et al., 2018; Wachs & Evans, 2010). Providing professional development and training to teachers to help them with areas of the job that cause them stress is one way to support them; however, it was also determined that having to attend professional development could also cause a teacher to become stressed or to have more stress if time is a factor in why they are already overwhelmed (Sandilos et al., 2018).

Some teachers perceive their jobs as emotionally draining when they believe they are less capable of supporting challenging behaviors (Jeon et al., 2018). Consultation or coaching is a viable and effective method of supporting individual teachers (Benedict et al., 2007). It provides an alternative to the workshop format of professional development (Carter & Van Norman, 2010) that can be less individualized and teacher-specific. There is data that shows that preschool teachers did not consistently implement the tier one universal preventive strategies to fidelity; however, when provided with consultation and coaching on using the PBIS process, the data showed an increase in implementation to fidelity and student engagement (Benedict et al., 2007; Carter & Van Norman, 2010; Hemmeter et al., 2018). Coaching support to ensure PBIS is implemented effectively in the early childhood setting will support teachers' attempts to address early learners' challenging behavior while building each child's social and emotional competence (Benedict et al., 2007). Even though coaching and consultation have been found to be effective in helping ensure mental health is supported daily, the quality of workplace trusting relationships

between teachers and administrators and teachers and their colleagues is vital to a teacher's well-being (A. M. Roberts et al., 2019).

Positively Impacting Teacher Attitudes

The effectiveness of all trauma-informed practices is contingent upon teachers' positive attitudes toward being able to implement and notice progress. Being trained on trauma-informed approaches and practices can have an immediate impact on a teacher's attitude (Purtle, 2020). Positively impacting teachers' attitudes is beneficial to the preschool classroom as there has been a shift in what has a more significant impact on preschool school readiness from teacher qualifications and program structures to teachers' having positive interactions with children in the classroom (Ansari et al., 2022; Blewitt et al., 2020). Teachers' attitudes in the classroom can impact their perception of children's behaviors and their beliefs regarding managing the behaviors (Zinsser et al., 2019). It has also been found that implicit teacher bias and the teachers' perceptions of a child based on ethnicity, gender, size, or other demographics may be connected to their interactions with students as well as determine if a child is referred for mental health support or recommended for suspension or explosion (Gilliam et al., 2016). Many times, attitudes regarding at-risk students include descriptions of them being "bad kids" or other disparaging descriptions that are used in reference to their attitudes or behavior that are a result of their exposure to abuse, dysfunction, delinquency, violence, betrayal, distrust, and other experiences of trauma, adversity, and toxic stress (Quiñones et al., 2022). With behavior management being an unmet training need for teachers and teachers' experiences with psychological stressors causing additional challenges, many teachers respond to challenging behaviors in maladaptive manners that inadvertently cause repeated conflict between the teacher

and the child and result in a negative impact on the teacher-child interactions (Ansari et al., 2022; Conners Edge et al., 2021).

Teachers' self-efficacy can determine how they react to adverse or stressful situations in the classroom (Skaalvik & Skaalvik, 2017). When a person does not feel in control or repeated stressful events occur, the reaction can be considered aggressive if self-efficacy is low (Skaalvik & Skaalvik, 2017). Helping to improve a teacher's self-efficacy comes with providing the proper support and training to meet students' and teachers' social-emotional and mental health needs in their classroom (Zinsser et al., 2016). The current literature shows that teachers believe SEL begins before the start of school, and with responsive and nurturing interactions with a teacher, SEL can positively impact the lifespan of a child (Al-Thani & Semmar, 2017; Blewitt et al., 2021; Schaack et al., 2020; Zinsser et al., 2016). Teachers do not always feel they have been provided the support needed to meet the needs of young children who demonstrate challenging behaviors, as it can be caused by various reasons, including social-emotional deficits, adverse childhood experiences, or mental health needs (Zinsser et al., 2016). Teacher stress and well-being also impact how they interact with students and whether they have a low self-efficacy for supporting children displaying challenging behaviors. Though parents, teachers, or other caregivers are all responsible for young children's social-emotional and mental health, adverse experiences and trauma care require specific support and training to be effective. Even though specialized staff can provide this support, teachers must be equipped to provide some support in the learning environment to ensure student academic success is not hindered due to removal from the room for suspensions or expulsions.

Summary

The goal of many publicly funded preschool programs, like Head Start or the Virginia Preschool Initiative program, is to ensure young children who may otherwise be considered at risk of starting schools with delays would have the opportunity to receive high-quality experiences that promote positive social-emotional development while offsetting the damaging risks that could result from poverty-related adversities (Hindman & Bustamante, 2019a; A. Roberts et al., 2016). Young children have experiences or events that can impact their mental health, possibly resulting in challenging or problematic behaviors. Challenging behaviors in preschoolers can cause stressors in the early childhood setting that can affect a teacher's mental health, especially if the teacher is already experiencing mental health issues. It does not matter whether an early childhood center has access to staff trained to work with children and their behaviors; the reality is that early childhood teachers are the ones who spend the majority of the day interacting and engaging with all students in their classroom and will be the ones who will need to know the appropriate interventions and responses to support children in an appropriate positive way while keeping these at-risk students in the classroom.

The gap in the research is knowing the supports and interventions teachers believe they need to help them effectively handle the challenging behaviors some of their students may display in their classrooms that may be caused by mental health issues and what resources teachers believe they need to help protect their psychological well-being in the process. This study is crucial as it sought to explore the different influences of teacher stress to understand how best to support teachers to be able to retain them in the profession. If challenging behaviors are causing teachers added stress or if teachers believe their own stress is causing them to have

unintentional conflicts, we need to determine what they are experiencing in the classroom

regarding the challenging behaviors, mental health concerns, and what they need for support.

CHAPTER THREE: METHODS

Overview

This transcendental phenomenological study aims to understand early childhood novice and experienced teachers' experiences with supporting students ages three to five years old with challenging behaviors. This chapter will provide a thorough overview of the research design, setting, participants, research procedures, data collection and analysis, and the study's trustworthiness. An explanation of the researcher's role, data synthesis, and reporting methods will be addressed. The chapter's final sections will provide ethical considerations and a summary of the chapter.

Research Design

Qualitative research is based on human science inquiries (Moustakas, 1994). The research design that is used for this study is transcendental phenomenology. This design includes the researcher seeing something as it is and analyzing it in detail (Moustakas, 1994). This inquiry involved focusing on a single phenomenon or idea that is considered the starting point of the investigation (Moustakas, 1994). This study focused on the lived experiences of preschool teachers providing mental health support to children who are three and five years old. Selecting the qualitative model allowed for an in-depth analysis of the phenomenon based on the data collected from the participants (Moustakas, 1994). Transcendental phenomenology requires the researcher to bracket out any prejudgments and presuppositions to gain a fresh perspective of the natural everyday experiences with the phenomenon (Moustakas, 1994). The researcher must try to remove any bias or opinions that they currently have to be able to focus on the experiences of others and collect the data needed to answer the research questions (Moustakas, 1994)

Edmund Husserl is recognized as one of the early pioneers of phenomenology (Moustakas, 1994). Husserl developed a system based on subjective openness and the phenomenology attitude known as the intentionality of consciousness (Moustakas, 1994; van Manen & van Manen, 2021). With phenomenology focusing on the human experience, it allowed me to learn more about personal experiences with the phenomenon and understand how it appears to others (Moustakas, 1994). Conducting interviews with participants provided the opportunity to identify what each teacher experienced when providing instruction to a student with challenging behaviors related to mental health or trauma and how they have experienced it (Moustakas, 1994; van Manen & van Manen, 2021). The collection of first-hand information from teachers living the phenomenon allowed me to generate themes regarding teachers' experiences, develop structural descriptions, and report the phenomenon's essence (Moustakas, 1994).

Research Questions

This section will share the research questions used to guide this study and data collection with early childhood preschool teachers. There is one central research question and three sub-questions. Participants' responses to these questions detailed the lived experiences and perspectives of early childhood preschool teachers.

Central Research Question

What are early childhood teachers' classroom experiences regarding providing instruction to address mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors?

Sub-Question One

What are early childhood teachers' pre-service or continuing professional training

experiences regarding providing instruction to address mental health, ACEs, childhood trauma,

or other factors that cause young children to display challenging behaviors?

Sub-Question Two

What are early childhood teachers' experiences regarding targeted instructional supports

and interventions for students with mental health, ACEs, childhood trauma, or other factors that

cause young children to display challenging behaviors?

Sub-Question Three

What are early childhood teachers' experiences regarding their mental health and stress

levels when supporting a child with mental health, ACEs, or childhood trauma?

Setting and Participants

This section provides information on the reasoning for selecting the chosen setting and

participants for this study. The section will also provide specifics on the participant population.

Lastly, a depiction of the selected population's demographics, the reason for inclusion, and the

criteria for exclusion will be presented.

Setting

The selected setting for this study was a public school division located in the southeast

region of the United States. The school division is governed by a local school board that hires a

superintendent to provide leadership over all schools and programs. Early childhood coordinators

and school principals ensure early childhood classrooms are following the Unified Early

Childhood System called VQB5 which became a requirement during the 2023-2024 school year

(Virginia Board of Education, 2021). This setting was chosen as it provides early childhood

experiences to nearly 1,000 children aged three to four by September 30 of the current school year (Virginia Department of Education, 2021). A diverse group of teachers provide instructional support to the children at this site. The programs at this site include the federally-funded Early Head Start, Head Start Program, state-funded Virginia Preschool Initiative, and Early Childhood Special Education program. In order for each child to be accepted into the learning center, the families must meet specific eligibility requirements. The requirements include an income requirement or a local school division eligibility requirement that does not exceed 15% of the total slots available. Furthermore, the programs at the site are designed to foster a child's school readiness skills and social-emotional competencies by focusing on health (medical, dental, and mental), education, family support, community collaboration, and parental involvement. Due the low income requirements for the programs, many of the children would be considered at risk of having deficits with kindergarten readiness if not enrolled in preschool.

I also chose this setting due to the district's student demographics, having the highest dropout rate in Virginia, and its work to reduce the number of short-term suspensions across these demographics from year to year of children in Grades Pre-K – 12. Many of the demographics mentioned can lead to exposure to adverse childhood experiences that can result in mental health concerns. Children who are more likely to be exposed to various forms of disadvantage are at a higher risk of removal from the classroom and school environment due to challenging behavior (Owens & McLanahan, 2020). Consideration for this center was also given because the city showed that 20.9% of families lived in poverty, 3.2% of households were unemployed, and 11.3% of persons had some form of disability (United States Census Bureau, 2019).

Participants

To capture the essence of working with children with challenging behaviors related to mental health or trauma, this qualitative transcendental phenomenology study used the exact words provided by the participants (Moustakas, 1994). To successfully gather information from participants' experiences with the phenomenon, it was essential to capture detailed, in-depth descriptions from participants working with the target age group that may be experiencing ACEs and displaying challenging behaviors in their current lives. The choice to use these participants was based on the school division having a strategic goal to provide students with mental, physical, and emotional support to be successful.

This qualitative study focused on the experiences of one male and 10 female teachers who have had multiple encounters with preschool children and supported these children's various needs. Participants were provisionally or professionally licensed teachers with an early childhood pre-K endorsement. Participants had from two years to 26 years of teaching experience with preschool children. Since novice teachers are usually learning multiple practices, including school policies, curriculum, and classroom management which could lead to additional stress unrelated to student behaviors, participants had to have at least completed one full year of teaching. Due to teachers entering the field of education at various stages of their lives, an age requirement was not set as one or more years of preschool teaching experience determined the eligibility for participation. A combination of maximum variation, purposive, and snowball sampling was used during the recruitment process to identify the 11 participants who had the desired expertise being studied, including having worked with children with challenging behaviors that may or may not have been removed from the classroom or program or who have had tier level two or three supports implemented for their behaviors.

Recruitment Plan

　　Participants for the study needed to be early childhood teachers of children ages three to five years old who have at least one full year of teaching experience. The participants were recruited from a local school division in the southeast region of the United States with preschool sites serving preschool-aged children. Determining the criteria in advance helped differentiate sites and participants to ensure the participants met the study criteria (Creswell & Poth, 2018). I sought out a participant pool of 10 to 15 teachers of a variety of races and genders (Moustakas, 1994). Phenomenological studies typically range from three to 15 participants in a sample size (Creswell & Poth, 2018). Liberty University has a requirement of a minimum of 10 participants.

　　A combination of maximum variation, purposive, and snowball sampling was used during the recruitment process. Maximum variation sampling was used during the first attempt to recruit participants. Since the selected school division has six preschools, an email was sent out to administrators in the preschools to obtain permission to contact their teachers regarding participation in the study, as this was a condition of the site approval. Administrators at each preschool shared with their teachers the IRB-approved email script (Appendix C) and the IRB-approved recruitment flyer (Appendix D) in an attempt to maximize the range of experiences and perceptions of potential participants (Staller, 2021). The recruitment flyer (Appendix D) was also posted on the social media site X, formerly known as Twitter, along with the social media script (Appendix E). Potential participants had the opportunity to have any questions answered and were provided the informed consent document (Appendix G) and demographic survey (Appendix H) to complete.

　　Purposive sampling was used next during the recruitment process of early childhood teachers with experiences instructing children with challenging behaviors related to mental

health or trauma concerns. The recruitment flyer (Appendix D) was posted in a Facebook group using the Facebook social media script (Appendix E). This group included the school division's staff and community members who support the selected school division and collaborate together to improve the school system. The recruitment flyer (Appendix D) was shared under posts that discussed behavior challenges in the classroom or sent via direct message to group members discussing challenging behaviors. Using purposive sampling in this manner was done in an attempt to obtain participants with information rich experiences regarding the research topic (Staller, 2021).

Lastly, snowball sampling was used and involved having the interested participants recruit their peers who worked in preschool classrooms and expressed similar experiences and met the criteria (Creswell & Poth, 2018). Preschool teachers who consented to participate were asked to refer colleagues for participation in the study due to information that was shared regarding the school or resources. This method of recruiting allowed for additional participants who would have additional relevant information to provide for the study (Yin, 2015). During recruitment IRB approved email statements, social media posts, and flyers were used to explain the purpose of the study and how to contact the researcher to have any questions answered regarding participation in the study. Once participants communicated interest in participating in the study, a demographic survey (Appendix H) was emailed along with the informed consent (Appendix G) document to gather demographic information and consent. All participants were provided the opportunity to review and sign the consent to participate form before scheduling their individual interviews.

The sample pool included approximately 120 preschool teachers working in the selected site. Of the 120 preschool teachers 14 emailed regarding interest in participating in the study.

Two of the participants did not meet the criteria for participating in the study. One participant returned the demographic survey and the consent form; however, they failed to schedule the interview after three requests for availability. After additional participants could not be secured within a timely manner, recruitment efforts ceased. Therefore, the final sample size consisted of 11 early childhood teachers. Participants came from a variety of school buildings, backgrounds, levels of experience, and ages.

Researcher Positionality

This study is essential to me as I am an early childhood administrator who has witnessed novice and experienced teachers struggle in their classrooms with supporting preschool students with challenging behaviors and mental health needs. As a coordinator of preschool programs, I can review family information and speak to families regarding their goals or needs for their child so that we can prepare both families and students for school readiness. In having access to this information, I am able to identify students who are being exposed to adverse childhood experiences or trauma that can cause early childhood stress. Some of these children struggle in their social-emotional learning and relationships in the school setting. Prior to working in the preschool setting, I was a teacher, coach, and administrator in an elementary setting that serviced students in kindergarten to fifth grade. During my time in the elementary setting, I noticed children arriving in kindergarten who were not socially and emotionally prepared, and those students continued to struggle each year until they were promoted to middle school. When following up on those students, many continued to have discipline issues that caused alternative placement or expulsion from school. Once I arrived in the preschool setting and found out there was not a great deal of support for young children who were having social-emotional or mental health issues and a lack of guidance being provided to families, I started looking into early

childhood mental health. I found that without early intervention, my three and four-year-old students could be negatively impacted throughout the rest of their lives. Having lost six former students to gun violence and seeing many more that I didn't know personally murdered in the local community, I knew this could be life or death for the children in my care. Unfortunately, in my school division, we had nearly 400 preschoolers in my building and no tier-three social-emotional support for children who needed more than the teacher had the professional capacity to give. Without a guidance counselor, behavioral specialist, full-time social worker, or even community program available to support students and families, it was often left up to the classroom teacher to provide tier two and tier three support. Many of the teachers who resigned from my school stated behavioral challenges caused them too much stress. As my preschool colleagues in other school divisions began to share their struggles with behaviors and social-emotional development, I knew this research could greatly impact preschool teacher retention and professional development.

Interpretive Framework

This study was developed to understand the experiences of novice and experienced teachers who work with students exposed to early childhood experiences that cause mental health concerns, social-emotional deficits, and challenging behaviors. During this study, participants shared the types of professional development and training received and detailed if they believe it has equipped them with being able to support children in the classroom without removal from the program or classroom. I used a social constructivism paradigm with this research in order to understand the experiences of the teachers as they work with students in the school. Social constructivism is an interpretive framework in which my goal was to understand the world in which these teachers provide instruction with the recognition that each teacher's

background will be shaped by their personal interpretations (Creswell, 2013). Using this approach allowed me to understand the teachers' needs by examining the evidence collected from the interviews, focus groups, and letter-writing documents. This data collection process ensured each participant's perspective of their reality of this phenomenon was accurately obtained and the participants' authentic voices were recognized and heard (Moustakas, 1994).

Philosophical Assumptions

Philosophical assumptions gave a view into the lens through which I viewed the world and approached my research. Assumptions provided a platform that detailed the purpose of the study, identified problems, helped identify appropriate methodologies, and articulated the importance of philosophy in the research process (Huff, 2008). The meaning of school readiness is viewed in different ways by school staff and parents (Van Laere & Vandenbroeck, 2017). Current research shows that preschool is most beneficial for families of children living in economically disadvantaged conditions and those at risk of school failure (Bennett et al., 2012; Leseman & Slot, 2014). I believe that school readiness begins at home. Because every family cannot provide the same type of support to ensure children are ready, the preschool school program must offer this consistency to all enrolled children based on the child and family needs. This help includes instruction and support in social-emotional learning, academics, and learning about the importance of school. I believe that social-emotional skills and self-care are not always taught at home, as many adults struggle in those areas due to their own mental health conditions. In order for a teacher to identify and support students who need additional support in academics, behavior, or attendance, they first must be trained and confident in their abilities to provide the support. For this study, ontological, epistemological, and axiological assumptions will be examined.

Ontological Assumptions

Ontological assumptions are related to determining the nature of reality and its characteristics by embracing the multiple perspectives of the participants being studied (Creswell & Poth, 2018). I understand that novice and experienced teachers have different experiences regarding training, support, and students with challenging behaviors. I also understand that there may be teachers who are struggling with their own social-emotional abilities and, therefore, will struggle with helping others master the skills. Because of these understandings, I believe the nature of the reality of the participants is subjective. Each participant's view of the study is based on their own personal experiences and background. Even their personal interactions with children, families, colleagues, or specialists had an impact on their view of the phenomenon. Because I also began the research with my own feelings and perspectives, I needed to ensure that I removed any bias and prejudgments before collecting evidence. In order to gather the perspectives of the individuals being studied, I used interviews, focus groups, and letter-writing responses to collect evidence and develop themes that presented the different perspectives. Using the actual words of the various individuals with diverse backgrounds provided different perspectives that are based on participants' varied experiences when viewing the findings.

