

Spring 5-14-2021

Implementation of Social Emotional Skills to Students with a Developmental Delays During a Pandemic

Monica Beier
pr6600xz@go.mnstate.edu

Follow this and additional works at: <https://red.mnstate.edu/thesis>



Part of the [Early Childhood Education Commons](#)

Recommended Citation

Beier, Monica, "Implementation of Social Emotional Skills to Students with a Developmental Delays During a Pandemic" (2021). *Dissertations, Theses, and Projects*. 536.
<https://red.mnstate.edu/thesis/536>

This Project (696 or 796 registration) is brought to you for free and open access by the Graduate Studies at RED: a Repository of Digital Collections. It has been accepted for inclusion in Dissertations, Theses, and Projects by an authorized administrator of RED: a Repository of Digital Collections. For more information, please contact RED@mnstate.edu.

Abstract

With increasing pressure on preschool programs and families to ensure students are ready for kindergarten, teaching pre-academic skills have gained increased attention. However, mastery of social-emotional skills is also imperative to kindergarten readiness. As with all skill areas, students enroll in preschool programs with a varying degree of competence in their social-emotional skill level. Programs must adapt their approaches to teaching social-emotional skills and responding to problem behaviors in order to reach all learners. However, not all early childhood staff are prepared to address these growing areas of need. A large portion of research supports the implementation of evidence-based interventions as a method of addressing these key areas of development. This paper will review the literature related to the use of evidence-based interventions with specific emphasis paid to the distance learning during a pandemic and transitioning back to in person learning after Covid 19. This paper will examine what necessary professional development, coaching and consultation are required for early childhood staff to implement these systems with fidelity.

Keywords: positive behavior supports, social-emotional, early intervention, young children, challenging behavior.

Implementation of Social Emotional Skills to Students with a Developmental Delays During a Pandemic

Introduction

Echoing more than three decades of research, a recent report on the impact of early childhood intervention programs underscores the consensus that children who are nurtured from their earliest stages of development have the best chances of achieving school readiness and life-

long success (Isaacs, 2008). Lifelong cycles of disadvantage established in early infancy can be driven by general risks such as poverty as well as by specific individual risks including early biological vulnerability (e.g., low birth weight or disability) and exposure to environments characterized by harsh, insensitive, and nonresponsive caregiving (Aber et al., 2000; Bradley et al., 1994; Yoshikawa, 1994).

With increasing pressure on preschool programs and families to ensure students are ready for kindergarten, teaching pre-academic skills have gained increased attention. However, mastery of social-emotional skills is also imperative to kindergarten readiness. As with all skill areas, students enroll in preschool programs with a varying degree in their social-emotional skill level. Programs must adapt their approaches to teaching social-emotional skills and responding to problem behaviors in order to reach all learners. However, not all early childhood staff are prepared to address these growing areas of need.

Literature Review

Seven studies were identified for this literature review (Table A1). Within the seven studies, four focused primarily on program-wide Positive Behavioral Interventions and Supports (PBIS) and three focused primarily on a more specific PBIS called the *Pyramid Model*. Two of the studies were multiple baseline, one was a randomized control experiment and one utilized a mixed methods research design. Two of the studies utilized the same methodology and participants, with one of them focusing on classroom outcomes and the other focusing on individual Tier 3 interventions and outcomes. The final study followed three preschool programs over a three-year time period to quantitatively describe fidelity of implementation outcomes.

For the purpose of organization, each research article was classified by the Multi Tiered Systems of Support (MTSS) on which it primarily focused. The first section explores general

program-wide positive behavior interventions and supports with specific attention being paid to the tiers of intervention. The first section concludes with child, classroom, and program outcomes resulting from the use of PBIS.

The second section examines the specific PBIS called the *Pyramid Model* and emphasizes the similarities and differences between the general PBIS tiers of intervention and those specific to the *Pyramid Model*. The second section also concludes with child, classroom, and program outcomes discussed within the *Pyramid Model* studies. Both sections highlight the theme of coaching and consultation, which was prevalent in all the reviewed studies.