Epistemological Assumptions

As a qualitative researcher, I had the opportunity to get close to the research participants involved in my study to learn about their individual experiences and views on the phenomenon (Creswell & Poth, 2018; Moustakas, 1994). Knowledge about the phenomenon was gathered by collecting evidence from the participants' subjective experiences (Creswell & Poth, 2018). Since this study was conducted where the participants felt most comfortable, it enabled the research participants to build a secure relationship with me so that they were comfortable with expressing

their genuine thoughts and feelings to obtain thick descriptions of their experiences (Moustakas, 1994). I believe it was essential for the participants to see me as relatable and trustworthy so that the data collection was not compromised and accurate data of the phenomenological experience was obtained (Moustakas, 1994).

Axiological Assumptions

Qualitative researchers bring their values to a study and make their values known (Creswell & Poth, 2018; Moustakas, 1994). A qualitative researcher reveals the value-laden nature of the research and actively reports their values and biases while also reporting the value-laden nature of the collected data. (Creswell & Poth, 2018; Moustakas, 1994). As an administrator in a preschool in which students do not receive support from a guidance counselor or behavioral specialist when additional support is needed, I believe that teachers are not always equipped with the skills to support students who may display a need for mental health support. As an African American mother of four with over 22 years of experience in the field of education, I believe that when teachers are appropriately trained and coached, they are more confident and understanding of the needs of the whole child, which goes beyond what occurs in their classroom. I believe that teachers who do not have the proper training and understanding are more likely to react to students displaying challenging behaviors instead of being proactive and supporting their needs. As a former teacher who handled challenging behaviors successfully and was always asked to accept a student in my room because of my personality, I believe innate characteristics also exist. Additionally, I believe my values and biases did manifest at all stages of my research process and thus generated a need for me to reflect on my values and prejudices to bracket out any prejudgments to the best of my ability to avoid the influence of my thoughts and feelings (Creswell & Poth, 2018; Moustakas, 1994).

Researcher's Role

To conduct trustworthy qualitative research, I should wholly describe how I am a human instrument in the study (Moustakas, 1994). I did not have any authority over the participants in my research study. However, I have a great deal in common with the participants. I am a former classroom teacher who provided instruction to students who were exposed to ACEs and some who received support from day treatment counselors for their tier-three needs. I believe I have a very clear bias regarding the lack of training and support provided to teachers of any age group when it comes to supporting students who have mental health needs or trauma-related stress.

I also am currently a preschool administrator in the same community where I worked for over 22 years. This division is 94% African American, 83.3% disadvantaged, has a chronic absence rate of 32.8%, and has a high suspension rate (Virginia Department of Education, 2021). During the seven years I have worked as the preschool principal, I have attempted to convince my supervisors of the need for additional training for teachers to help them provide services to the children in their classrooms needing tier-three behavioral or mental health support. I have also attempted to establish a guidance counselor or support specialist position at the preschool, as early interventions can be successful when provided correctly.

For the study, I worked diligently to objectively analyze the evidence provided by the research participants to accurately depict their authentic personal experiences with the phenomenon of study. I bracketed out my personal feelings, prejudgments, and biases to collect an accurate and precise voice of the participants to develop thematic conclusions based on the participants' experiences and not those I experienced. By following this process, my research study has validity. The findings can be used to plan meaningful and practical support for teachers

to ensure they can provide effective early interventions or make the needed recommendations for student and family assistance.

Procedures

The data collection process for this study followed Moustakas' (1994) steps for transcendental phenomenological research and utilized semi-structured interviews, focus groups, and letter writing to collect the evidence that was analyzed (Creswell & Poth, 2018; Moustakas, 1994). This section will detail the permissions and recruitment plan used for the study. The section concludes with a discussion of the data collection and methods used with participants.

Data Collection

Transcendental phenomenology is a type of qualitative research that seeks to describe the meaning of a phenomenon by studying the lived experiences of individuals who have first-hand experience with the topic without prejudgments or bias (Moustakas, 1994; Neubauer et al., 2019). Exploring the phenomenon in this manner requires data collection that is personal, reflects beyond the subjective experience, and moves into discovering the nature of the experience (van Manen, 1997). Three data collection approaches were utilized to collect evidence to understand the phenomenon's essence. This evidence was collected using a semi-structured individual interview, a focus group, and letter writing. Data was collected in this order as the information gathered from the interviews allowed participants to share their experiences in a one-to-one setting as well as share information in the focus group setting by feeding off of each other's responses. Letter writing followed the focus group and allowed participants to elaborate on their experiences and needs by expressing what they believed was needed to improve their experience with the phenomenon while having time to think about their responses to the prompt. The semi-structured interviews were the primary method of gathering holistic, in-depth data that

provided insights into the lived experience of participants (Creswell & Poth, 2018; Neubauer et al., 2019). The focus group and letter-writing approaches collected specific data, which will be used with interview findings to identify themes and conclusions during the analysis process (Barrett & Twycross, 2018). The letter-writing was the last method and allowed participants to reflect further and share any other information regarding their experience that may not have been shared previously. The next section provides details of each data collection method, analysis plan, trustworthiness, transferability, dependability, confirmability, and ethical considerations.

Individual Interviews

Conducting interviews with participants provided the opportunity to identify what each participant experienced when providing instruction to a student with challenging behaviors related to mental health or trauma and how they have experienced it (Moustakas, 1994; van Manen & van Manen, 2021). Collecting first-hand information from teachers living the phenomenon allowed me to generate themes regarding teachers' experiences, develop structural descriptions, and report the phenomenon's essence (Creswell & Poth, 2018; Moustakas, 1994).

A semi-structured interview protocol was followed to ensure a more profound and valuable data collection. The semi-structured interview included an informal interactive one-to-one process in which open-ended questions were answered to create a vision and theme regarding the phenomenon being studied (Creswell & Poth, 2018; Moustakas, 1994). Using open-ended questions allowed for follow-up questions to be asked for clarification or more in-depth probing into the participants' experience with the phenomenon (Moustakas, 1994). One-on-one interviews were done using the Zoom online meeting space. The Zoom feature for recording and transcribing was also used during each interview to be able to capture each response simultaneously. The process began with a social conversation to build rapport and a

comfortable environment for the participant (Creswell & Poth, 2018; Marshall, 2005; Moustakas, 1994). Each individual interview lasted approximately 25 – 45 minutes. The following semi-structured interview questions were used to collect participant data and to answer the research questions (Appendix I).

Table 1

Individual Interview Questions

1. Please describe your early childhood background and career through your current classroom position. CRQ

2. What have you experienced in terms of instructing preschool children with challenging behaviors related to mental health or trauma that disrupt learning in the classroom? CRQ and SQ2

3. Describe your satisfaction with the pre-service or continuing professional development you have received regarding working with students having behavioral challenges or mental health and trauma concerns. CRQ and SQ1

4. Describe your challenges when working with students having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

5. Describe your experiences in regard to working with families of students having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

6. Describe your experiences in regard to a specialist or other support staff who assisted you with strategies for working with children having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

7. Describe your successes when working with students having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

8. Describe the type and effectiveness of the support you receive when working with students with challenging behaviors related to mental health or trauma. CRQ and SQ2

9. Describe your experiences with social-emotional curriculums or programs and your observation of the changes in behavior that have occurred with using the program. CRQ and SQ1

10. Describe your familiarity with the programs in the school or community that are available to assist children or families of children having behavioral challenges or mental health and trauma concerns. CRQ and SQ1

11. Describe the process you use to refer students needing additional support with challenging behaviors related to mental health and trauma. CRQ and SQ1

12. Describe how your mental health and well-being have impacted your experiences with working with students with challenging behaviors related to mental health and trauma. CRQ and SQ3

13. Tell me about the methods you use for protecting your own mental health and stress levels and how they impact your instructional practices or relationships with students. SQ3

14. Describe what you know about any of your former students' current behavior in their current school or classroom after leaving your class for promotion or other reasons, and share how this information impacts your current practices. CRQ and SQ2

15. What else would you like to add to our discussion of your experiences with students having challenging behaviors related to mental health and trauma? CRQ, SQ1, SQ2, and SQ3

Question one is a grand tour question that helped develop comfort and trust within the interview process (Marshall, 2005; Moustakas, 1994). It provided data for CRQ. Question two provided data for CRQ and SQ2, allowing participants to engage in in-depth descriptions of their experiences. Follow-up questions were asked for clarification or a more in-depth understanding of the shared experience. Question three provided data for CRQ and SQ1. This question gathered more in-depth data on the participants' experiences regarding providing support to students with challenging behaviors related to mental health or trauma.

Questions four, five, six, seven, and eight provided data for CRQ and SQ2. These questions provided data on the specific successes and challenges that participants have experienced. Follow-up questions were asked to gather more details on the experience and the participants' perspectives on what made it successful or challenging. Questions nine, 10, and 11 provided data for CRQ and SQ1. These questions provided data on specific experiences with supporting students or finding support to help students in the classroom.

Question 12 provided data for CRQ and SQ3. The literature states teachers' mental health and well-being are connected to how they respond to students with challenging behaviors (Silver & Zinsser, 2020). This connection can impact participants' experiences with students and was further discussed in the interview. Question 13 provided data for CRQ and SQ3. This question provided details regarding the lasting impact on teachers' mental health when instructing students with mental health, ACEs, or childhood trauma. Question 14 provided data for CRQ and SQ2. This question provided details regarding how teachers adjust and improve their instructional practices based on previous experiences with students. Question 15 allowed the participants to share anything else they would like to share about their experience with children having challenging behaviors related to mental health or trauma.

Focus Groups

Focus group discussions were the next sequence for data collection. This process took place after all of the interviews had been completed. The selection of focus group participants was done using a convenience sampling of the interviewed participants. Participants were asked to give the best days and times of day to be able to participate in the focus group. From the information collected, three focus group sessions were scheduled. The first focus group consisted of five participants. The second focus group had no participants to join. The third focus group had four participants join. Two participants did not join a focus group session. One participant was unable to join the days and times scheduled for meetings, and the other participant shared that due to tending to their family, they missed the scheduled time and could not attend the next session.

The focus group was a group interview where data was collected through shared awareness from several individuals (Creswell & Poth, 2018). The focus groups consisted of me asking open-ended questions to facilitate group discussions. They took place virtually using the Zoom app. The focus group allowed for a shared understanding as participants interacted with each other. I ensured the majority of the participants had a voice in the group-sharing activity by using structured and semi-structured questions to stimulate the responses from all participants and using information from the individual interviews to prompt responses from participants.

The focus groups were recorded and transcribed using the Zoom app transcription feature. Using Zoom transcription and recording, I transcribed the participants'' responses and completed the data analysis. The first focus group took 34 minutes to complete, and the second focus group took 27 minutes to complete. The following semi-structured interview questions were used to collect participant data and to answer the research questions (Appendix J).

Table 2

Focus Group Open-Ended Questions

1. Briefly describe your current role in your preschool setting and any experience with instructing students with mental health or trauma-related challenges. CRQ

2. What contexts or situations have typically influenced or affected your expectations of instructing students with challenging behaviors that are related to mental health or trauma? CRQ and SQ2

3. Describe how you use the data collected from any social-emotional and mental health screenings conducted on your students. CRQ and SQ2

4. Tell me about the support you receive and your perceptions regarding the effectiveness of using the improvement plan, strategies, and interventions provided to you by the full-time or part-time support staff available for students with challenging behaviors in your program. CRQ and SQ2

5. Tell me about your perceptions regarding successfully supporting children displaying challenging behaviors associated with mental health or trauma in your program. CRQ and SQ2

6. What is your perception of the effectiveness of your current social-emotional curriculum and other programs that focus on positive behavior interventions and supports and express your thoughts regarding the training you receive regarding using the curriculum? SQ1 and SQ2

7. Describe the mental health and self-care supports and resources that are in place in your school and the effectiveness of these supports on your mental health CRQ and SQ3

Question one was an icebreaker question to build rapport between the participants in the group. Having a positive start to the group interview is important to gathering rich evidence of phenomena (Gay et al., 2006). Questions two and three were used to gather information on the mental health screenings completed in the program. The literature shows that preschool-age children are less likely to be diagnosed with mental health issues (Charach et al., 2020). Therefore, these screenings are the only indication of a mental health concern that may be connected to behavior. These questions provided data for CRQ and SQ2. Question four provided data for CRQ and SQ2. Support staff support is an important piece of a participant's experience with the topic. Support staff influence can impact a participant's perspective of the experience, as the literature shows that teachers believe that support staff is needed to effectively instruct students with challenging behaviors (Humphries et al., 2018).

Question five provided data for answering SQ2. The literature shows that teachers' confidence level in providing support to students impacts how effectively they believe they can support students in their classroom (Humphries et al., 2018). The problem statement also details previous research that reflects teachers have reported little confidence in assisting students with mental health or challenging behavioral needs in the early childhood setting (Clarke et al., 2021). Question six provided data for answering SQ1. This question provided data on teachers' experience with professional development or pre-service training. The data was used along with the interview and letter writing to gain meaning on the topic.

Question seven provided data for CRQ and SQ3. This question allowed the participants to discuss their experience with resources to care for their own mental health when instructing or responding to students with challenging behaviors. Current literature states that children with

challenging behaviors trigger a response in the form of discipline from the teacher (Zeng et al., 2019).

Letter-Writing

Letter writing was the last data collection approach from the participants following the focus group. Letter writing was used to collect participants' final perspectives regarding their ability to provide support to children with challenging behaviors related to trauma and mental health. Even though the research questions focus on the actual training the preschool teachers received and their current experiences, it was also necessary to provide them with the opportunity to share what they would like for professional learning to include and what they hope will be provided to others entering the field. Letter writing allowed participants to freely write about what they would share with educational leaders about the needs of teachers when supporting students with challenging behaviors. With the letter writing prompt (Table 3) occurring after participating in the interview and focus group processes, participants had the opportunity to reflect on their experience and provide a more substantial response to the prompt. Letter writing required participants to make time to create their replies and return their responses within two weeks. This allowed them the opportunity to revise or edit their response and be more forthcoming with their experience. Participants submitted their prompt responses electronically by email prior to the two-week due date. The letter writing prompt is given below (Appendix K).

Table 3

Letter Writing Prompt

Directions: Think about your experience working with children with challenging behaviors related to mental health or childhood trauma and your daily mental health. Next, read the following prompt and write your detailed response in a minimum of two paragraphs.

1) What do you wish educational leaders knew about the needs of teachers regarding being able to effectively meet the needs of students with challenging behaviors related to social-emotional deficits, diagnosed or suspected mental health concerns, or childhood trauma within the classroom setting?

Data Analysis

In this section, the data analysis procedures for each of the data collection methods used for this study will be identified. A concise rationale will be provided for the type of analysis completed. The section will conclude with a discussion of how the three sets of data were analyzed, and the findings were then synthesized across all of the data sets.

Individual Interviews Data Analysis

The data from the semi-structured interviews was analyzed using Moustakas' (1994) modified Stevick-Colaizzi-Keen method of phenomenological data analysis. The interview data was transcribed from the Zoom recording by the researcher and provided to the participant for review to ensure that the information collected was accurate as to what the participant was sharing during the interview (Appendix L). Participants were made aware of the recording and also signed the informed consent for participation and agreement to be recorded prior to scheduling their interview. Participants responded by email that no transcription corrections were needed, and the transcripts were saved in Microsoft Word and prepared for coding.

The first step used in analyzing the interview transcripts was to remove my preconceived bias, judgments, thoughts, and perceptions using Epochè. An Epochè session was used to ensure prejudgments and biases were removed so that each individual interview data was analyzed as written. This session included being away from the interview transcripts and recording for at least 48 hours to assist with the bracketing. Before starting the data analysis process, I detailed

any prejudgments and biases in my journal that may have been present due to my experience in the preschool environment. One transcript at a time was read repeatedly in order to become familiar with the content and the nature of each participant's experience. If needed, the reflective journal was used to ensure a more open review of the interview data. Next, during data analysis, horizontalization took place to ensure statements were relevant to the experience being studied (Moustakas, 1994). The reduction and elimination process was conducted, followed by a two-cycle color-coding process that allowed me to code and categorize the data to develop a theme (Moustakas, 1994; Saldana, 2021). To ensure relevance and explicitness, a final identification of themes was checked against the transcript. Textural descriptions of what the participants experienced and structural descriptions of how the experience happened were developed into a composite description of the essence of the experience (Creswell & Poth, 2018; Moustakas, 1994). Each individual structural description was reviewed to develop the essence of the experience that represents all participants (Moustakas, 1994). Data analysis and coding were completed by hand using Microsoft Word. Member checking occurred to verify the accuracy of transcripts and to ensure the developed themes were in alignment with the participants' experiences. Participants were emailed the data needing to be verified and asked to respond back within 48 hours. This process was completed for each of the individual transcripts and then developed into a narrative description that provides the essence of the phenomenon experienced by the participants.

Focus Group Data Analysis

The data from the focus group was analyzed similarly to that for the semi-structured interviews by using Moustakas' (1994) modified Stevick-Colaizzi-Keen method of phenomenological data analysis. To aid in accurate transcription of the focus group sessions,

focus groups were video recorded and transcribed using the Zoom app. The focus group data was transcribed and provided to the participants to review to ensure that the information collected was accurate as to what they were sharing during the group discussion. No corrections were needed, and the transcripts were prepared for coding. An Epochè session was conducted to ensure the removal of prejudgments and biases prior to the data being analyzed as written. Before analyzing, the reflective journal was used to detail any additional prejudgments and biases that may be present due to my experience working with preschoolers and teachers. Time was spent away from the focus group transcripts and recordings for a period of at least 72 hours to assist with the bracketing. The transcript was then read multiple times to become familiar with the exchange and essence of the experience through the participants' conversations. When needed, revisiting my reflective journal notes helped to ensure a more open exploration of the data.

Horizontalization took place during data analysis to ensure statements were relevant to the experience being studied (Moustakas, 1994). In order to develop a theme, a reduction and elimination process was conducted, followed by a two-cycle color-coding process to allow coding and categorization of the data to develop a theme (Moustakas, 1994; Saldana, 2021). Relevance and explicitness were checked against the transcript to verify a final identification of themes. By using the textural descriptions of what the focus group participants experienced and structural descriptions of how the experience happened, a composite description of the essence of the experience was determined (Creswell & Poth, 2018; Moustakas, 1994). The focus group structural description was reviewed to develop the essence of the experience that represents all participants (Moustakas, 1994). Member checking occurred to verify the accuracy of transcripts

and to ensure the developed themes were in alignment with the participants' experiences. Data analysis and coding were completed by hand using Microsoft Word.

Letter Writing Data Analysis

The data from the letter-writing prompt was analyzed using Moustakas' (1994) modified Stevick-Colaizzi-Keen method of phenomenological data analysis. Participants submitted letters electronically. Another Epochè session was done before reviewing each participant's responses to ensure prejudgments and biases were removed to analyze the data as written. This included a period of at least 24 hours between any other data analysis and reading the letter responses. It also included reviewing the reflective journal to ensure a more open exploration of the data will occur. One letter at a time was repeatedly read in order to become familiar with the content and the nature of each participant's experience. During data analysis, horizontalization took place to ensure statements were relevant to the experience being studied (Moustakas, 1994). Clarification was not needed for any of the responses; therefore, participants did not need to be contacted. The reduction and elimination process was conducted, followed by a two-cycle color-coding process that allowed me to code and then categorize the data to develop the theme (Moustakas, 1994; Saldana, 2021). A final identification of themes was checked to ensure relevance and explicitness.

Textural descriptions of what the participants experienced and structural descriptions of how the experience happened were developed into a composite description of the essence of the experience (Creswell & Poth, 2018; Moustakas, 1994). Each individual structural description was reviewed to develop the essence of the experience that represents all participants (Moustakas, 1994). Data analysis and coding with colors were completed by hand using

Microsoft Word and the comment feature (Appendix O). Member checking occurred to ensure the developed themes were in alignment with the participants' experiences.

Data Synthesis

The final step was to analyze the composite description from the three data collection methods used in order to synthesize all the findings together as a whole. The data collected from the semi-structured interviews, focus groups, and letter writing was reviewed through the triangulated analysis process. All themes and patterns were color-coded and charted in order to capture the essence of the participants' lived experiences. As the common themes were identified from the three data collection methods, they were synthesized within the larger theoretical framework of the study and were used to develop the essence of the phenomenon in relation to the central research question (Appendix M).

Trustworthiness

Qualitative researchers must reconstruct the evidence provided by participants in a way that can be verified by the respondent (Erlandson et al., 1993). Ensuring that this evidence was viewed through the participant's life was vital during data analysis (Erlandson et al., 1993). It was crucial that once the evidence was reconstructed, it could be reported so that others could benefit from the findings (Erlandson et al., 1993). The accuracy and adequacy of a research inquiry determined the findings' trustworthiness (Anney, 2014). By using a validation process with data triangulation, I was able to address credibility, transferability, dependability, and confirmability to ensure trustworthiness was established (Creswell & Poth, 2018; Guba, 1981). This section will detail the measures used to confirm a rigorous study according to the criteria of trustworthiness prescribed by Lincoln and Guba (1985)

Credibility

Credibility refers to the degree of confidence one has in the findings being true based on the participants' realities (Lincoln & Guba, 1985). Credibility also refers to the trust that a reader has in the findings being true and accurate in regard to the lived experiences with the phenomenon (Lincoln & Guba, 1985). I achieved credibility through member checks, triangulation, and peer debriefing.

Member Checks

The data collected and interpretations were verified by the participants continuously throughout the study and once the study was completed (Erlandson et al., 1993; Guba, 1981). As I analyzed the focus group data, member checks were conducted to ensure the interpretations were accurate regarding what the participant was attempting to report (Guba, 1981). During the interview process, more informal member checks were done to ensure the essence of the experience was being constructed (Lincoln & Guba, 1985). The intentionality of statements made was verified by restating what was said or playing back part of the interview to ensure it was what the participant intended (Lincoln & Guba, 1985). Lincoln and Guba (1985) provided other reasons why informal member checks are beneficial in ensuring the credibility of the data collected. More formal member checks were conducted as the focus group analyses, interview transcription, and letter-writing analyses were completed. Participants were provided the opportunity to review the summary of the data collected and transcripts to ensure it was accurate to what was intended and what had been experienced. Member checks were documented, and participants did not provide any feedback that required the inquiries to be altered (Guba, 1981). When the study was completed, participants had the opportunity to review the findings to ensure they aligned with what was experienced.

Triangulation

For this study, triangulation was done based on three different data collection modes: semi-structured interview, focus group, and letter writing (Guba, 1981; Lincoln & Guba, 1985). Data collected from the three modes was used to cross-check data and interpretations (Denzin, 1971). Guba (1981) stated that information should be verified from at least two sources before acceptance. Using unique questions and modes allowed for a focus on equivalent sets of data to consider alternative explanations or locate conflicts in reports (Erlandson et al., 1993; Guba, 1981).

Peer Debriefing

Peer debriefing was used in this study to allow me to receive feedback from a disinterested peer with general knowledge of the phenomenon to refine and redirect the inquiry (Erlandson et al., 1993; Guba, 1981; Lincoln & Guba, 1985). Peers, faculty, and members of the dissertation committee familiar with my research were used to challenge my growing insights, analyses, and perceptions as I considered the questions that may arise through the feedback process (Erlandson et al., 1993; Guba, 1981). Lincoln and Guba (1985) detailed that the benefits of using this type of debriefing are to prob any biases, explore meanings, and clarify interpretations.

Transferability

Transferability is the extent to which the findings of this study can be applied in other contexts and with other persons (Erlandson et al., 1993). Though I can only create the conditions to ensure transferability occurs, transferability cannot be assured as it is up to the reader's judgment to make that determination. To create conditions of transferability, I used purposive sampling, collected descriptive data that allowed comparison to other possible contexts and

developed a detailed description of the context so that judgments about fittingness could be possible (Erlandson et al., 1993; Guba, 1981; Lincoln & Guba, 1985). The sample was representative and had maximum participation along with thick descriptions in order to have transferability.

Dependability

Dependability provides evidence that the study is consistent, and if it were to be replicated, its findings would be the same (Lincoln & Guba, 1985). Comprehensive and detailed descriptions of the procedures used were documented in a journal (Erlandson et al., 1993). This journal was part of the audit trail used with notes from other data collection methods to conduct a dependability audit (Appendix N). This external audit was conducted by a dissertation committee member and will provide feedback on the inquiry processes to ensure replication can occur.

Confirmability

Confirmability is the degree to which the findings are based on the data gathered from the participants and the researcher's biases (Erlandson et al., 1993). To ensure trust in the confirmability of the data that was collected, a confirmability audit was conducted by the committee chair. This audit ensured conclusions, recommendations, assertions, and interpretations can be tracked to the sources and are supported by the study (Erlandson et al., 1993). Adequate records were kept during the study, and materials such as raw data, data reduction and analysis products, data reconstruction and synthesis products, process notes, and other supporting documents were used during the audit to determine confirmability (Lincoln & Guba, 1985). This external audit was conducted by a member of the dissertation committee.

Ethical Considerations

Ethical considerations in qualitative research are crucial to ensuring the well-being, autonomy, and rights of participants. This section will detail the ethical considerations and implications of this research study.

Permissions

Informal conversations were held with early childhood program coordinators and other early childhood stakeholders in the selected public school division in which the research would be completed to determine if the school division would have teachers with experience with the phenomenon. The coordinator of testing for the school division managers requested to conduct research and provided information on the process of obtaining permission to conduct research at this site. While site permission was being processed, I applied for and received permission from the Institutional Review Board (IRB) from Liberty University (See Appendix A). The IRB application checklist was followed for submitting all required documentation to ensure participants were ethically informed and protected. The permission request and IRB approval documents can be found in the appendix (see Appendix A). The site provided approval to conduct the research (See Appendix B), and preschool administrators in the public school system were contacted to inform them of the research topic and the recruitment of participants in their preschool buildings.

Other Participants' Protections

In order to have an ethical study, all anticipated and emergent ethical issues were considered and addressed (Creswell & Poth, 2018). Before I began the study, Institutional Review Board (IRB) approval was obtained, and permission to conduct the study was received. This provides evidence that my study design followed Liberty University's guidelines for

conducting ethical research (Creswell & Poth, 2018). Approval from the IRB was received before I began gathering any participant data (Creswell & Poth, 2018). At the beginning of the study, the research proposal was explained to all potential participants, and permission was obtained through a signed consent form, ensuring all participants knew and understood the purpose of the study and that they could withdraw consent at any time. During the data collection process, pseudonyms or fictitious names were used for all participants to keep identities confidential and provide protection and privacy to each participant (Creswell & Poth, 2018). Member checking was done throughout the research process to ensure research participants had input into the results of the study and remained informed. Also, all data and materials were kept in a secure, password-protected electronic file using the most appropriate security measures to ensure high ethical standards. Lastly, all resources, electronic files, and other search materials were secured in a locked storage case.

The plan is for the data collected for this study to be destroyed after three years. However, the hope is that it will be beneficial for future research on supporting teachers in early childhood with mental health initiatives (Creswell & Poth, 2018; Moustakas, 1994). At the completion of the study, the personal information documented in the contact log connecting participants to their pseudonyms was destroyed. In order to show appreciation for their willingness to participate in my study, each participant received a $25 Walmart Gift Card with the completion of their final membership check to reward them and give reciprocity (Creswell & Poth, 2018).

Summary

The current study focuses on the lived experiences of preschool teachers and their perceptions of their ability to effectively provide mental health support to children who are three

and four years old. Purposeful sampling was used for this study to ensure a diverse group of early childhood teachers are selected based on experience, gender, and race (Creswell & Poth, 2018; Erlandson et al., 1993). The types of purposeful sampling used for this research were maximum variation, convenience, and snowball sampling (Creswell & Poth, 2018). Maximum variation sampling involves developing criteria in advance that differentiate the participants and then selecting the diverse participants based on the criteria (Creswell & Poth, 2018). This method ensured a diverse selection of participants to be able to get the true essence of the experience from a diverse group of teachers. Convenience and snowball sampling was used by recruiting early childhood teachers from the preschools in the selected school division and then having them share the study flyer and information with other teachers in the school that met the criteria.

Selecting transcendental phenomenology as the qualitative model allowed for an in-depth analysis of the participants' experiences through their personal reflective descriptions that helped create an understanding and meaning of what was experienced (Moustakas, 1994). The reflective process of recalling the experience multiple times to collect data was done using semi-structured interviews, focus groups, and letter writing. Participants completed a semi-formal interview that allowed participants to describe their experiences face-to-face. Participants also joined the focus group session that best met their schedule and needs. Three sessions were scheduled for different dates and times. The first focus group session had five participants, the second focus group had zero participants, and the third focus group session had four participants. This allowed participants to discuss supporting children with mental health needs as a group and feed off of each other's responses if needed. Lastly, the letter-writing exercise enabled participants to share what they believed was needed to help teachers be successful in meeting students' needs in the classroom. The data obtained from the study was bracketed, coded, and phenomenologically

reduced so that recurring themes and subthemes were identified to capture and describe the phenomenological experience (Creswell & Poth, 2018; Lincoln & Guba, 1985; Moustakas, 1994).

This research study will help educational leaders understand the experiences of teachers and the training needed around supporting children who have mental health issues or have been exposed to trauma. This research will also add to the body of research that states that mental health and trauma can have a negative impact on children throughout their school years and into their adult lives if interventions are not provided (Charach et al., 2020). The results of this study can help improve access to early interventions, improve teachers' capacity to identify mental health needs and educate families on the importance of mental health support.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study was to describe the lived experiences of preschool teachers regarding their role in instructing preschool-aged children with challenging behaviors related to mental health or trauma concerns. The study examined the types of behaviors preschool teachers experience in the classroom, the supports they receive to ensure positive interactions can occur with students having challenging behaviors, and how teachers protect their own mental health to avoid burnout. Experiences and perspectives from preschool teachers were shared using semi-structured individual interviews, focus groups, and individual letter writing. This chapter presents findings from the data analysis, which includes descriptions of participants, themes, subthemes, research question responses, and a summary.

Participants

This study's participants were made up of 11 preschool teachers who hold an early childhood teaching license and have been teaching for two or more years. The participants ranged in age from 30 to 59 years of age. Ten of the participants identify as female, and one participant identifies as male. Three of the participants hold a master's degree. All of the participants have only taught at the preschool level. See Table 4 for participant demographics and details about each participant in the following sections.

Table 4

Participant Demographics

Lisa	Female	40 − 49	Black	Master′s	5 − 10 years
Valencia	Female	30 − 39	Black	Bachelor′s	11 − 15 years
Stephanie	Female	30 − 39	White	Master′s	11 − 15 years
Jennifer	Female	50 − 59	White	Bachelor′s	20 plus years
Nakia	Felmale	30 − 39	Black	Master′s	11 − 15 years
Tomeka	Female	40 − 49	Black	Bachelor′s	20 plus years
Heaven	Female	40 − 49	Black	Bachelor′s	20 plus years
Karen	Female	30 − 39	Black	Bachelor′s	2 − 4 years
April	Female	40 − 49	Black	Bachelor′s	2 − 4 years
Alexander	Male	30 − 39	Black	Bachelor′s	2 − 4 years
Michelle	Female	30 − 39	Black	Bachelor′s	5 − 10 years

Lisa

Lisa is a Black female in the 40-49 age group who recently completed her master's degree in Curriculum and Instruction. She has a Collegiate Professional License with the prek-6 endorsement. Lisa has worked as a lead teacher in a childcare setting working with infants to school-aged children. Most recently, she has worked as a Virginia Preschool Initiative teacher for the last five to 10 years. Lisa stated, "I've seen biting, fighting, spitting, yelling, running around the classroom, knocking things over, tossing chairs in the air. It's behavior. It's mental health issues or trauma." Lisa went on to share she was satisfied with the training and support

she has received and believed that each year, she was more equipped to meet the needs of the students in her room with challenging behaviors related to mental health and trauma. When asked about her methods of protecting her mental health and wellbeing, Lisa shared, "I just learn how to cope with it. I don't ignore them, but if they are being safe and not hurting themselves or others, I just do the strategies that I mentioned and be like you do you."

Valencia

Valencia is a Black female in the 30-39 age range and currently holds a bachelor's degree and a Collegiate Professional License with the Elementary Education PreK-6 endorsement. She began her career in education working at a local daycare center with infants to school-aged children. She has worked for 15 years as an instructional assistant in a preschool classroom and has spent the last four years as a teacher in the public school system in the state-funded Virginia Preschool Initiative program. Valencia shared that her experiences included "meltdowns…hit, kick, take his clothes off, run around the room, throw chairs, you name it, he did it." Valencia expressed satisfaction with the professional development she had received and shared it takes consistency and patience to get a change in behavior. When asked about the impact of student behaviors on her mental health and well-being, Valencia shared, "I'll say a prayer, especially when I pull up to work. I just clear my mind because I need to be fully engaged and be full of energy when I come into the classroom with my students."

Stephanie

Stephanie is a White female in the 30 - 39 age range. She currently holds a master's degree and a Postgraduate Professional License with the Elementary Education Prek-6 endorsement. She has worked for 11 years as a preschool teacher in two different schools in the

same district. She has only taught three- and four-year-old children in the Virginia Preschool Initiative program. When asked about her experiences, she shared

> I had a student in my classroom who definitely had trauma… he would come into the classroom almost every day and hit us, kick us and the other students, throw things, and destroy the classroom. There wasn't a lot of support, and I was pregnant at the time.

Stephanie shared satisfaction with the professional development that was offered but shared, "We appreciate the trainings, but it is also frustrating because we're not getting the support in the classroom to do a lot of these things with the students." Stephanie also shared, "You're spending all of your time with that one student and not getting your other work done. It's a hard balance." When asked about the impact on her mental health and wellbeing, Stepanie shared

> It's definitely exhausting and very very stressful. I went home every day and just was like, done. It made it so hard to deal with my own children that were five and three. My husband would ask if I was okay and if I needed to switch jobs.

Jennifer

Jennifer is a White female in the 50-59 age range. She currently holds a bachelor's degree and a Collegiate Professional License with the Early/Primary Education PreK-3 and Elementary Grades 3- 6 endorsements. She has provided instruction to four- and five-year-olds in the Virginia Preschool Initiative program for 26 years, with her only other experience being with kindergarten and fifth grade during her student teaching. When asked about her experiences, Jennifer shared, "I have seen poor in class behavior, and the children haven't been able to manage their emotions." In regard to her satisfaction with the professional development received, Jennifer noted, "They can help, and they do help. But I don't think a lot of people who are presenting them think about the consideration of our restraints for class time." Jennifer also

noted, "It can definitely be exhausting mentally and physically because there's no downtime. We're with them from the time they walk in the building until the time they leave."

Nakia

Nakia is a Black female in the 30-39 age range. She currently holds a master's degree and a Collegiate Professional License with an Elementary Education PreK - 6 endorsement. During her 11-15 years of teaching, she has worked as a Virginia Preschool Initiative instructional assistant and teacher, as well as a Head Start Teacher. When asked about her experiences regarding instructing students with challenging behaviors related to mental health and trauma, Nikia shared that it was very difficult, and did not have a lot of support for the student or the teacher. One of the methods she used for protecting her own mental health was being honest with her students and letting them know when she was not having a good day. She also stated she uses it as a teachable moment and will say, "You too may need to take a break," so they can see the positive side. She will tell students, "I don't always have to curse nobody out. I don't have to put my hands on anyone. I don't have to throw things. I don't have to yell. I don't have to do all of these negative actions."

Tomeka

Tomeka is a Black female in the 40-49 age range. She currently holds a bachelor's degree and a Collegiate Professional License with an Early/Primary Education PreK-3 endorsement. Tomeka shared experiences with challenging behaviors related to mental health and trauma as tantrums lasting up to an hour, aggressive behaviors toward their classmates, throwing things, and destroying the classroom. Tomeka shared "Definitely during times of high stress in my own life, a behavior that I may not even have looked twice at during a more harmonious time of my

life would definitely reflect different. So I think as humans, when you're stressed, it definitely affects how you may relate to a child."

Heaven

Heaven is a Black female in the 40-49 age range. She currently holds a bachelor's degree and a Collegiate Professional License with an Early/Primary Education PreK-3 endorsement. Heaven has only taught three and four-year-olds in the 20-plus years she has been a teacher. She shared that preschool children's behaviors have changed drastically since she has started teaching. Heaven shared, "I have noticed a lot more aggressive behavior from children. A misplacement of aggression. More children seem to have speech IEPs." Heaven also noted having a good instructional assistant is what helps protect her mental health. But she also stated

School counselors are cool, but I think there needs to be mental health staff because there's a lot of kids with mental health issues. I mean, just a lot of dysfunction. And we're just scratching the surface, and we're really not meeting the needs of the kids that really have trauma, trauma.

Karen

Karen is a Black female in the 30-39 age range. She currently holds a bachelor's degree and a Provisional License with an Elementary Education PreK-6 endorsement. She is in her third year as a teacher and taught first grade for one year and preschool for two years. She shared she has returned to school to work on her master's in early childhood education, and she believes that is what has helped her feel successful. Karen currently works in a collaborative preschool classroom along with an Early Childhood Special Education Teacher, a general education instructional assistant, and a special education instructional assistant. She shared that she instructs four-year-olds in the Virginia Preschool Initiative Program. Karen shared, "We have 17

kids, and we're supposed to have six with disabilities, but this year, we have 10 with disabilities and seven without disabilities. We can have a challenging class. But it's okay." In regard to her experiences, she stated, "I have experienced children who climb on furniture, who throw chairs, hit their teachers, push other students, and elope out of the classroom." Karen also shared that setting boundaries and leaving work at work, as well as having a supportive classroom team, is what helps protect her mental health.

April

April is a Black female in the 40-49 age range. She currently holds a bachelor's degree and a Provisional License with an Early/Primary Education PreK-3 endorsement. She is in her second year of being a Virginia Preschool Initiative four-year-old teacher. April shared that she has experienced bullying behaviors, kicking, hitting, children pulling their own hair out, throwing their shoes, aggressive behavior toward the adults in the room, and spitting. April also noted that when she attempted to help a student down off of a counter he was standing on, the student pulled away and caused an injury that required surgery and missed income. When asked,…. April stated,

> The biggest thing is trying to disconnect and try not to take everything personally, you must understand that when these kids are acting up it has nothing to do with you, it is what they are personally dealing with and can't express.

Alexander

Alexander is a Black male in the 30-39 age range. He currently holds a bachelor's degree and a Provisional License with an Elementary Education PreK-6 endorsement. Alexander shared that he has only been in education for two years and has only taught four-year-olds. Alexander stated his experiences include "students that become very disgruntled or very upset, falling out

on the ground, getting angry, not being able to express themselves, and physical aggression that includes hitting and kicking adults and peers." When asked about protecting his own mental health, Alexander shared, "I feel prayer helps. And then also, just a daily reminder of just telling myself today is going to be a great day, things are going to be well."