Studies: Positive Behavior Interventions and Supports (PBIS)

Early Childhood Program-Wide PBIS

Early childhood program-wide PBIS has stemmed from K-12 School-Wide PBIS models. Under these models, three tiers of intervention and support are provided. The first tier is often referred to as the universal prevention or support tier and is used with all children in the program. Stanton-Chapman et al. (2016) point out that universal Tier 1 interventions are considered the least intensive and most cost effective. However, approximately 20% of children are not responsive to Tier 1 supports and require the use of Tier 2 intervention (Stanton-Chapman et al., 2016). Tier 2 intervention uses intentional teaching strategies with small groups of children who exhibit challenging behaviors (Benedict et al., 2007). These interventions are designed to promote children's competencies in specific social and emotional skills such as emotional literacy, anger and impulse control, interpersonal problem solving, initiating and maintaining interactions, and friendship skills (Stanton-Chapman et al., 2016). Tier 3 supports are provided to children whose behavior is not responsive to Tier 1 and Tier 2 supports. Tier 3 interventions are always individualized and often include a functional behavior assessment (FBA) and a behavior

support plan (BSP) that is based on the data from the FBA (Stanton-Chapman et al., 2016; Voorhees et al., 2013). Designing and implementing interventions at each of the tiered levels requires solid understanding on the part of early childhood staff.

Coaching and Consultation

Coaching and consultation that leads to this solid staff understanding is a key support. All of these studies focused on program-wide PBIS. Steed et al. (2013) each included coaching and consultation as a key support in the implementation of PBIS. Coaching and consultation were viewed as one important variable impacting the fidelity of implementation of PBIS within each of their studies.

Steed et al. (2013) utilized an initial meeting between consultants and program staff to develop an effective team and to develop strategies for collaborating with staff and families in each of the three classrooms that participated in the study. These meetings also focused on building relationships and designing effective problem solving and documentation procedures (Steed et al., 2013). Subsequent to training, consultants provided one-half to one full day per month support in each program over the 3-year longitudinal study (Steed et al., 2013). The support included attendance at leadership meetings, onsite classroom support, and providing feedback to teams regarding implementation of selected PBIS strategies (Steed et al., 2013). Consultation activities were personalized based on need and by the end of the three-year initiative, the consultants provided a total of 255 hours of consultation to the three classrooms with which they were working (Steed et al., 2013).

Similar to the Steed study, Benedict et al. (2007), used an initial one-hour consultation meeting between coaches and classroom teams. One difference between the studies is that the coaches in Benedict study had specific responsibilities around utilization of the *Preschool-wide*

Evaluation Tool (Pre-SET), which looks at universal positive behavior support practices. The coaches in Steed et al. (2013) utilized Pre-SET as one of multiple measures throughout the study but did not specifically coach around the Pre-SET results.

Coaches in Benedict et al. (2007) study assisted each of the four classrooms in developing an action plan based on the classroom's Pre-SET results, with the action plans focusing on classroom materials, transitions, and classroom routines. Another difference between Steed and Benedict was that in the Benedict study, most coaching occurred between the consultant and the lead teacher during class time while consultation occurred in the Steed study across leadership meetings and classroom visits (Benedict et al., 2007; Steed et al., 2013). Benedict et al. focused the consultation time on observing classroom activities, modeling strategies, and providing verbal and written feedback on the lead teacher's use of targeted skills and supports, feedback directly related on the action plan. An important difference between Steed and Benedict is the much smaller time allotted for consultation throughout the studies. Whereas Steed et al. (2013) averaged 255 hours of consultation time, Benedict et al. (2007) provided consultation in 10-to-90 minute increments and averaged only 6.2 hours of consultation time per classroom.

In the Stanton-Chapman et al. (2016) study, each of the ten classroom teams was assigned one of four consultants. A consultant manual was developed for each tier of intervention to assist the consultants in fidelity of implementation across all classrooms (Stanton-Chapman et al., 2016). Staff received training in each tier of PBIS. After each training, the team would meet with the consultant to develop a problem-solving process for each tier, averaging 16.5 hours of consultation time per classroom across all tiers (Stanton-Chapman et al., 2016). Much like the consultation that occurred in Benedict et al. (2007) and Steed et al. (2013),

consultants in the Stanton-Chapman et al. (2016) study observed, modeled action plan strategies, and provided feedback to their teams. Unlike the other two studies, Stanton-Chapman et al. (2016) included the additional strategy of consultants videotaping their teams as part of the observation, modeling, and feedback strategies. An additional 8.5 hours per classroom was spent in these consultant activities after the initial training and consultation had been conducted (Stanton-Chapman et al., 2016).