Michelle

Michelle is a Black female in the 30-39 age range. She currently holds a bachelor's degree and a Collegiate Professional license with an Elementary Education PreK-6 endorsement. Michelle has over 10 years of experience working as a childcare teacher in a private setting and as an instructional assistant in a public school setting. She has spent the last five years as a Virginia Preschool Initiative teacher instructing three and four-year-olds. Michelle shared she has been lucky to have well-behaved students the last few years, but she has had experience with hitting, struggles with self-regulation, sharing, spitting, and tantrums. When discussing her mental health, Michelle stated, "We come to work, no one knows what we are going through in our personal lives. But we put on that smile for our children."

Results

This transcendental phenomenological study was guided by one central research question and three sub-questions to describe the early childhood teachers' perceptions of their ability to provide mental health supports in the classroom to preschool-aged children. The results were derived from analyzing the data collected from semi-formal individual interviews, focus groups, and a letter-writing prompt. The significant themes and sub-themes identified during the synthesis of the shared experiences, as they relate to the sub-research questions, are presented.

Table 5

Major Themes and Sub-Themes

Major Themes	Sub-themes
Educator Well-Being	Work/Life Balance
	Teacher Mental Health Supports
	Safety Concern Anxieties
Behavior, Trauma, and Mental Health Awareness	Need for Effective Support Systems
	Mental Health Training
	Educating Families on Trauma
Comprehensive Mental Health Support for Preschoolers	Differentiating between Behavior Supports and Mental Health Supports
	Improving Multi-Tiered Mental Health Supports
	Individualized Mental Health and Social Emotional Support

Educator Well-Being

The first theme of educator well-being was revealed during data analysis of the participants discussing their experiences of instructing students with challenging behaviors related to mental health and trauma. All 11 participants detailed having to manage their mental health in regard to their personal life, family life, and daily classroom interactions with students displaying challenging behaviors in the preschool setting. They each shared the importance of self-care and stress management along with the coping mechanisms they use to help protect their mental health while supporting aggressive behaviors, extended tantrums, and the constant presence of the behaviors and the demands of the students. Participants shared worry regarding

their personal safety, the safety of their students, and how personal relationships may be impacted due to the emotional toll caused by their jobs. Nakia, Heaven, and Jennifer shared they have needed to take leave for a mental health day. April shared assisting a student having a meltdown caused an injury that caused a financial burden and major depression when she couldn't work and wasn't being paid. Furthermore, Stephanie shared in her writing prompt,

> I wish educational leaders looked at the social-emotional and mental health needs of their teachers. Teachers are overwhelmed with busy work, evaluations, observations, and meetings. If we are overwhelmed and overstimulated, how can we effectively help students who feel the same way?

Work-Life Balance

The need to establish a healthy work life balance was one of the factors in which the participants discussed their mental health needs and well-being. All participants mentioned during their interview sessions that establishing boundaries between professional responsibilities and their personal lives was necessary to decrease teacher burnout. Tomeka, Nakia, Stephanie, April, and Valencia mentioned during their interviews how their experiences working with students with mental health challenges have affected their personal lives, including difficulties in dealing with their own children or spouses, and the challenges of successfully enforcing the boundaries between work and home life. They each discussed how they have to ensure they are not taking frustrations out on their own children or families. Noting if their day in the classroom caused them to be overstimulated, they had to put in extra effort to be able to deal with their home situations.

Participants in focus group one also discussed that it is sometimes hard to establish boundaries when many of the families are not reachable during normal work hours. When asked about protecting their mental health, Karen shared in her interview,

> The biggest one is learning to leave work at work. I do what I can while I'm there and when I'm home, I just try not to think about it and say tomorrow's a new day. I can worry about that tomorrow when I pull up.

April expressed in her interview why she had to focus on a healthy balance by stating, "I had to disconnect when I got home. I tried to take it home. I would worry about the kids at night and couldn't sleep." When asked about her methods of coping, Stephanie detailed her methods during the interview as,

> When I go home, I try to not think about it. I get more stressed out worrying about the kids who had the trauma. Now I'm not going to answer any emails, parents text me at 11pm, I'm not responding.

When it comes to keeping personal stress from impacting interactions with the students in the classroom, Heaven stated that regardless of what is happening in her personal life, she tries not to let it impact her classroom. She stated during her interview, "Even with my own personal life, I try to come in upbeat because it sets the tone for the classroom. If I'm dragging and just in a rut. My kids are feeding off of me." During her letter writing response, Michelle discussed teachers' mental health should be a priority for preschool leaders as teacher well-being is equally important as the children in her room. She noted, "There are many days when I leave my problems at the entrance of the door and paste a smile on my face to make it through the day."

Teacher Mental Health Supports

Nine of the 11 participants shared during their interviews and letter writing that mental health breaks are needed throughout their workdays to ensure they are able to provide positive adult-child interactions with children. Focus group one participant expressed a desire for more school level support for teacher well-being, such as an educator wellness program. During her interview, Heaven mentioned, "We're not superheroes, and sometimes these kids can have behaviors longer than our patience allow us to have." She also noted that her school has a massage chair that teachers can use when needed during the day. She said no one has time to use it, but it is there. Valencia explained during focus group one that during COVID restrictions, there was a program called Wellness Wednesday in which support and self-care strategies were provided to staff, and she believed the tips and information shared with staff were helpful. She also stated that she uses the bathroom to take a break, wipe her face with a cold towel, and get herself together when behaviors have taken a toll on her mental abilities.

In regard to needing breaks, Jennifer expressed during her interview that "It can definitely be exhausting mentally and physically because there's no downtime. We're with them from the time they walk in the building until the time they leave." All of the participants mentioned during interviews that, more recently, they have begun receiving breaks one or two times a week to be able to have time away from their class, and that helps a little, but there isn't a special place for them to go to other than walk the hall, to the bathroom, or to their car. Michelle, Heaven, and Karen shared during their individual interviews that having a strong, supportive classroom team or assistant is very beneficial to being able to tap each other out, switch roles when handling the behavior becomes exhausting, and help out with workload when a teacher is overwhelmed.

Safety Concern Anxieties

Participants detailed during their individual interviews their concern for staff and students being safe when a student displays physical aggression and destructive behaviors. Participants described a range of physical violence, including hitting, kicking, biting, throwing objects, running around, pulling clothes off, and tantrums, as well as verbal aggression toward peers and or adults. Participants also described destructive behaviors that included throwing chairs and destroying the classroom by knocking things over and ripping things off the walls. All participants had experienced a time in which they would have to keep a student from hurting themselves or the other children when they were displaying challenging behaviors. Furthermore, all participants expressed stressing over the attention given to students with behavioral challenges overshadowing the needs of well-behaved students, which led to them having feelings of providing negligent or insufficient support for the academic and emotional development of everyone in the class. Lisa discussed in her letter writing how teachers often bear the weight of managing challenging behaviors, student trauma, and the impact of it all on their mental health and ability to teach.

When discussing concerns with teacher safety during her interview, Stephanie expressed being an expectant mom and scared that something will happen to her or her baby when a student throws things or hits her. She stated, "I don't want anything to happen to me or my baby and the mental health thing like I was stressed every day." All the participants described during their interviews having to move the other students away to safety when a student experiencing the behaviors would become physically aggressive or destructive. When asked during the interview about the challenges faced when working with students with challenging behaviors related to mental health and trauma, Lisa exclaimed, "I don't know what to do. You cannot leave out. You are afraid that they are going to hurt themselves or hurt the other kids in the classroom.

I am afraid that they might hurt me. I am scared." Lisa also shared that additional stress and anxiety occur when parents constantly reach out about what may be happening in the classroom, and she feels helpless with trying to support the student with challenging behavior and being resentful for not having support to keep the other students safe.

Participants also provided details regarding the times in which they have to leave out of the classroom briefly or do state testing in the hallway outside of the door, and they worry something may happen while the assistant is managing the class. Jennifer stated,

> It seems like they're focusing a lot on the testing and all these things. And really, we're like, no, they need social emotional, they need, to learn how to communicate and play with their friends. I was trying to do testing outside the classroom and it leaves my assistant inside the classroom. By herself with 11 to 12 children. And kids have to go to the bathroom, and kids have accidents, and she's trying to help them with centers, and painting, and this other child is hitting kids, and so it does become very frustrating and overwhelming when you're trying to balance all of those things and keep everyone safe.

Behavior, Trauma, and Mental Health Awareness

The second common theme that was revealed was behavior, trauma, and mental health awareness of children under the age of five. All participants were able to state the referral process when they had a concern regarding a student with challenging behaviors. During both focus groups, the discussions revealed a reliance on data collected from social and emotional screeners and parents to identify areas requiring intervention and lesson planning. During focus group two, April stated, "With data collection, it helps a lot with knowing where a child is, and then even maybe I don't want to say diagnose him, but knowing that something is lacking with that child by collecting that data." During interviews, each participant shared the support staff

that was available to the school to provide assistance before, during, and after the referral process. However, during interviews, seven participants described receiving recommendations from support staff that they perceived as ineffective or misaligned with the classroom environment or not conducive to addressing the specific needs of the children. Jennifer stated during her interview, "I've had experiences where I might just be given a piece of paper or an email instructing me what to do, but they never come back to check and see if the child's progressed." During both focus groups, participants concurred that the majority of the time, the school support staff do not have the time to provide individual support in the classroom, and they are left to figure out on their own how to get through each school day. Heaven wrote in her letter writing response, "Educational leaders must ensure that teachers have access to the necessary resources and support services to address the diverse needs of students."

When discussing community resources for preschool mental health supports, participants were also able to identify only a few of the community resources; however, they all shared they were not familiar with the resources in the community that actually support children under five. When asked about the services available to preschoolers in the community, Michelle articulated during her interview, "Honestly, I'm just being honest I feel that I don't know many. I don't know of any." When asked during the interview about her awareness of school and community resources to support preschool children with mental health concerns, Nakia stated, "Other than TDT and … I'm not really familiar with a lot of the outside sources." Additionally, Stephanie expressed during her interview,

> We can refer kids, but a lot of times they don't take under five, which doesn't make sense to me because we know there's behavioral challenges, we know there's the mental illness, and you see it, especially when they go to kindergarten, and they immediately have an

issue after being in preschool. But there just hasn't been that support. So it's very interesting that there aren't more for this age group.

Need for Effective Support Systems

All of the participants shared that they have several support staff that are assigned to their school such as a school counselor, program coach, behavior specialist, administrators, special education staff, and structured student support teams. However, many of them shared the division-level support staff only come to their school once a week, and school-level staff come as needed to assist with the behaviors if they are not helping other classrooms or students. Participants shared that in most cases, the support staff provides information and strategies and reviews the teachers' documentation but rarely models using the strategy in the classroom or ways to directly support students. Stephanie mentioned during her interview, "It seems like they're overwhelmed. They've got a huge caseload, and they're not able to be in the classroom to support you. They'll give you things to do, but most of time, the strategies are things we already do."

The participants also expressed frustration with preschool being neglected when it comes to supports for teachers and students. They expressed the difficulty in implementing strategies learned when they have multiple students exhibiting challenging behaviors or the strategies cannot be successfully implemented with the constraints of classroom time and resources. When asked how familiar they were with the support systems in place to seek help, all teachers shared about support staff assigned to the school; however, none of the participants could identify mental health programs in the community that are available to support students under the age of five with mental health and trauma support. Lisa shared in her letter writing,

All that trauma and student behaviors becomes the teacher's baggage. All that baggage

weighs heavy on the teachers. Now there is a strain on the teacher's mental health. That's

why schools need behavioral specialists, therapists, coaches, and parents to help the

teachers out with these behaviors.

All the participants mentioned the need for actual mental health specialists to work with students

and shared the current support personnel are burdened with excessive responsibilities. Stephanie

expressed during her interview, "I get there's no magical thing they're gonna tell you, but it is

frustrating when, you feel like you're doing all these things and the support isn't as much as you

wish or need it would be." All participants expressed their concern regarding neglecting the

other children in the room because of trying to assist the ones displaying challenges. Michelle

wrote in her letter writing response,

it's not a good feeling for teachers to feel that they aren't protected or their needs are not

deemed as important. I wish more resources and support staff were available for teachers

and maybe refresher training(s) throughout the school year would help educators who are

dealing with these behaviors.

Mental Health Training

Participants acknowledged the connection between challenging behaviors and trauma or

mental health issues. All participants expressed satisfaction with the training they have received

on their social-emotional curriculum. However, there was a mixed level of satisfaction with the

training received among the participants when it comes to mental health and trauma. Those with

prior knowledge or experience with working with students with challenging behaviors related to

mental health and trauma seemed to be more satisfied with the training, while others expressed

dissatisfaction and expressed the need for additional training, support, and resources. When

sharing her beliefs on the professional development she has received, Michelle expressed during the interview,

> I think we could use some more PD regarding mental health and trauma. It's all about being able to just work on the area as a teacher and be able to know how to handle a situation when it does come and be prepared. But I feel like as a whole, as a group of teachers, we need more mental health PD.

Due to the various levels of mental health awareness among teachers, Heaven wrote in her writing prompt response,

> Teachers need comprehensive training and ongoing professional development opportunities to support students with diverse social-emotional needs effectively. This includes training on trauma-informed practices, mental health awareness, behavior management strategies, and positive discipline techniques.

During Tomeka's interview, she discussed not only the need for training, but direct modeling of interventions and strategies for teachers. She stated,

> When they actually have modeled it and I have had some very good specialists. I'm never going to blanket that. It's more helpful when they actually come in and help me by modeling what it would look like day to day.

> When discussing their students, the participants described the children in their classrooms as having experienced parental separation, parental death, parental incarceration, homelessness, exposure to drugs in the home, parental abuse, personal loss, and community violence. Tomika expressed during the interview that many of the behaviors being displayed are a way of children responding to past traumas or ongoing stressors. Jennifer wrote in her writing prompt response teachers are not certified psychologists and stated, "Teachers need much more support and

training when working with children with challenging behaviors related to mental health and trauma."

All participants shared they have received professional development on trauma-informed care and practices but recognize the need for more professional development focused on working with children who have been impacted by trauma. Karen stated in her letter writing, "I wish there was someone that teachers could receive training from that could provide real insights on how we can care for students who have some mental health concerns." In regard to her experiences with trainings, Heaven stated in her interview,

We've been focusing on classroom management, behaviors, and I feel like the trainings aren't beneficial because it is easy to say what you should be doing, but show me how to implement it with more than one behavior in here.

Valencia and Stephanie both shared trauma training intensified during the COVID-19 pandemic, but has since died down. They both shared that ongoing support in this area is necessary due to the persistent presence of trauma among their students. Stephanie stated,

I think we got a lot more during the COVID times because it was a lot of trauma on the students. It's almost like, sad that now they're back in school, they're fine now. And we don't get the professional development as much. But now they still need it, they still have other traumas. It's like they didn't recognize those traumas until there was, this big pandemic.

In regard to training, Alexander stated in his letter writing,

In order to meet the needs of students with challenging behaviors, it is critical teachers have the knowledge of what to look for. This accounts for the emotional deficits, suspected health concerns and trauma. It can be hard to know what to look for if someone

has never been placed in a situation or have ever seen or experienced it. Also, awareness

is key as well. It is something I feel that is not often spoken about and set aside. Most

teachers and or parents when they see their student or child acting up look at its majority

of the time as a behavior issue and not an issue caused by trauma or mental health

deficits.

Educating Families on Trauma

Many of the participants spoke of needing a partnership with parents in order to properly

support students having mental health and trauma-related challenges. However, participants

reported that families do not understand trauma, adverse experiences, and mental health and how

it can impact a child's development or behavior at school. Many of the participants are frustrated

with the lack of mental health resources and supports that are available to support families in

addressing mental health concerns. The lack of resources includes limited access to social

workers, educational programs for parents, and mental health resources for family engagement.

The participants spoke of family involvement as either being open and proactive or

resistant and uninvolved in addressing their child's behavioral needs. Participants shared some

parents may be receptive to receiving assistance, while other families may resist assistance or

perceive the teacher as solely responsible for managing the child's mental health and behavior

concerns. Participants mentioned the lack of mental health awareness and socioeconomic factors

such as poverty can influence the parents' attitudes and involvement in addressing their child's

behavioral or mental health concerns. Lisa stated during the interview, "Some families are in

denial. Some families are not in denial. And it's difficult when the family is in denial because

they don't believe the behaviors are as bad as I am reporting, and they take their child's side."

Each participant repeatedly expressed in the interviews and focus groups that open communication was needed in order for the student to receive the appropriate support when they arrive to the preschool program and many times that honest communication from families requires a trusting relationship to be established first. When discussing what may impact interactions with children, Stephanie shared in focus group one,

> I have a student and they have a lot of behavior problems. At first the family really didn't reveal anything. But then as time went on, they told us different stories about trauma and things that happened in the child's past. And we're like, oh, well, this is definitely a contributing factor. And things that would have been helpful to know in the beginning, but slowly helped us paint a picture of everything that's happened to this child and it definitely makes us see it in a different light. You have more compassion for the child as you hear these things. You want to give more support in different ways when you hear about the trauma and the things they've experienced from their family.

The participants also reported that families may prioritize other concerns, but that is due to their lack of awareness of the importance of early interventions, even for trauma and mental health. Participants suggested past trauma experienced by parents can have an effect on their ability to acknowledge and address their child's behavioral challenges or mental health concerns. Tomeka shared in her interview, "A lot of it is the parents' past traumas, prevent them from acknowledgment. They just feel like if they admit something's wrong with my child, then something's wrong with me." Participants also noted the importance of understanding and addressing parents' past traumas in supporting the child effectively. April stated during her interview, "It's important to educate the families about the impact of trauma, but it's also

important to help them understand that they need to want to know what's going on with their kids' mental health and behavior at school."

Comprehensive Mental Health Support for Preschoolers

A third theme revealed by the data was the need for comprehensive mental health support for preschoolers. All participants could detail the types of trauma experienced by their students and the challenging behaviors that they believe are related to the trauma. Alexander wrote in his letter writing response how all challenging behaviors are viewed as inappropriate behaviors that need to be corrected, and mental health support is not provided when trauma is present. In her letter writing, Jennifer stated "Teachers play many roles in a student's life, but being a psychologist should not be one of them." Jennifer went on to say teachers are not certified to support students with trauma-related behaviors and that teachers are struggling with their own trauma and could be more hurt than help to their children in the class. Participants from the second focus group discussed attending trauma training and social-emotional training and believing that children in their classrooms can be displaying behaviors due to trauma and the inability to communicate their feelings. April shared in her interview,

> I had another student, I haven't been able to put my finger on it, but I feel like there was some trauma there that caused him to be nonverbal. I also feel that he was special needs. He was just that undiagnosed, he threw everything, chairs. He hit the teachers, hit students, pulled his own hair out.

All of the participants mentioned that there were inconsistent behavior supports in place, but in regard to supporting a student with mental health or trauma concerns, many of their children are too young to receive services.

Differentiating Between Behavior Supports and Mental Health Supports

Participants expressed that all challenging behaviors in the classroom should not be viewed as behavior issues that can be supported by only behavior interventions, social stories, social-emotional lessons, positive behavior supports, and teaching appropriate behaviors. Participants stressed the importance of educational leaders having the necessary awareness and knowledge to identify and address the needs of students with challenging behaviors. Valencia wrote in her letter writing response, "Educational leaders need to be trained on how to appropriately manage and support students' mental health needs and other challenging behavioral needs that impact our classroom learning experience." Lisa shared during the interview that when students misbehave, it is said that they have to adjust to being at school or be taught how to regulate their feelings, but sometimes it is something that has happened to them outside of school that is causing them to react to their teachers and peers in an inappropriate way. Participants all stated they needed more mental health supports. The participants expressed the need to look beyond surface behavior and consider underlying emotional deficits, health concerns, and trauma. Karen wrote in her letter writing response, "I realize some classrooms do have classroom management issues, but a child who is displaying mental health-related behaviors has nothing to do with a teacher's classroom management skills."

Improving Multi-Tiered Mental Health Supports

All participants were able to describe the structured referral process they use when support is needed for students displaying concerning behaviors. For each participant it consisted of collecting data on the behaviors displayed in the classroom and the interventions put into place. The participants shared that many of the strategies and interventions provided to them were strategies they were already using in the classroom. However, in regard to suspected trauma and known adverse experiences, the referral process was the same and followed the same

protocol of collecting data and student responses to the interventions being used. Participants all shared students had access to a school counselor and behavior specialist for tier three support in school as well as Community in Schools or Child Savers. Stephanie shared in her letter-writing response,

> In regards to mental health support throwing in a behavior specialist once every few weeks is not going to work either. These students need stability, a routine, and consistency with the adults involved in their lives. We need a behavior specialist or counselor at each school so the students can have a relationship with them.

Karen noted in her letter writing, "I wish educational leaders would trust their teachers and know when they are asking for support in their classroom they have tried some of the strategies being offered before they even asked for support." Jennifer, Tomeka, and Nakia mentioned in their interviews that some of the extreme behaviors come from students who need more than a behavior intervention plan, and there are no supports beyond the sporadic sessions with the school counselor or behavioral specialist that can provide the mental health services that may be needed. All participants expressed that there needed to be an implementation of structured support systems with different levels of interventions related to addressing mental health concerns.

Individualized Mental Health and Social Emotional Support

Each participant expressed concern about having to figure out how to support students who display destructive or physically aggressive behaviors. The participants expressed understanding that the behavior specialists and counselors have large caseloads or multiple schools, but they also expressed dissatisfaction with the individualized support that is provided to

their students with known trauma or adverse experiences. When discussing the specialists supporting teachers and students in the classroom, Jennifer shared in her interview,

> It would be nice if, at the beginning of the year they had behavioral specialists that were able to come in each classroom to talk to the kids or give us more lesson ideas as opposed to only really being assigned to us once we have a student that has challenges.

Participants expressed in focus group two the importance of advocating for individualized help for children with behavior challenges and mental health issues and emphasized the role of therapy and early intervention. During her interview, Stephanie expressed the need for more targeted interventions for her students. She stated,

> I just wish they would, could do more. And it was more opportunities given for the preschoolers dealing with mental health and trauma because they feel as though they're so young that, oh, they'll grow up and this is too shall pass and sometimes it just doesn't.

Valencia also emphasized during her interview and in focus group one the importance of addressing each child's needs individually, pulling them aside for discussions, setting expectations, and providing consistent support tailored to their needs. Nakia stated in her interview,

> We had a lot of children who faced their parents being abused and they were seeing that parent being abused. We seen a lot of the parents who may have passed away and they may have been close, especially the fathers. We've seen the traumas of the parents may be on drugs, maybe not feeding the children, not doing the things that they're supposed to do for the child. Then you know, cussing the child out like it's their fault that things are going on. Those are the children that need one on one support.

The participants also expressed neglecting their other students when they are the ones that have to provide individualized support to the student having behavior challenges. Heaven shared during her interview, "We had a meeting about behavior and having kids with mental health concerns, but my question is when it is no longer a safe environment for you, him, or other kids, why aren't we able to save the others from being traumatized at school." Each of the participants mentioned the support provided is a one-size-fits-all approach and that it is not meeting the individual needs of preschoolers who suffer from undiagnosed mental health issues.

Research Question Responses

The perspectives and experiences shared by the 11 participants provided insight into the lived experiences of a preschool teacher when working with children aged three or four who have challenging behaviors and suspected mental health issues. The themes and subthemes identified during the analysis of the data provided the answers to the questions that guided the research. This section highlights an overview of all four research questions and participants' responses.

Central Research Question

The central research question was as follows: What are early childhood teachers' classroom experiences and beliefs regarding providing instruction to address mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors? The participants offered very similar beliefs and experiences regarding providing instruction to address mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors. All participants expressed fear for the safety of themselves, other students, and the students exhibiting challenging behaviors. Lisa shared in her writing prompt, "Some of those challenging behaviors comes from trauma. That trauma triggers

that student, and then the student begins to act out and becomes uncontrollable, someone is going to get hurt."

Each participant reported having access to a shared behavioral specialist, but Nakia noted in her interview that "There are only two assigned to preschool, and there are seven schools on their caseload." The participants expressed varying levels of support provided in individual schools by administrators and other support staff that can be helpful when time allows for them to visit their school or room. Stephanie also noted in her interview,

> The behavior specialist comes like half a day, once a week. And that's just at our school, and there's other kids. So, I mean, she'll come spend, if we're having like a big meltdown or something, if I text her, she'll come and help him or sit with that child. But, it's hard to because they don't have the relationship with the student, because they're not able to be in there. So, again, it's almost like you just either need more behavioral specialists or another assistant in the classroom, so that they know the children really well and can step in.

In focus group one, the participants shared frustration with the lack of support, particularly from parents and sometimes with the school system itself. Jennifer shared, "It's the lack of support from people within your division, whether it be a counselor or just other support staff that help from outside. I know I've had that too, not enough support."

All participants mentioned they had experienced positive and negative communication with their families that impacted their beliefs, as well as their experiences in the classroom. Nine of the 11 participants used the word, "denial" when discussing their experiences with working with families. Jennifer shared in focus group one,

Sometimes the parents are, in denial, which unfortunately, it can happen and there's not a lot of support because they don't agree with you. But when they move on to another grade, they realize that you were trying to help.

Alexander also shared in focus group one,

I definitely agree with the parents being in denial. I think having the supporting documentation, letting them know what we're seeing and if something is a constant behavior, better supports our observation of their child's current development.

Seven of the 11 participants mentioned that some parents expect the teacher and the school to find the solution to the challenges their child faces. April shared in her interview,

Some of the families are just like send them to school and it's no longer my problem, y'all fix them. So maybe helping the parents understand how important it is to jump on getting help now and not leave it to work itself out.

The participants all noted the complexity of addressing behavior challenges and mental health concerns in the early childhood setting. They each addressed that more mental health supports are needed, and though they believed the Al's Pals social-emotional curriculum was a good tier 1 support, they desired a social-emotional curriculum or program that is designed specifically to the needs of preschool-aged children with behavior challenges and trauma.

Sub-Question One

The first sub-question was as follows: What are early childhood teachers' pre-service or continuing professional training experiences regarding providing instruction to address mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors? There were mixed levels of satisfaction from the participants when discussing teachers' pre-service or continuing professional training. Two participants, Nakia and

Tomeka, expressed they were dissatisfied with the training they received. Nakia shared in her interview,

> Definitely unsatisfied. I don't think it's enough training. I think they spend too much time giving us information, but they don't give us enough training on how to deal with children who will have challenging behaviors, social-emotional deficits, or mental health concerns.

Five participants, Stephanie, Jennifer, Heaven, Karen, and Michelle, expressed during interviews they were somewhat satisfied with the training, but mentioned there could be more mental health training and modeling of the strategies in practical situations. When discussing her satisfaction, Jennifer stated in her writing prompt the need for intentional and ongoing professional development,

> Teachers are thrown into a staff development just to say we had one and that we have been trained. Doing that is not safe for teachers or students as challenging behaviors do not have a one size fits all solution.

The participants all recognized their need for more training focused on trauma and noted in more recent years, there seems to be more children impacted by trauma. Seven of the 11 participants expressed a need for more support and training to be able to adequately address mental health issues in the classroom. During both focus groups, participants articulated the need for ongoing professional support and training to effectively implement social-emotional curricula and interventions. They emphasized the importance of receiving guidance and resources to address students' mental health and trauma-related challenges effectively.

Sub-Question Two

What are early childhood teachers' experiences regarding targeted instructional supports and interventions for students with mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors?

The 11 participants each were able to identify the process in which they referred a student who was in need of additional support for their mental health or behavioral concerns. Lisa shared during her interview, "We have a referral team in which you provide different kinds of documentation to show how you support the behaviors that are observed in the classroom and how the student responds to the behaviors." The participants also discussed collecting documentation to support the referral and what happens once the student has been referred. Furthermore, the participants described using the tiered support system and the utilization of different strategies within the tier before progressing to the next level of support needed for the student. The participants shared that there was collaboration among educators, specialists, administrators, and other support staff to determine the appropriate support and potential for additional assessments.

Participants shared that there were school counselors and behavioral specialists assigned to their school who were there to provide mental health support. However, The participants also expressed concerns with the effectiveness of certain support resources and critiques of approaches that may reinforce students' negative behaviors, highlighting the need for individualized, thoughtful approaches to student support. Focus group one participant expressed there was a need for more behavioral specialists or teacher assistants in classrooms to help support students with challenging behaviors related to mental health and tailored resources for preschoolers dealing with mental health and trauma. Each participant described the importance

of additional support for addressing students' needs effectively and how it could positively impact their classrooms.

Sub-Question Three

The third sub-question was as follows: What are early childhood teachers' experiences regarding their mental health and stress levels when supporting a child with mental health, ACEs, or childhood trauma? During their interviews and focus groups, participants shared feeling emotionally exhausted, stressed, overwhelmed and burnt out due to dealing with the behaviors related to trauma and adverse experiences faced by the students in their classroom. Each participant also shared the impact this work has on their mental health. All of the participants mentioned having high levels of stress or anxiety when supporting a child with mental health, ACEs, or trauma, as the behaviors displayed can be unpredictable and cause harm to the student, teacher, or other children. Stephanie mentioned in her interview, "It's definitely exhausting and very, very stressful." She went on to say that she loved her job and just wanted all of her students to be well and do well; however, she mentioned when dealing with behaviors that stem from a mental health standpoint, teachers are trying to get all of their other work done and meet the needs of the other children. She stated, "Your mental health really suffers."

Nakia, Tomeka, and Valencia shared during their individual interviews how their mental state can influence their interactions with their preschools, either positively or negatively, and how students may react or respond based on the teacher's emotional state and the child's mental capacity. Tomeka noted, "Of course, my trauma and mental health affects the children." These three participants mentioned that because they are with the children all day, the children worry about them and can tell when they are having an off day.

Participants also mentioned various coping strategies such as prayer, listening to gospel music, meditation, and seeking support from colleagues or their classroom assistants as ways to protect their mental health and prevent their own mental health from impacting the classroom. Some participants shared that they derive strength from their religious or spiritual beliefs, using prayer as a form of coping and resilience-building to navigate the challenges in the classroom and maintain their mental well-being. Lisa, Alexander, Valencia, and Michelle all mentioned during their individual interviews their religious beliefs help them to remain calm during stressful times in the classroom. The participants also agreed during the focus group sessions having a strong instructional assistant was also important as they are able to depend on each other to ensure students are not traumatized from the actions of the adults in the classroom.

Although the participants shared that their interactions with students with mental health and trauma concerns can be emotionally and mentally challenging, each one shared a sense of fulfillment and purpose despite the challenges they faced daily. When asked about what they knew about former students, each had a positive story to share regarding learning of previous students' growth and feeling as if they were making a difference in the lives of the children in the classroom. Participants mentioned this sense of fulfillment, purpose, and even peace of mind positively impacts their mental health. However, some participants also shared in both focus groups that there is a need for more support for mental health, including mental health days built into the school calendar, calming spaces that staff can use inside of the school, and more acknowledgment of the impact of challenging behaviors on teacher well-being.

Summary

This chapter provided descriptions of the research results depicting the experiences and perceptions of early childhood teachers who participated in this study. I conducted the analysis

from data collected from the individual interviews, focus groups, and letter writing which revealed several common themes. Based on the perceptions of the preschool teachers, there are concerns with their emotional well-being, such as maintaining a work/life balance, needing teacher mental health supports, and safety. Behavior, trauma, and mental health supports were significant findings based on participants expressing the need for effective support systems, mental health training, and programs to educate families about preschool mental health and trauma as parents often do not recognize or accept their child needs support. Lastly, comprehensive mental health and support for preschoolers prior to reaching the age of 5 is needed. Participants expressed a need to differentiate between behavior supports for things that can be controlled and mental health supports for things that cannot be controlled, improving tier three supports, and individualizing mental health and social-emotional supports. Lastly, the participants noted additional training and supports are needed to be able to instruct all students safely and successfully in the preschool setting when there are challenging behaviors present, especially those related to mental health, trauma, or social-emotional deficits.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to describe the experiences of preschool teachers regarding their interactions with preschoolers with mental health or trauma-related behavioral challenges. This chapter will provide a refined interpretation of themes identified during the analysis of the data collected with individual interviews, focus groups, and letter writing. The findings are supported by empirical and theoretical evidence that can be found in the literature. This chapter consists of five discussion subsections: (a) summary of thematic findings, (b) implications for policy and practice, (c) theoretical and methodological implications, (d) limitations and delimitations, and (e) recommendations for future research.

Discussion

The purpose of this section is to share the study's findings through my interpretations. By using the participants' lived experiences, I was able to accrue an understanding of the perceptions of preschool teachers' needs and beliefs regarding classroom supports for children ages three to five years old who have mental health or trauma-related behaviors. First, there will be a review of the summary of thematic findings. Then there will be a critical discussion of the findings and will include my thoughts, comments, and perspective on the research findings. Next, there will be a discussion of the implications for policy and practice, followed by theoretical and empirical implications. Limitations and delimitations of the study will be shared, concluding the chapter with recommendations for future research.

Summary of Thematic Findings

Eleven participants shared freely their perceptions about their experiences as an early childhood teacher providing mental health and trauma supports in the preschool classroom.

Through data collected from individual interviews, focus groups, and letter writing, I developed three major themes, each having three sub-themes.

The first major theme I identified was concerns regarding educators' well-being. The three sub-themes developed from the first major theme included (a) creating a healthy work/life balance, (b) needing effective teacher mental health supports, and (c) assistance with anxieties created from safety concerns. Collectively, all 11 participants shared daily experiences with children who display a wide range of challenging behaviors that include aggression towards peers and adults that can be physical violence or verbal aggression, disruptive behaviors such as throwing chairs and destroying the classroom, or non-compliance that includes refusal to follow directions or resisting authority figures. Due to engaging with students with these behaviors, all participants shared they have to set boundaries and avoid work related communication while at home and disconnect from work to avoid worrying about the children or what to expect the next day. All participants also shared the need for mental health breaks or additional support in the classroom, especially when the behaviors are present. Nine of the 11 participants also expressed concerns with safety and shared they would worry about something happening to the child having the behavior, to the other children in the classroom, or to themselves. One of the participants expressed being hurt by a child and the financial stress it caused as she was out of work without pay some of the time.

The second major theme identified was needing more behavior, trauma, and mental health awareness. The three subthemes identified include (a) the need for effective support systems that ensure early interventions can occur, (b) more mental health training on identifying and supporting the mental health needs of students, and (c) more programs for educating families about trauma and mental health and how it can impact families and young children. Though all

the participants shared they figured out ways to deal with or cope with the behaviors and classroom stress, there was a recurring theme of dissatisfaction with the level of support and resources available for supporting children with behavior challenges and mental health or trauma issues. Participants shared there is support staff available; however, the staff is split among several schools, classes, or students, and the caseload does not allow them to support the preschoolers in the manner in which the intervention would be effective, consistent and impactful. Ten out of 11 participants stated that more comprehensive professional development was needed that included modeling and meaningful feedback. The participants expressed that programs must be developed to include families in the conversation as well as educate families on trauma and the impact of trauma on a person's life and family.

The third major theme identified during data analysis was comprehensive mental health support for preschoolers. The three subthemes identified were (a) differentiating between when behavior supports are needed and when mental health supports are needed, (b) improving multi-tiered support systems to ensure there are tier three supports available to assist students under the age of five with their mental health, and (c) individualizing mental health and social-emotional supports as each child is different so a one size fits all curriculum or program may not work for all children. All participants shared that during the referral process to receive help, they would receive behavioral interventions and strategies that did not always work for their children who had known adverse experiences that impacted their social-emotional development. Participants also shared that many times, they are told their students are too young to receive out-of-school services, and the in-school once-a-week visits from a counselor or behavior interventionist do not help. Eight of the 11 participants shared that their students cannot receive mental health supports

until they turn five, which leaves the preschool teacher struggling to support the child and emotionally burnt out from being overwhelmed.

Critical Discussion

The study revealed three significant findings during data analysis. The first finding was educator well-being. The second finding was behavior, trauma, and mental health awareness. The third finding was comprehensive mental health support. The purpose of this section is to provide a critical discussion of the research findings in regard to my thoughts, comments, and perspective on the research findings.

Teacher Preparedness and Well-being

How teachers perceive their ability to be able to meet the needs of the students with challenging behaviors is important. If they believe there is a lack of resources and support available, their mental health can be affected (Sandilos et al., 2018). According to the participants, there is a desire for more training and resources to effectively handle the challenging situations that are occurring in their classrooms. This desire goes beyond the need to have a professional development session, but to also have support in the form of a counselor or behavior specialist to model for the teachers in the classroom and provide feedback.

Furthermore, understanding and knowledge of early childhood mental health interventions for preschoolers can help teachers support students (Ghandour et al., 2019; Yogman et al., 2021). Though the teachers shared they have received some trauma training, the reoccurrence of the behaviors year after year and day after day has had a toll on each teacher. From their discussions, the participants expressed that a change in behavior in students is noted from the start of the school year to the end of the school year. However, they usually do not notice the difference in real-time due to the physical or mental exhaustion that occurs from

supporting the students each day. Ensuring that teachers feel prepared to support and protect all of the children in their classroom is important, even if the support provided is to allow teachers the opportunity to reset and relax to avoid being overstimulated throughout the day and exhausted from being on guard for triggers that cause behaviors.

Teachers who currently suffer from psychological distresses like depression, anxiety, negative affect, and burnout can impact a child's development and learning in a negative way (Hindman & Bustamante, 2019a; Jeon et al., 2019; Madigan & Kim, 2021; Roberts et al., 2016). Many of the participants mentioned that when they are not at their best or when they are stressed, it impacts their classroom as they have to ask their assistant to lead the class, take a break from the classroom, or take a mental health day. Any of these coping strategies can impact the level of instruction, high-level engagement, or positive interactions that take place in a preschool environment. Specifically, Tomeka emphasized that teachers are humans and can have their own trauma or mental health issues that can impact what behaviors are less or more tolerable based on the teachers' stress level. Also, April stated, "I have three mental health and anxiety conditions. I have OCD, General Anxiety Disorder, and Major Depressive Disorder." Participants noted sometimes they have their own challenges but try to stay upbeat and not allow their issues and trauma to determine how they respond to children. But, they did note if a mental health day was needed, they did not report to school.

The preschool teachers also mentioned their jobs without challenging behaviors could already be stressful as they are working on potty training, active supervision, lesson planning, evaluations, data collection, state testing, screeners, and other job-related demands. They expressed that it is often difficult trying to get everything done and then have to provide one-to-one support to a child who can spend up to an hour having a tantrum or meltdown. Even after

helping the student to regulate while protecting the other children, the teacher then has to pick up where they stopped without even a moment to catch their breath or tend to their bruises. Without addressing how to support and protect teachers' physical and mental well-being, teachers may continue to leave the classroom in order to protect their own health.