Voorhees et al. (2013) utilized the same participant classrooms as the Stanton-Chapman et al. (2016) study, but narrowed the focus to Tier 3 interventions, resulting in the use of only two of the ten Stanton-Chapman classrooms. Voorhees et al. (2013) specifically looked at implementing these interventions for three children who met their established criteria, including a repeated pattern of behavior that caused injury to self or others, damaged the physical environment, interfered with teaching or learning, or socially isolated the child. The problem behavior must have persisted after universal Tier 1 strategies had been implemented (Voorhees et al., 2013).

Within the Voorhees et al. (2013) study, staff were assigned a project coach to provide consultation and support after the individual students were identified as being in need of Tier 3 interventions. Coaches then assisted in the FBA process, explained a six-step problem-solving routine, and outlined how to collect information for the FBA. Once the FBA was completed, the coaches met with the team and helped to develop a hypothesis and write a behavior support plan (Voorhees et al., 2013). The Voorhees et al. (2013) study differed from the other PBIS studies in that it was focused on a specific tier of intervention while the others focused on a program-wide three-tiered approach to PBIS.

One key difference amongst all four PBIS studies is the child or classroom outcome the researchers set out to measure. Steed et al. (2013) used three observation tools to measure the implementation of universal PBIS in each program. Benedict et al. (2007) used a single observation tool and partial-interval recording to measure both classroom implementation of universal PBIS and the impact of this implementation on the rate of individual students' problem behavior. Stanton-Chapman et al. (2016) also measured both the overall effectiveness of a three tiered model of PBIS through the use of two distinct observation tools as well as differences in individual student behavior pre- and post- implementation of PBIS. Voorhees et al., (2013) evaluated the impact of individualized Tier 3 interventions through the use of individually coded behavior observations. While the four studies had differences in the specific outcomes they measured, they all found PBIS tiered interventions were correlated with improved behavioral outcomes or teacher fidelity of implementation of PBIS tiered interventions within the classroom.

The three observation tools used to measure program outcomes in the Steed et al. (2013) study included the Pre-SET, the *Classroom Assessment Scoring System (Class)*, and the *Response to Intervention Preschool Leadership Team Checklist (RtI-PLT)*. Steed et al. (2013) found that implementation of PBIS improved PreSET scores in all subscales during each year of the study except for the program support subscale, which decreased over the three-year time period. The study found that CLASS scores indicated increases in subscale and total scores during each year of implementation of PBIS within the targeted classrooms (Steed et al., 2013). RtI-PLT scores within each classroom increased across each year of the initiative for all subscales except for establishment of commitment, which decreased in Year 2 and then increased again in Year 3 (Steed et al., 2013).

While Pre-SET scores did increase from pre-implementation to post-implementation, showing improvements in the fidelity of implementation of PBIS tiered interventions in the classrooms, due to the much shorter implementation period within the Steed et al. (2013) study. The partial-interval recording of behavior showed low levels of problem behavior across all conditions and classrooms, with decrease between pre-and post-measurement in three of the four observed classrooms (Benedict et al., 2007). However, these decreases could not be specifically attributed to the implementation of PBIS within the classroom due to a number of limitations within the design of the study itself.

Outcomes within the Stanton-Chapman et al. (2016) study was mixed in comparison to those outcomes within the Steed et al. (2013) study. Stanton-Chapman et al. found that nine of ten classrooms increased their *Early Childhood Environmental Rating Scale-Revised* (ECERS-R) scores from their baseline measurement to post-implementation measurement. However, two subscores within the CLASS increased in nine of ten classrooms while one subscore decreased in seven of ten classrooms over the same time period (Stanton-Chapman et al., 2016).

Individual child behaviors were measured using the Social Skills Rating System (SSRS) and the Child Behavioral Checklist (CBCL) (Stanton-Chapman et al., 2016). Nine children received Tier 2 interventions and participated throughout the entire study. All nine children showed significant increases in social skill abilities and decreases in problem behavior as rated by their teachers on the SSRS (Stanton-Chapman et al., 2016). CBCL results showed similar outcomes, with overall decreases in all three types of behavior measured. Externalizing behavior was shown to significantly decrease from pre- to post- intervention (Stanton-Chapman et al., 2016). Three children received Tier 3 intervention and were the subjects of the Voorhees et al. (2013) study. Voorhees et al. (2013) found that implementation of Tier 3 intervention resulted in

higher levels of appropriate behavior and lower levels of problem behavior as compared to baseline behavioral data.