Need for Early Interventions and Long-Term Support

One in every six children between the ages of two and six has been identified with a mental health concern (Charach et al., 2020). Relatedly, the participants in this study reported that there is a lack of effective interventions and support in place to ensure students are receiving the support needed to become resilient. The teachers stated that school counselors and behavior specialists are divided among several schools, and preschool is not always the priority when support is needed. The teachers also expressed that they have been told their students are not old enough to receive some services, such as outside-of-school counseling or therapeutic day therapy. Without interventions, mental health disorders will continue to be a challenge in elementary school and beyond (Charach et al., 2020; Nelson et al., 2020; Stewart, 2022). The referral process for preschool must contain a method to identify students who are in need of early interventions for mental health and trauma prior to the age of five.

In order to ensure early interventions are provided, there must first be an understanding of preschool mental health and trauma needs. Physicians and families must be educated on developmental milestones and avoid the misconceptions that the behavior or need will correct itself over time and that mental health issues do not directly impact young children (Stegelin et al., 2020). Unfortunately, because of a lack of awareness about the mental health needs of young children, this belief is one reason there is a lack of early interventions for preschoolers (Stegelin

et al., 2020). Families must be educated on ACEs and how these experiences can not only have an impact on the parent but also how these experiences can begin to impact young children.

Collecting family information on preschool applications can help preschool programs begin to identify and monitor a child who may be exposed to ACEs. This information can initiate the need for early interventions and support even if a behavior is not currently being demonstrated or openly discussed by the family. Participants shared that their experiences included working with children living in poverty, children who have a parent or close family member die in a violent way, children who have witnessed abuse, children who encounter drugs in the home, and children who have experienced homelessness. Many of these experiences are included as an adverse experience that can have a lasting effect on our mental health.

Failing to support the social and emotional development of preschoolers with challenging behaviors can lead to suspension or expulsion from programs and experiences with peer rejection, conflicts with adults, and a greater risk of school failure throughout preschool, elementary, and secondary environments (Carter & Van Norman, 2010; Coleman et al., 2013; Hemmeter & Conroy, 2018). The findings of this research study indicate that participants do not believe their preschools are receiving effective interventions and supports and that it is not only impacting the children in their classroom being exposed to the behaviors daily but also the teacher's mental health. There is evidence that supports that challenging behaviors that are present early in a child's life can be predictive of a life span of developmental risks and challenges related to adolescent delinquency, gang membership, and incarceration (Dodge et al., 2015; Lösel & Bender, 2012; Wahman et al., 2022). Failure to support children prior to turning five not only can have a negative impact on the child, but in the long term, the community can also be in danger if resources and support are not made a priority.

Collaborative and Multi-Disciplinary Approach

The findings of this study suggest that teachers often feel as if they are in it alone when dealing with a student displaying challenging behaviors and in need of mental health supports. Heaven shared in the focus group and letter writing response that there needs to be a multi-disciplinary team made up of the classroom teachers, administrators, school support staff, parents, and external stakeholders. Heaven also wrote in her letter writing response, "Educational leaders should foster a culture of collaboration and teamwork within schools, where teachers feel supported and empowered to work together to develop and implement individualized support plans for students." All participants mentioned in order to get the family involved and open to sharing important information with the team, there has to be a trusting relationship developed in order to support the family in being active participants in the meetings involving their child.

When asked about the resources available to support children and their families, none of the participants were aware of the mental health resources that are available within their community. One participant mentioned District 19 as a resource; however, no other resources were mentioned by any of the other participants. Having a multi-disciplinary approach will not only help plan early interventions for children but would help families and teachers become aware of the resources that are available in the community.

Implications for Policy and Practice

Preschool teachers can benefit from various supports, professional development, and specific policies put into place to ensure children aged three to five receive the early interventions and supports needed to have a successful start to kindergarten. The findings from this research study revealed several implications for policy and practice. This section of the chapter will detail different policy areas the Virginia Department of Early Childhood Education

can put into place for preschool teachers, families, and children. These implications are discussed below.

Implications for Policy

The analysis of the data collected from the 11 participants revealed there are structures in place to support teachers and preschoolers with mental health related challenging behaviors; however, many of the supports and resources were limited or not readily available in the preschool environment. Many of the challenges expressed by the preschool teachers occurred from factors that the teachers could not control. Challenges included school counselors who have large caseloads and are unable to individualize the mental health supports for the preschool students. Another challenge is behavioral specialists were assigned to multiple schools and were only able to spend, on average, one-half day each week at the preschool supporting the entire school and time was split between all students needing support. Lastly, preschoolers were often not found eligible for support due to their age or due to lacking instructional time in the school setting.

To help preschool programs address these challenges, it is suggested that the Virginia Legislature develop and mandate laws or codes that require school divisions to provide preschool opportunities for families in the community to follow. These codes should be similar to the K-12 codes and policies that detail the type of mental health personnel required (school social worker, school counselor, behavior interventionist), mental health staff-to-student ratios, and mental health staff hours spent directly supporting preschoolers. It is then suggested that school boards develop policies that require school leaders to provide the preschool community with mental health support staff to provide interventions or support consistently and with stability.

All 11 participants mentioned being provided behavior supports to help improve behavior or correct inappropriate behavior, but when it came to preschoolers receiving mental health supports to be able to communicate negative feelings or express experiences that impact their wellbeing, those mental health supports were not available. Participants mentioned conducting home visits to learn about the child and family, using screeners and questionnaires to gather information, and collecting family information on the preschool application to determine eligibility. When preschool programs determine a family or student has experienced an adverse experience, as detailed by the ACEs research done by Felitti et al. (1998), the child should be monitored, and data should be collected to ensure appropriate social-emotional development is occurring.

A suggestion to help curtail this problem is to develop a policy that requires social-emotional screenings and checklists to be conducted within the first 60 days of school and use the data to monitor student growth and development and make decisions regarding the mental health needs of preschoolers. There is research available that details repeated stress in childhood can lead to difficulty with emotional regulation, anxiety, and aggression (Felitti et al., 1998; Parker et al., 2021a). Therefore, mental health policies that help with the identification of mental health needs will benefit the teacher's abilities to provide the correct support, receive intentional training and support, and ensure the child receives the correct interventions.

It is also important that early childhood policymakers include preschool children and programs in legislative codes or school mental health policies and procedures instead of stating specifically K-12 or Elementary and Secondary. More recently, school divisions, like the one used for this study, with large numbers of publicly funded preschool slots, are placing preschoolers in their own buildings instead of in elementary schools. Because of this, some

preschoolers may not receive the same level of mental health support that is found at the elementary or secondary level. This is unfortunate, as the research reflects early intervention can have a positive impact on the trajectory of a child's experiences in school from preschool through high school and beyond (Cannon et al., 2018). In contrast, the research also states young children exposed to three or more ACEs are significantly associated with social concerns, attention deficits, and aggressive behaviors in the kindergarten environment (Liming & Grube, 2018). This is why it is important for preschoolers to have access to all mental health programs and supports a public school division offers to students in kindergarten.

Additionally, the findings reflect preschool teachers are finding temporary assistance for students. However, due to the long-term negative impact of ACEs on a person's overall quality and quantity of life, early intervention must occur with support in the early childhood setting (Stegelin et al., 2020). It is suggested that the school board develop a plan that requires school division superintendents to ensure a comprehensive effort is made by school division leaders, early childhood state representatives, and mental health experts to develop and implement a policy that does the following (1) defines the mental health support staff that are needed in the preschool setting, (2) mandates mental health support staff to student ratio, (3) ensures compliance of screenings and (4) involves data collection that aide with the identification of preschoolers needing mental health supports that includes a criterion for being proactive with supports. This policy must detail the combined effort that all early childhood stakeholders will make to enforce due diligence for the identification of preschoolers who are experiencing stressful events or social-emotional deficits that can lead to mental health distress or preschoolers who are in mental health distress, as well as detail how the students will be supported by mental health staff to reduce the impact on preschoolers mental competency.

Implications for Practice

  School divisions need practical information that can be implemented to better support preschool teachers who are instructing students aged three to five years old in a publicly funded program. School leaders are responsible for ensuring ongoing professional development opportunities are available to all of their teachers. Teacher well-being and workplace perceptions can impact the culture of the school or school division and teacher retention. School divisions and school leaders should be very concerned about their teachers' physical and emotional well-being. This means that the teachers' experiences and perceptions about their abilities to support preschoolers' mental health in a way to reduce long term behavioral issues should be a priority. School division leaders can no longer wait for students to get to kindergarten to seek mental health or behavioral support. It is suggested that school divisions ensure preschool is the time to have a dedicated mental health support staff who are trained to provide play therapy, family therapy, and co-parenting counseling within the school setting in order to avoid having parents responsible for connecting with private counseling services. It is also recommended that preschool programs include this mental health service as a requirement prior to consideration being made to remove a student from the program due to challenging behaviors.

  It is also recommended that school divisions include teacher planning time in the preschool-level work schedule. Many board policies, including the one for the division in this study, reflect elementary teachers should have an average of 30 minutes a day for planning. This time is not always granted to preschool teachers with Stephanie and Jennifer both stating they only recently have they been provided breaks away from their students as they are usually with their students from the time they arrive until the time they leave. Ensuring preschool teachers also have time each week to collaborate and plan lessons, learn from each other, and

communicate with families will not only provide the mental health break needed each day but will also allow them the opportunity to support each other with planning lessons, interventions, and feedback on strategies used. Many preschool programs have the teachers eat with their children in order to provide a family-style setting to teach self-care skills like feeding themselves, opening food packages, and cleaning up behind themselves. This means that even at lunch, preschool teachers are working with students and often have to eat later. Therefore, ensuring preschool teachers have time without students not only meets the mental health needs of teachers by providing them with time away from their classrooms but also providing the opportunity to improve instructional practices and adult-child interactions through collaborating with others.

While it is clear that providing dedicated mental health or behavioral staff and teacher planning breaks may be significant to the school division participating in this study, it may also be significant to other school divisions that have schools for only preschool-aged children. The findings give preschool leaders an insight into the daily experiences of preschool teachers who are engaging with students with challenging behaviors and how these experiences may impact the teacher's well-being. It is recommended that the findings be used by early childhood decision makers and preschool leaders to assess their practices and policies in regard to preschool programs and preschool teachers to ensure they are provided the same level of behavioral support and planning times as kindergarten teachers. The data aids in helping preschool leaders develop a baseline to address concerns found in their preschool programs as well as provide the programs the opportunity to implement mental health practices that can follow children into kindergarten.

Empirical and Theoretical Implications

      This section will address the theoretical and empirical implications of my study. Theoretically, this study utilized Bandura's (1977) social cognitive theory with a focus on the self-efficacy theory to investigate teachers' perspectives on training received to equip them with handling students with challenging behaviors. The study also used Knowles' (1978) andragogy theory to investigate teachers' perceptions of their training to support students with challenging behaviors successfully. This study confirmed that a teacher's level of self-efficacy has an impact on their perspectives in regard to the training they receive. This study also confirmed that some teachers perceive that they learn best from modeling, time for reflection, and constructive feedback. The empirical implication of this study adds to the literature of phenomenological research by giving preschool teachers the opportunity to voice their perspectives regarding their experiences with instructing preschool children with mental health-related challenging behaviors. Due to a gap in the literature, it is essential to recognize the impact on preschool teachers' well-being when they do not believe they can effectively support preschoolers' mental health and challenging behaviors.

Empirical Implications

      The empirical implication of this study adds to the literature of phenomenological research by providing early childhood teachers a voice regarding their abilities to be able to support students with challenging behaviors related to mental health and trauma. This study used the transcendental phenomenological research approach to collect data on the lived experiences of early childhood teachers with at least one full year of classroom experience using individual interviews, focus groups, and letter writing. The data collection methods used effectively provided a view of the participants' experiences, answered the research questions, and provided

the data in which themes were developed. From the findings, information was collected that may be beneficial to early childhood leaders and decision-makers. The information collected provided insight into preschool teachers' perspectives regarding being able to support preschoolers with behaviors related to mental health or trauma. The data revealed that teachers have knowledge of the student and family needs as collected from home visits, preschool applications, parent-teacher conferences, and screeners. The participants all expressed the desire to receive more mental health training in order to better support students in the classroom who have experienced events that can lead to a negative impact on a child's mental health as well as to reduce the level of stress on the teacher.

The U.S. Department of Health and Human Services (2022) stated that mental health includes emotional, psychological, and social well-being, and it has an effect on how a person thinks, feels, and acts. In preschoolers, mental health is related to their ability to develop close relationships and manage and express emotions (Liming & Grube, 2018; Stegelin et al., 2020). The participants in this study shared experiences of disruptive and destructive behaviors by preschoolers in which learning opportunities for the whole class were impacted. Because there is a lack of awareness of the mental health needs of young children (Stegelin et al., 2020), participants expressed the feeling of being left to figure out what works and does not work when their tier one and tier two supports do not meet the needs of a child with unidentified or undiagnosed mental health issues. The participants also expressed that when referrals are completed to receive assistance with a child having concerning behaviors, they are usually provided with behavioral supports and not mental health supports. In order to prevent the negative effects on the overall health and development of young children, it is important that preschool programs, physicians, and families identify and treat mental health disorders or

provide preventive support as early as possible (Cohen & Andujar, 2021). This includes training teachers on trauma-informed care and practices to help young children develop coping skills and become resilient, as well as acknowledging a child has experienced events that could possibly lead to toxic stress or trauma and providing support as a preventive measure.

The findings from this research study also provided insights into the importance of mental health support for early childhood teachers. The research on high-quality preschool programs includes the teachers' attitudes and interactions with the children in the program as one of the criteria (Blewitt et al., 2020; Jeon et al., 2019). The participants in this study mentioned being emotionally exhausted and overwhelmed when having to engage in challenging behaviors related to mental health and trauma on a regular basis. Effectively being able to support young children depends on the teacher's well-being (Kwon et al., 2022; Spilt et al., 2011). Tomeka and Heaven both expressed how the status of their mental health impacted their instructional day as they would make adjustments to the class schedule, have their assistant lead the class, and often take an unscheduled wellness day. Similarly, early childhood teachers have reported extremely high stress levels (Jeon et al., 2019; McGinty et al., 2008), which is what the participants in this study also reported. The participants in this study expressed they are not certified mental health professionals and expressed there is a need for early childhood mental health support for preschoolers and their teachers (Parker et al., 2021b; Rowe & Singh, 2023).

Theoretical Implications

The theoretical significance of this study provided insight into how the beliefs and training needs of early childhood teachers align with the self-efficacy theory, which states the level of self-efficacy about a behavior impacts a person's beliefs regarding being able to complete the behavior (Bandura, 1977) and andragogy theory of how adults learn best (Knowles,

1978). The themes that emerged from this research study not only described the perceptions of early childhood teachers' beliefs but also corroborated the self-efficacy theory (Bandura, 1977) and andragogy theory (Knowles, 1978) that guided this research study. This section will discuss the theoretical implications of this study.

Self-Efficacy Theory. The theoretical significance of the study reveals how the professional development needs of preschool teachers align with the self-efficacy theory and how teachers' beliefs regarding being competent enough to be able to meet the mental health needs of students can impact their level of self-efficacy (Brock & Beaman-Diglia, 2018). This study confirmed through the lived experiences of preschool teachers that teachers have mixed feelings regarding the mental health and trauma training received, are dissatisfied with the mental health support they have received, and are stressed and exhausted at the completion of each day. The research findings provided insight into what early childhood teachers believe about their capabilities of successfully providing interventions and supports to children (Bandura, 1977; Moustakas, 1994). Based on the findings, one of the biggest takeaways from the study is that preschool teachers are passionate about their jobs and dedicated to their students, even though they believe they are not properly trained and supported. This was determined as six of the participants have 11 – 20 plus years of teaching preschool and choose to continue teaching each year even with their concerns with supports.

All participants desired early identification of mental health needs, training on how to support the student without retraumatizing the student or exhausting the teacher, and mental health support for teachers in the form of more classroom support, breaks, or spaces within the school to regulate their own emotions when needed. This is aligned with the literature emphasizing the importance of early intervention and classroom support for mental health issues

that impact school success (Moazami-Goodarzi et al., 2021). In order to advance and extend this theory, teachers' self-confidence in supporting children with mental health issues in their classrooms has to be increased through ongoing training that includes the modeling of interventions and strategies by mental health support staff and opportunities for direct classroom support that allows for discussion and feedback.

Andragogy Theory. The theoretical significance of the study also reveals how the manner in which preschool teachers would like their training to include observation, feedback, modeling, and reflection aligns with the andragogy theory in which training needs and training style are important when providing opportunities for adults to learn (Haslip et al., 2020). The participants discussed wanting behavior specialists and counselors to model for them how to use the strategies within the classroom constraints. Participants shared their trainings and meetings provided information; however, they did not receive follow-up, modeling, or feedback from the support staff on their implementation of the strategies. Andragogy detailed six assumptions regarding how adults learn (Duff, 2019), and this study revealed that early childhood teachers first need to know why something should be learned, as when Jennifer stated in her writing prompt the need for intentional and ongoing professional development, "Teachers are thrown into a staff development just to say we had one and that we have been trained." Secondly they need to understand their learners' self-concept of being viewed as capable of learning, as when Lisa shared in her interview when discussing the training she has received, "And each year I get better working with the behaviors." Thirdly, they need clarity regarding the role of the learners' previous experience, as when Heaven and Jennifer shared their 20-plus years of experience, helps them figure out what to do, and Lisa noted she often didn't know what to do with her five to 10 years of experience. Fourth, they expressed a readiness to learn, as when all participants

detailed the need for mental health and trauma training. Fifth, they expressed a need for orientation to learning and the connection of the learning to their lives, as when all participants shared, they needed collaboration and communication with a support team to reduce the stress of feeling alone figuring out the interventions and supports. Lastly, they exuded a motivation to learn, as when each teacher stated how the progress they notice at the end of the year or after the child leaves their classroom gives them fulfillment and purpose (Duff, 2019).

The outcomes from this study revealed participants were not satisfied with the professional training they received on supporting preschoolers with mental health concerns, and they did not believe they had the knowledge base to successfully provide supports and interventions that could have a lasting impact and reduce their stress levels. In order to advance and extend this theory, attention must be given to the six andragogy assumptions when providing mental health professional development to early childhood teachers to build teacher's confidence and self-efficacy by training them in the method that teachers believe they learn best (Blewitt et al., 2021).

Limitations and Delimitations

This section will detail the limitations and delimitations of this transcendental phenomenological study. The limitations are the factors that may be potential weaknesses of the study that could not be controlled. Delimitations are purposeful decisions made by the researcher to limit or define the boundaries of the study. A rationale will be provided detailing the decisions made to limit or define the scope and focus of the study.

Limitations

This study had limitations that were out of the researchers' control and could be potential weaknesses. The limitations include the sample population being limited to a specific

demographic, which could present a weakness as school divisions may have diverse resources available. Another limitation included data collection as participants needed to complete all three data collection methods, and this could present a weakness as all experiences may not have been shared. The following section will provide further details regarding the limitations.

Sample Population. This study used a combination of maximum variation, purposive, and snowball sampling during the recruitment process. By using these sampling methods, 11 participants joined the study, which limited the sample size to one male participant, no participants under the age of 30, and nine African Americans. Thus, there was no significant variation in the sample size, and the results may not be generalizable for male preschool teachers, preschool teachers under 30, or preschool teachers of other cultures.

Data Collection. Another limitation of this study was data collection. Nine of the 11 participants completed the focus group task, and 10 out of 11 participants completed the letter-writing task. Also, during the individual interviews and focus groups, the researcher did not always ask follow-up questions when the participants shared their experiences in the classroom. There is a possibility that additional significant information about their experiences could have been revealed due to the lack of information. Lastly, of the ten letter-writing tasks that were submitted, two participants only provided one paragraph instead of the requested two paragraphs. There is a possibility that participants had more information to share but did not include it in their written responses.

Delimitations

This study had delimitations that were put in place by the researcher to help limit and define the scope of the study. These delimitations included specifications of the sample population and the use of a specific site and setting. This section will provide further details

regarding the rational for the purposeful decisions made regarding this study.

Specifications of Sample. This study was delimited to early childhood teachers with at least one full year of teaching in a public school division and also currently hold a provisional or professional teaching license with a PreK endorsement. This group was selected as there was a gap in the research regarding public preschool teachers' perceptions regarding the training they have received to meet the needs of the children in their classrooms with mental health or trauma-related challenging behaviors. Another delimitation is that years of teaching experience was set to at least one full year of teaching. The reality is that novice and experienced teachers may have different preceptive regarding trainings and support, as experience and previous knowledge can have an impact on preschool teachers' perceptions. Since this study was delimited to novice and experienced teachers, it is possible that experience in the classroom and participant age could impact their perceptions.

Site and Setting. This study was also delimited to one specific site in which it was located in the southeastern United States and, is a public school division led by a superintendent and elected school board. The rationale was to be able to recruit participants in which they would have similar support in place at the preschool level. Thus, there was not a variation of participants who possibly could have more or less support and training than those participating in the study. The study was delimited to specific public school systems having a preschool program and no other settings or sites with preschool children.

Recommendations for Future Research

After completion of this study, there are several recommendations for future research based on the findings. The first recommendation is that future studies focus on early childhood teachers in private schools or in private community centers. Many of those teachers are not

compensated at the same rate as public school teachers, and they are not always provided with the same funding for curriculum materials, training opportunities, or support staff. In addition, research should also be conducted based on state-funded and federally-funded programs to determine if there is a difference in teacher perspectives regarding their training and support for early childhood mental health. The findings provide insight into the stresses faced by early childhood teachers when it comes to helping students adjust to the classroom routine and environment, helping students with attachment issues, helping students express their emotions and feelings, helping students build relationships with peers and adults, teaching toilet training, completing required assessments, and carrying out any other work-related responsibilities that must be done while supporting preschoolers with challenging behaviors.

Another recommendation is for future researchers to complete a study of early childhood teachers who have left the profession or decided to work with other children to determine if early childhood mental health is one of the reasons for the change. The literature stated that without trusting support for teachers, there could be an impact on adult and child interactions, as well as increased emotional exhaustion and the development of toxic stress, which can all cause a teacher to leave the profession (Ansari et al., 2022; Jeon et al., 2018; Wachs & Evans, 2010). Determining why preschool teachers leave the classroom can help bring about a change in preschool programs.

A third recommendation would be to conduct research to determine if years of teaching or experience have an impact on preschool teachers' perceptions of their training and abilities to support preschoolers with mental health support. April, Heaven, and Tomeka expressed that they believed having previous experience working with children with mental health concerns or challenging behaviors has been helpful in their abilities to support students or to identify when

they need to take a mental health day for themselves. Findings from such a study can help preschool leaders provide tiered professional development and support to their early childhood teachers. Just as participants noted, their curriculum and resources should not be one size fits all; the support provided to teachers should not be based on all teachers receiving the same training or level of support.

Lastly, future research should be conducted using a longitudinal study on a cohort of children who display challenging behaviors related to mental health and trauma, along with the resources and support received. What is known is that how children react to various crisis situations can cause an adverse effect that can last months, years, or even the rest of their lives (Jalongo, 2021; Raymond et al., 2022). This type of research can provide support regarding the need for early interventions and the types of supports and strategies that best benefit preschool age children.

Conclusion

The purpose of this transcendental phenomenological study was to describe early childhood teachers' perceptions of their ability to provide mental health support in the classroom to preschool-aged children. Bandura's (1977) self-efficacy theory and Knowles' (1978) andragogy theory were the theories that guided this research. This study was done to answer the following central research question: What are early childhood teachers' classroom experiences regarding providing instruction to address mental health, ACEs, childhood trauma, or other factors that cause young children to display challenging behaviors? Using a transcendental phenomenological approach, data was collected on the lived experiences of preschool teachers with at least one completed year of teaching experience and currently holding a teaching license with a pre-K endorsement to discover emerging themes. This study included a sample of 11

preschool teachers with two to over 26 years in the field of preschool education. To ensure triangulation, data collection methods included individual interviews, focus groups, and letter writing. Data analysis followed Moustakas' (1994) steps for transcendental phenomenology.

During the data analysis, horizontalization was used to ensure statements were relevant to the experiences being studied. In order to describe the essence of the phenomenon, textural and structural descriptions were condensed into summary formats. The major themes found included (a) educators' well-being, (b) increased behavior, trauma, and mental health awareness, and (c) comprehensive mental health supports for preschoolers. Future research on the effectiveness of early childhood mental health supports, interventions, and teacher training may further highlight the need for mental health specialist intervention prior to a child turning five.

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Appendix A: IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

November 30, 2023

Stacie Parham
Sherrita Rogers

Re: IRB Exemption - IRB-FY23-24-222 A TRANSCENDENTAL PHENOMENOLOGICAL STUDY OF EARLY
CHILDHOOD TEACHERS' PERCEPTIONS OF THEIR ABILITY TO PROVIDE MENTAL HEALTH SUPPORTS IN
THE CLASSROOM TO PRESCHOOL-AGED CHILDREN

Dear Stacie Parham, Sherrita Rogers,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office
for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study
to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods
mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human
participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude,
achievement), survey procedures, interview procedures, or observation of public behavior (including visual or
auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects
can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB
review to make the determination required by §46.111(a)(7).

**For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard.
Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under
Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information
sheet and final versions of your study documents can also be found on the same page under the Attachments tab.**

Please note that this exemption only applies to your current research application, and any modifications to your
protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may
report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to
your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B: Site Approval Letter

From: ████████████████████████

Date: November 21, 2023

Re: Research Study Approval

The following evaluation study has been approved for implementation in the ███████ ublic Schools, provided that the conditions listed below are met:

Title: A transcendental phenomenological study of early childhood teachers' perceptions of their ability to provide mental health support in the classroom to preschool-aged children

Researcher: Stacie Parham

Abstract: The aim of this research is to gain insights into the type of professional training that early childhood teachers believe is necessary to effectively manage mental health issues and challenging behaviors in preschool settings and also to ensure their well-being.

Participants will take part in a secure interview, focus group discussion, and a one-hour writing prompt response.

Conditions:

- It must be made clear that participation in the study is completely voluntary.
- Must obtain principal approval.
- Must have an IRB approval letter submitted to ██ S Academic Programs & Supports department before implementing study, including recruitment.
- Teachers may not forfeit district or school PD, management, or obligations to participate in the study.
- Pseudonyms must be used for the school division, schools, and all participants in any reports or publications about the study or its findings.
- Send ███████████████ copy of the final study and all other documents which reference the study.
- ██ S should not be identified by name in research study.
- A copy of the final report of the study must be provided to the school division upon completion and prior to publication.
- We are providing this information to you so that you will be informed about it before its implementation.

Please feel free to contact Stacie Parham if you have questions.

Appendix C: Letter/Email Script

Dear Potential Participant,

As a doctoral candidate in the School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy degree. The purpose of my research is to understand the professional training early childhood teachers believe they need to support mental health and challenging behaviors in the preschool setting, and I am writing to invite you to join my study.

Participants must be a current ███████████ Public Schools pre-K endorsed provisional or professionally licensed teacher with one completed school year of teaching three- or four-year-old children in a preschool setting. Participants, if willing, will be asked to complete a 10-minute demographic survey, a one-hour in-person or virtual interview, a one-hour in-person or virtual focus group, and a one-hour letter-writing prompt that should be returned by email within two weeks. To help ensure accuracy of the data being collected, participants will also conduct three 45-minute member checks that involves reviewing interview and focus group transcripts, as well as confirming agreement with the developed themes from the transcripts and letter writing prompt to assist with data accuracy. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at ███████████████ If you meet my participant criteria, I will work with you to schedule a time to answer any additional questions you have about the study and schedule an interview.

A consent document will be emailed to you if you meet the study criteria with a demographic survey to complete one week before the semi-formal one on one interview. The consent document contains additional information about my research.

If you choose to participate, you will need to sign the consent document and return it to me along with the demographic survey at the time of the interview.

Participants will receive a $25 Walmart gift card.

Sincerely,

Stacie Parham
Doctoral Candidate
███████████ /███████████████

Research Participants Needed

A transcendental phenomenological study of early childhood teachers' perceptions of their ability to provide mental health supports in the classroom to preschool-aged children

Criteria

- Are you a ████████████ Preschool Teacher
- Have you completed 1 full school year of teaching preschoolers
- Do you have a Pre-k license endorsement

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

Purpose

The purpose of this research study is to understand the professional training early childhood teachers believe they need to support mental health and challenging behaviors in the preschool setting and their own wellbeing.

Procedures

Participants will be asked to complete a demographic survey (10 minutes), be interviewed (60 minutes), be a part of a focus group (60 minutes) and complete a letter-writing prompt (60 minutes) that should be returned by email within two weeks. To help ensure accuracy of the data being collected, participants will also conduct three member checks (45-minute) that involves reviewing interview and focus group transcripts, as well as confirming agreement with the developed themes from the transcripts and letter writing prompt to assist with data accuracy.

Benefits

There are no direct benefits to participants.
Participants will receive a $25 Walmart gift card.

How to participate

To participate, please contact me at ████████████ If you meet my participant criteria, I will work with you to schedule a time to answer any additional questions you have about the study and schedule an interview.

Consent

A consent document will be emailed to you if you meet the study criteria with a demographic survey to complete one week before the semi-formal one on one interview. The consent document contains additional information about my research.

Stacie Parham, a doctoral candidate in the School of Education at Liberty University, is conducting this study.
Please contact Stacie Parham at ████████████ for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix E: Social Media Posts

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a Doctor of Philosophy degree at Liberty University. The purpose of my research is to understand the professional training early childhood teachers believe they need to support mental health and challenging behaviors in the preschool setting. To participate, you must be a current ███████████ Schools Pre-K endorsed provisional or professionally licensed teacher with one completed school year of teaching three- or four-year-old children in a preschool setting. Participants will be asked to complete a demographic survey (10 minutes), be interviewed (60 minutes), be a part of a focus group (60 minutes) and complete a letter-writing prompt (60 minutes) that should be returned by email within two weeks. To help ensure accuracy of the data being collected, participants will also conduct three 45-minute member checks that involves reviewing interview and focus group transcripts, as well as confirming agreement with the developed themes from the transcripts and letter writing prompt to assist with data accuracy. If you would like to participate and meet the study criteria, direct message me for more information. A consent document and demographic survey will be emailed to you one week before the interview. Participants will receive a $25 Walmart gift card.

Twitter

Are you a ███████ ████ Schools licensed preschool teacher with 1 full school year of teaching experience. Direct message me for information about a research study on mental health supports for preschoolers.

Appendix F: Follow-Up Email

Dear Potential Participant,

As a doctoral candidate in the School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy degree. Last week an email was sent to you inviting you to participate in a research study. This follow-up email is being sent to remind you to contact me if you would like to participate and have not already done so. The deadline for participation is [Date].

Participants must be a current ███████████ Schools Pre-K endorsed provisional or professionally licensed teacher with one completed school year of teaching three- or four-year-old children in a preschool setting. Participants, if willing, will be asked to complete a 10-minute demographic survey, a one-hour in-person or virtual interview, a one-hour in-person or virtual focus group, and a one-hour letter-writing prompt that should be returned by email within two weeks. To help ensure accuracy of the data being collected, participants will also conduct three 45-minute member checks that involves reviewing interview and focus group transcripts, as well as confirming agreement with the developed themes from the transcripts and letter writing prompt to assist with data accuracy. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at ███████████ If you meet my participant criteria, I will work with you to schedule a time to answer any additional questions you have about the study and schedule an interview.

A consent document will be emailed to you if you meet the study criteria with a demographic survey to complete one week before the semi-formal one on one interview. The consent document contains additional information about my research.

If you choose to participate, you will need to sign the consent document and return it to me along with the demographic survey at the time of the interview.

Participants will receive a $25 Walmart gift card.
Sincerely,

Stacie Parham
Doctoral Candidate
███████ ███████████

Appendix G: Informed Consent

Consent

Title of the Project: A transcendental phenomenological study of early childhood teachers' perceptions of their ability to provide mental health supports in the classroom to preschool-aged children.
Principal Investigator: Stacie Parham, Doctoral Candidate, School of Education, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a current ███████████ Schools pre-K endorsed provisional or professionally licensed teacher with one ██████ school year of teaching three- or four-year-old children in a preschool setting. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this transcendental phenomenological study is to understand the pre-service or continuing professional training needs of early childhood teachers in regards to providing support for mental health and challenging behaviors displayed in children ages 3 to 5 years old.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:
1. Complete a demographic survey that will take no more than 10 minutes.
2. Participate in an in-person, audio-recorded interview or a virtual zoom, video recorded interview that will take no more than 1 hour.
3. Review the transcripts from the interview for accuracy and report any discrepancies that should take no more than 45 minutes.
4. Review themes that have been developed from the interview transcript for accuracy with what was being shared and report any discrepancies that should take no more than 30 minutes.
5. Participate in an in-person, audio-recorded focus group or a virtual zoom, video recorded focus group that will take no more than 1 hour.
6. Review the transcripts from the focus group for accuracy and report any discrepancies that should take no more than 45 minutes.
7. Review themes that have been developed from the focus group transcript for accuracy with what was being shared and report any discrepancies that should take no more than 30 minutes.
8. Participate in a letter-writing prompt that contains up to two paragraphs, completed within one hour, and emailed within two weeks of receiving.
9. Review themes that have been developed from the letter writing transcript for accuracy with what was being shared and report any discrepancies that should take no more than 45 minutes.

How could you or others benefit from this study?

There will be No Direct Benefits to participants.

Benefits to society will include raising awareness of the mental health training and supports teachers need to support preschoolers with challenging behaviors. This study will also inform early childhood decision makers of the needs of preschool mental health training and supports to prevent lifelong challenges for children, support teacher wellbeing, and to increase teacher retention.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data collected from you may be used in future research studies and shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted and all hardcopy records will be shredded.
- Recordings will be stored on a password locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then deleted or erased. The researcher and members of her doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the study participants will receive a $25 Walmart gift card. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a $5 gift card for each data collection procedure (Interview, Focus group, letter writing) completed at the time of withdrawal.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or ▮▮▮▮▮▮▮▮▮▮▮▮▮ If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Stacie Parham. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ▮▮▮▮▮▮▮▮▮▮▮▮ You may also contact the researcher's faculty sponsor, Sherrita Rogers, at ▮▮▮▮▮▮▮▮▮▮

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record or video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix H: Demographic Survey

Title of the Project: A transcendental phenomenological study of early childhood teachers' perceptions of their ability to provide mental health supports in the classroom to preschool-aged children.

Principal Investigator: Stacie Parham, Doctoral Candidate, School of Education, Liberty University
Demographic Survey

1. What gender do you identify as?
   a. Male
   b. Female
   c. _____
   d. Prefer not to say

2. What is your age?
   a. 21 – 29 years old
   b. 30 - 39 years old
   c. 40 - 49
   d. 50 – 59
   e. 60 plus
   f. Prefer not to say

3. Please specify your ethnicity.
   a. Caucasian
   b. African-American
   c. Latino or Hispanic
   d. Asian
   e. Native American
   f. Native Hawaiian or Pacific Islander
   g. Two or More
   h. Other/Unknown
   i. Prefer not to say

4. What is the highest degree or level of education you have completed?
   a. Bachelor's Degree
   b. Master's Degree
   c. Education Specialist (Ed.S.)
   d. Doctorate or higher
   e. Prefer not to say

5. How long have you been teaching?
   a. 1 year
   b. 2-4 years
   c. 5-10 years
   d. 11-15 years
   e. 16 – 20 years
   f. 20 plus years

Name   Date

Appendix I: Individual Interview Questions

1. Please describe your early childhood background and career through your current classroom position. CRQ

2. What have you experienced in terms of instructing preschool children with challenging behaviors related to mental health or trauma that disrupt learning in the classroom? CRQ and SQ2

3. Describe your satisfaction with the pre-service or continuing professional development you have received regarding working with students having behavioral challenges or mental health and trauma concerns. CRQ and SQ1

4. Describe your challenges when working with students having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

5. Describe your experiences in regard to working with families of students having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

6. Describe your experiences in regard to a specialist or other support staff who assisted you with strategies for working with children having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

7. Describe your successes when working with students having behavioral challenges or mental health and trauma concerns. CRQ and SQ2

8. Describe the type and effectiveness of the support you receive   when working with students with challenging behaviors related to mental health or trauma? CRQ and SQ2

9. Describe your experiences with social-emotional curriculums or programs and your observation of the changes in behavior that have occurred with using the program. CRQ and SQ1

10. Describe your familiarity with the programs in the school or community that are available to assist children or families of children having behavioral challenges or mental health and trauma concerns. CRQ and SQ1

11. Describe the process you use to refer students needing additional support with challenging behaviors related to mental health and trauma. CRQ and SQ1

12. Describe how your mental health and well-being have impacted your experiences with working with students with challenging behaviors related to mental health and trauma. CRQ and SQ3

13. Tell me about the methods you use for protecting your own mental health and stress levels and how it impacts your instructional practices or relationships with students. SQ3

14. Describe what you know about any of your former students' current behavior in their current school or classroom after leaving your class for promotion or other reasons and share how this information impacts your current practices. CRQ and SQ2

15. What else would you like to add to our discussion of your experiences with students having challenging behaviors related to mental health and trauma? CRQ, SQ1, SQ2, and SQ3

Appendix J: Focus Group Questions

1. Briefly describe your current role in your preschool setting and any experience with instructing students with mental health or trauma related challenges. CRQ

2.   What contexts or situations have typically influenced or affected your expectations of instructing students with challenging behaviors that are related to mental health or trauma? CRQ and SQ2

3.   Describe how you use the data collected from any social-emotional and mental health screenings conducted on your students. CRQ and SQ2

4.   Tell me about the support you receive and your perceptions regarding the effectiveness in using the improvement plan, strategies, and interventions provided to you from the full-time or part time support staff available for students with challenging behaviors in your program. CRQ and SQ2

5.   Tell me about your perceptions regarding successfully supporting children displaying challenging behaviors associated with mental health or trauma in your program? CRQ and SQ2

6.   What is your perception of the effectiveness of your current social emotional curriculum and other programs that focus on positive behavior interventions and supports and express your thoughts regarding the training you receive regarding using the curriculum? SQ1 and SQ2

7.   Describe the mental health and selfcare supports and resources that are in place in your school and the effectiveness of these supports on your mental health. CRQ and SQ3

Appendix K: Letter Writing Prompt

Directions: Think about your experience working with children with challenging behaviors related to mental health or childhood trauma and your daily mental health. Next, read

the following prompt and write your detailed response in a minimum of two paragraphs. Please

email your response to ███████████ by (two-week date).

1) What do you wish educational leaders knew about the needs of teachers regarding being able

to effectively meet the needs of students with challenging behaviors related to social emotional

deficits, diagnosed, or suspected mental health concerns, or childhood trauma within the

classroom setting?

Appendix L: Sample Transcript of Interview

Intervie███

Fri, Feb 23, 2024 2:18PM • 44:35

Interviewer: describe your early childhood background and career through your current

classroom position.

Participant: I've been teaching three four and fives for the last 20 something years. I currently am working with fours at ▇▇▇▇▇▇ for VPI, all I know is pre K. And I can say that it has changed drastically since I first started teaching in public school.

Interviewer: What have you experienced in terms of instructing preschool children with challenging behaviors related to mental health or trauma that disrupt learning in the classroom?

Participant: I've noticed a lot more aggressive behavior from children. A misplacement of aggression. A lot of kiddos, I've noticed have IEPS for speech. And parents, I feel it just goes hand in hand I feel the parents have a big part in a lot of the behaviors that we have to deal with daily and helping them identify their feelings. They don't and so then they come to school. And then we have five kids that can not identify their feelings and you know, then we have a whole classroom full of behaviors. But, I mean, you know, before would be one, you know, you might get one, but now it's like three, four, five, kids with like major behavior problems. And then you have those kiddos who don't have behavior problems, but they ended up picking it up from learned behavior. So it becomes a challenge because as much as you try to do to token PBIS you know, the other kids notice that this other kid is getting rewarded often and they want the same attention. And so they begin to act out as well. So it's kind of you're kind of torn between, you know, how do you manage these behaviors and not get the other kids you know, jealous and wanting to act out?

Interview: Describe your satisfaction with the pre service or continuing professional development. You have received regarding working with students having behavior challenges or mental health and trauma concerns.

Participant: Honestly, my division has a lot of behavior. I was shocked, I thought my other division would have been higher with behaviors but it's unbelievable here, unbelievable here. It is. But you know, we so we've been focusing a lot on trainings on you know, how to deal with classroom management, you know, behaviors, and I feel like the trainings aren't beneficial because I feel like textbook is easy to say what you should be doing, but show me how to implement when I have more than one behavior in here. And we just had a training recently and the trainer was just like you know, if a kid is I had a kid that was trying to hit me. I just started running around the room, but I'm like, Well, what tools are you teaching us? You know, I mean, like, what are we learning from this? Besides letting the kids you know, terrorize us in a room when it becomes an unsafe environment. I think teachers and admin tread really lightly because of the parents and the school board, and I feel like you know, sometimes we're not advocated for as much but I understand that it's like politics, but it becomes hard to do, but I mean, trainings are available, but I just feel like you know, anybody can tell you a right answer, but it's different once you you're in here and you're burned out.

Interviewer: Describe your challenges when working with students having behavioral challenges or mental health and trauma concerns.

Participant: I had a little kiddo last year that he started late in the year honeymoon period was amazing. But there was so much trauma at home. And then he began to display the trauma or the actions that he's seen at home here at school. And then when you try to, figure out like something happened, I'm like something happened for him to totally change because I mean, you know, you learn all your children you know, their triggers you figure out like, when he start rocking, he's about to trigger. Let's try to redirect him before it happened. But he was just one that came in and nothing worked that we use to have in place, but I think it's getting the parents to admit that there's trauma and there's things at home. So many parents have pride and don't want to let people in. But it becomes a disservice to us to be able to help your child when you are not being transparent with us. That you know things are going on at home but you know, you get you get it because, you know, parents don't want their kids removed from home, depending on what's going on. But it just makes it a really complicated job for us. When there's so much trauma and we can't begin to help you know, or reach out to the resources that's available when you're not being open with us about what's really going on to meet the needs of the kids.

Interviewer: describe your experiences in regards to working with families of students having behavior challenges or mental health and trauma.

Participant: you either have families that are open books that tell too much, you know, and then you have families that just are, you know, closed mouth and don't say anything and, they try to deal with it at home, they just send them to school and to get that break and expect you to work miracles. but, you know, we all have trauma, you know, it's just how we deal with it, you know,

Interviewer: Describe your experiences in regards to a specialist or other support staff, who have assisted you with strategies with working with children having these behavioral challenges mental health for trauma.

Participant: I would say trainings, but I for me no one at the school really helped me with classroom management. I feel like all the trainings that I do from school would have helped me if I didn't have experience prior to teaching. When I first graduated from school, I was the therapeutic staff support so

I learned skills on how to deescalate a kid to talk through it, address what's going on how to talk through it and then find a coping skill to let the kids know that these are all okay feelings to have your you're going to be angry. You're going to be sad. You might have all these at

one in one day, but it's how do you deal with it? And I think as far as you know, in the school system, that's not something that is taught like how do you deescalate these kids? How can we teach these kids coping skills Okay, when you're feeling angry, besides social stories, but like when you're feeling angry, it's okay. There's a pillow, punch a pillow to get your anger out. It's okay to punch the pillow. What's not okay is to punch a friend. And then once you calm down and then once he's able to identify the feeling and then eventually he'll move from punching a pillow you can find something else but I feel like they I feel like those skills aren't taught. Even listening to music or listening to a story or just having a coloring book for them to if that's going to calm you down. Once we calm down, then we can talk about what happened. What made you angry, what could we have done different, but I don't see that really being taught in any of these trainings. It's just like, you can't do this. You can't do that. You will be written up.

Interviewer: describe your successes when working with students having behavior challenges or mental health and trauma concerns.

Participant: I think building relationships with family to where they feel safe enough to open up about you know, trauma and being relatable, you know, not feeling like you're up here and a parent, you know, meeting a parent where they're at. What I think really works, even my little friend who sits right here. But I think for me, you have the learn your kids, but you can either try to be hard and firm and when that don't work, then sometimes you got to pull back and reevaluate. Okay, maybe he gets that at home and It don't work. Maybe I need to come from love and compassion and an empathy. So I think when kids feel that you really care and you love them. I think you can get so much more. I think that's classroom management, right? just being genuine and giving hugs and reassurance that some of them kids, don't even get it at home, you know, but a safe place. I think just building a safe place with the community in your classroom and with your families. So they can open up and feel a little bit vulnerable about you know, what's going on so that you can help them I feel like that's really been my success story and just starting off strong. You know, meaning what I say and if you know in standing behind it, but I think teachers are burnt out and they don't have it in them to you know, find a soft spot, teach from love. But I think that's what works in the world.

Interviewer: Describe the type and effectiveness of the support you receive when working with students with challenging behaviors.

Participant: I will say here, in this school division, we do have a lot of support. That's available. We have counselors here to teach the kids they have lessons and you know, to admin come get the kiddos for some teachers is useful. I try not to use those resources because I feel they are my class I need to make the connection and eventually they have to learn to listen to me. If every time they don't want to do something and they feel like they're going to get a walk or get to go to miss such and such office and chill and avoid whatever's going on I tell my assistant we're a family whatever happens in here we deal with it. We are

going to Learn this kid we're going to figure out, we'll find our own resources. And we'll figure it out. We'll do our own sessions in here. they have to be in here they have to learn a lot of resources here I just try not to really utilize it. I don't feel the resources are effective as far as improving the behavior. I don't I feel as if, again, they're being pulled, but they're being coddled you're not being held responsible. They're not being okay, so what happened? What triggered the student. they're not getting to the root of what triggers this kid is it every day at this time is like it's just like, Oh, come on, Johnny. Oh, let's play this. I felt like it just coddles them and they just want to be there and you know, but I don't know. But and maybe their theory is better but I'm just old school. As hard as it is out. It's hard at the beginning. But once you do it, then your year is amazing. You got to put into work at the beginning. Each kid is different. Each child is different. You can't approach each kid the same way. But if you don't figure out your kids, then if you don't care to then that's just your year, right? But you know what I find here to culture and notice behavior is dependent on a teacher. Some teachers just can't relate not relatable. Don't care to try don't want to build relationship you know, I mean, and you know, I think the younger teachers just don't know and are afraid. because parents are like, nowadays, teachers are walking on eggshells, it's behavior is, has gotten worse through the year. Try to reach out to the parents and then you're like no wonder the child acts like this. Parents don't see that what is happening at home has an affect on their child.

Interviewer: Describe your experiences with social emotional curriculums or programs and your observation of any changes in behavior that you have noticed that have occurred from using the program.

Participant: I think the programs are good if you use it, you know, By identifying feelings, how to calm down, you know, but speak feelings., I think the curriculums are needed, especially for these little kiddos. They're just of off grandma's couch, don't know, right, you know, how they feel or how to identify their feelings or why they feel that way. So I think the curriculums you know, are good. I think they're important for this definitely for this age group, too.

Interviewer: Describe your familiar reality with the programs in the school or community that are available to assist children or families of children, having behavior challenges or mental health and trauma concerns.

Participant: I'm not familiar with the programs however, I do know that there are programs available for parents that we have given out like a list of you know, counseling services. Did I do it? No, but I know there are, counseling services for families, but I don't know if any, okay.

Interviewer: Describe the process you use to refer students needing additional support with challenging behaviors related to mental health and trauma.

Participation: honestly, I just keep documentation and then during our meetings, bring it up and just follow, the proper protocol for, if it's a sped if it's, conduct like how do we proceed. But for me, I think

just documentation to be able to support whatever my concerns are to be able to support and then see what were what needs to happen.

Interviewer: describe how your mental health and well being have impacted your experiences with working with students with challenging behaviors related to mental health and trauma.

Participant: I've been fortunate I've really don't deal with like real, besides just life but what if I have a challenging child, which I haven't really had I'll tell my assistant we're like family when you feel or I feel like I'm being burned out. We tag each other like Tag you're it? Just so I can calm down and then approach it from like, get another view of the situation and approach it differently.
Because we do get burned out. We're not superheroes and sometimes these kids can have behaviors longer than our patience Allow us to have. So but, I try to even with my own personal life, I try to come in upbeat because it sets the tone for the classroom like if I'm dragging and just in a rut. My kids are feeding just like your household, your kids are feeding off of you. So I try to be, in a good space, mentally when I'm here and then days when I'm just not in it. I'm like, I need you to run ship today because mentally I'm not in it. I'll be the assistant Today. You know, but, but you have to know because at the end of the day, these are somebody's kids. So you know, when you feel like the day is not the day that you might break, or might not say kind words that you should say what you know when dealing with a situation with a kiddo you know, I think you need to definitely have a strong enough assistant to where they can pick up when you just can't carry to carry it anymore. So I totally rely on my assistant.

Interviewer: Tell me about the methods you use for protecting your own mental health and stress levels, and how it impacts your instructional practices and relationships with students.

Participants: I don't really have those kiddos where I'm like, you know, but I mean some days I do come in with last year I had two and My assistant knew and I'm like, okay, because it's so funny. I sing all day long. When I'm not singing and she's like, what's wrong? Because you haven't sang a song all day. So just knowing each other but other than my assistant in I supporting each other, I don't even take walks I just figure it out. I just really figure it out. Like, there's nothing that I do. But just rely on my assistant like I definitely need it. Need a strong assistant who can pick up when I just can't do it? And then of course you know if you need a day of mental health you just call off. But um, there was nothing else I know that they have like, here for teachers they have a massage chair where they can like go debrief and just you know, massage and do all that other stuff.

Interviewer: Describe what you know about any of your former students behavior in their current school or classroom? After leaving your class for promotion or other reasons and how this information has impact your current practices.

Participant: No, I mean, just, it was funny because I was at the Wawa up here and somebody was like Miss ███████ and I'm like, hi. She's like, um, I first she said the little girl's name and I was like, oh, okay, she's like, you taught in ████████. I was like, Yeah, I'm not there anymore. She was like, my daughter is in the second grade, third grade. However, she's reading like, on a fourth grade level. I'm doing amazing. So for me, I'm just like, you know? Like, she was just like, you know, thank you. You know, thank you. And she was like, she always asked about you and Miss ███████. She was like, Yeah, but I forget the kiddos name, you know, but I think just when parents call or like, send me a text and are just, you know, like, thank you. They're doing well. It was one student and the mom wanted to beat me up. She calls me and asked me for educational advice like what? she and she had a kiddo. Was it last year going to ████████ and she's like, who can you recommend. she keeps in touch and I think that that's what motivates me for real. when parents feel comfortable with me and keep in communication and knowing that the kiddos are doing well.

Interviewer:, Is it anything else else would you like to add to our discussion of your experiences with students having challenging behaviors related to mental health? or trauma?

Participants: For me for pre K, and I know that this is not allowed, but I feel like when there is and I asked the lady, the, the boss or whatever here, we had a meeting about behavior and having so many kids with 10% mental health, but my question is when you have a child in your room, and it is no longer a safe environment for you, him or other kids, like, why aren't we able to save for three and four year olds? That is not a mandated program that maybe this kiddo is just not mature enough for the program? And maybe he just needs to sit out another year because what happens is, you're dealing with kids all day, but behavior and these other kids that are waiting that get has every right as this kid with trauma to be taught. They're not being taught at this point because you are deescalating all day long. And so now, there are 17 kids that are now not getting what they need to get out of school. And you're dealing with this one behavior all day and being burnt out, you know, and just for me for my mental health, and to be a productive teacher, and effective teacher and still meet my goals, when I need to meet, because I can't teach. It's just like when can we just say he's just not mature enough yet? You know, maybe he needs to sit out another year, and maybe come back for the four year program. Or maybe he needs to set out another year. Maybe he could start kindergarten. But I feel like that is needed for us for pre K. As far as like Elementary. I do think there needs to be more of like a mental health, counselors are cool, but I think there needs to be mental health because there's a lot of kids with mental health. I mean, just a lot of dysfunction. And we're surface, not we're just scratching the surface, and we're really not meeting the needs of the kids. That really have trauma trauma. I mean, in these elementary schools, I mean,

counseling, I don't know counseling, mental health. I don't know if it's all like the same but I think there just needs to really be somebody that hones in that really knows how to really work with these kids and really give them the tools to be successful in school and out of school. And with the parents.

You know, I think it should be mandated for parents that are dealing with mental health and or trauma that they work together. You know, to get these needs met. I mean, because you are trauma and you're building trauma on your children and you're sending them to school, and we're trying to pull back the layers but we can only do this so much. I don't know. I just feel like it's a real topic. you really pick the good topic because it's a big debate. I mean, it's like that six year old shooting her his teacher, right.

Right? And that's why I said take notes because sometimes it's just like, where do you place this kiddo? Like, no, you don't belong over here. But that's the conduct disorder or that social, you know, and just like, but that doesn't qualify for special education, you know, and it's just like, There is a difference from when I first started teaching. Behaviors have increased. They're a blank canvas when we get them right. Right we can ether make their experience their first experience of school a good one were they excited to move on? Like we can make it a beautiful picture or you can just paint it.

Appendix M: Sample of Themes and Codes

Themes and codes

Theme	Sub-themes	Codes
Concerns with Educator Well-Being	Work/Life Balance Teacher Mental Health Supports Safety Concern Anxieties	• Family Relationship • Worrying about students • Religious beliefs • Self-Care and Wellness Practices • supportive work environment • Neglect of non-challenging students • Emotional exhaustion and stress • Impact on personal life • Concern for safety • Teacher burnout • Lack of time without students
Supporting Behavior, Trauma, and Mental health	Need for Effective Support Systems Mental Health Training Educating Families	• Lack of Support • Insufficient infrastructure • Ineffective Interventions and Supports • Overwhelmed support staff • Trauma-informed training • Professional Support and Training • Training and modeling • Family denial • Need for Parental Involvement • Educator-parent partnership
Advocacy for Comprehensive Mental Health Support for preschoolers	Differentiating between Behavior Supports and Mental Health Supports Improving Multi-Tiered Support System Individualized Mental Health and Social Emotional Support	• Prioritize preschool mental health • Mental Health Screenings • Early identification of needs • Team Collaboration • Limited awareness • Tiered support systems • Data-Driven Interventions • Need for individualized support • Individualized Support • Individualized instruction • Early intervention and diagnosis

Appendix N: Sample of Audit Trail

Audit Trail

11/30/2023	• Received IRB approval from Liberty University
12/4/2023	• Created checklist to ensure data collection process was completed correctly as participants returned signed consent.
12/9/2023	• Started site recruitment by emailing building administrators the recruitment flyer and email letter to share with preschool teachers.
12/15/2023	• Started recruitment online using social media networks (Facebook & X) • Created post with social media script and flyer on X, formerly known as twitter, and Facebook.
12/19/2023 - 2/29/2024	• Communicated with potential participants and answered any questions. • Selected participants that answered yes to the participation criteria questions. • Emailed informed consent and demographic survey questions to potential participants with a return date of 48 hours (about 2 days). • Scheduled individual interview sessions based on participants schedule and virtual or in-person preference after informed consent was returned. • Created pseudonyms and files for participant names. • By 2/29/2024, 11 participants had returned informed consent documents and completed the interview.
1/9/2024	• Conducted first interview on 1/9/2024 • Begin using journal to help with bracketing • Conducted last interview on 2/29/2024 • E-mailed transcribed interviews within 2 days of interview. • All 11 participant interviews were conducted via zoom between 1/9/2024 and 2/29/2024
2/10/2024	• Used journal to assist with bracketing • Begin analyzing and coding member checked interviews on 2/10/2024 • 2/10/2024 Emailed participants codes and developed themes to review for accuracy.

Appendix O: Sample of Letter Writing Coding

Page	Line	Textual data	Code	Info
1	19	I wish educational leaders would look at the whole picture when they decide we should have more training on helping students with challenging behaviors.	comprehensive support	Leaders should understand and address the complex needs of both students and teachers.
1	20	Teachers already have the knowledge and skills to help these students, we just don't have the time and extra people needed to do so	lack of support staff	Proper resources, including time and personnel, are crucial for effectively managing challenging behaviors.
1	20	Teachers already have the knowledge and skills to help these students, we just don't have the time and extra people needed to do so	lack of resources	Teachers possess skills but lack time to provide individual attention to students with challenging behaviors.
1	21	With all of our other duties, including teaching, potty training, monitoring, etc.	Teacher overwhelmed	Teacher workload and stress levels must be addressed to enable effective student support.
1	22	we are not able to give one on one attention to the students who need it.	need for individualized support	Students with challenging behaviors and mental health concerns need to have individualized support
1	24	I also wish they realized that throwing in a behavior specialist once every few weeks is not going to work either	lack of support staff	Importance of routine and stability for students with challenging behaviors, building relationships with consistent adults.
1	24	behavior specialist once every few weeks is not going to work either	ineffective support	The role of specialists should be consistent and integrated into school environments for lasting impact.
1	25	These students need stability, a routine, and consistency with the adults involved in their lives	need for consistency & stability	Lack of consistent support, importance of stable environments for students' emotional well-being, benefits of ongoing relationships with behavior specialists or counselors.
1	26	We need a behavior specialist or counselor at each school so the students can have a relationship with them.	lack of support staff	Advocacy for additional resources, restructuring to prioritize social-emotional support, the need for consistent support personnel in schools.
1	28	I wish educational leaders looked at the social-emotional and mental health needs of their teachers	consideration for teacher mental health wellbeing	Advocacy for teacher mental health supports. Teacher workload and stress levels must

Page	Line	Textual data	Code	Info
				be addressed to enable effective student support.
1	29	Teachers are overwhelmed with busy work, evaluations, observations, and meetings	teacher overwhelmed	Teacher overwhelmed with time constraints, lack of additional personnel, competing responsibilities.
1	30	overwhelmed and overstimulated, how can we effectively help students who feel the same way	teacher wellbeing	Need for systemic changes in educational leadership and support structures.