Substantial evidence indicates that consistent, high-quality interactions with caregivers beginning in infancy and continuing throughout early childhood makes a profound difference in children's developmental outcomes as well as in long-term savings in human cost and social expenditures (Isaacs, 2008; Kagan & Neuman, 2000; Landry et al., 2001; Lyons-Ruth & Melnick, 2004; Smith et al., 2005). Intervention efforts that focus on positive behavior support as a mechanism for fostering social-emotional development in early intervention settings tend to begin in the preschool years at the earliest. However, for the most vulnerable at-risk infants and toddlers, the achievement gap often emerges long before they reach the preschool door (Melmed, 2008). The role of high-quality, responsive caregiving in early infancy has been identified as a crucial precursor of school readiness in recent research (Landry et al., 2001).

These expansions point to the growing demand for interventions to support infant social-emotional development, however, knowledge among early intervention providers about evidence based interventions is extremely limited. This is likely because the evidence base for effective intervention is quite new and that systemic barriers have historically tended to prohibit broad-scale infusion of Evidence Based interventions into practice (Walker, 2006). This study seeks to determine the effectiveness of teaching social emotional skills to students with developmental delays during a pandemic.

Procedure

Young children, who fail to receive appropriate interventions for challenging behaviors, are at risk of developing persistent antisocial behavior which may include, but is not limited to,

academic failure, social rejection, drug abuse, and commission of crimes in adulthood (Benedict et al., 2007; Branson & Demchak, 2001).

Description of Setting

This study took place on an Indian Reservation in the Midwest. The school population is 100% Native American children. 100% of the student population qualify for free and reduced lunch guidelines which puts our population at 100% poverty level. Eight out of eight children in the preschool setting are currently on the special education caseload are also in the foster care system. Four out of eight students are with family foster care while the other four out of eight students are in out of family care foster placement.

Participants

Student one is a five-year-old female who qualified for Developmental Delay services under Cognitive and Social Emotional skills. Student one lives in a family foster care setting with seven other children and guardians. Primary language is English while at home the family does speak roughly 25% Ojibwe with student. The student receives services four times a week for 30 minutes in cognitive skills and two times a week for 20 minutes in social skills. Currently, all services are being provided in the general education classroom due to Covid 19 regulations.

Student two is a five-year-old female who qualified for Developmental Delay services under Cognitive and Social Emotional skills. Student two lives in a family foster care setting with six other children and guardians. Primary language is English while at home the family does speak roughly 25% Ojibwe with student. The student receives services four times a week for 30

minutes in cognitive skills and four times a week for 30 minutes in social skills. Currently, all services are being provided in the general education classroom due to Covid 19 regulations.

Student three is a five-year-old male who qualified for Developmental Delay services under Cognitive, Social Emotional, Speech, and Motor skills. Student three lives in a family foster care setting with four other children and guardian. Primary language is English while at home the guardian does speak roughly 50% Ojibwe with student. The student receives services four times a week for 30 minutes in cognitive skills, four times a week for 20 minutes in social skills, two times a week for 20 minutes in speech, and two times a week for 10 minutes of motor skills. Currently, all services are being provided in the general education classroom due to Covid 19 regulations.

Implementation of the Intervention

Phase One: Online Intervention

Social-emotional skills are key component to positive outcomes and children's later success in school. (Branson & Demchak, 2011). During Phase One students were distance learning online due to the Pandemic. All parts of phase one was delivered remotely via Zoom conferencing. One of the lessons that was covered was being able to identify feelings. The first learning target for this lesson was that students would be able to identify how someone is feeling by using clues. The second learning target for this lesson was that students could name comfortable and uncomfortable feelings. This lesson introduced children to the basic feelings words by expanding their feeling vocabulary. The students were asked to identify feelings by paying attention to body language, facial expression, and tone of voice. The lesson required children to make connections between how real-life events affect the feelings we have at a given time. During the lesson we read the book *The Way I Feel* by Janan Cain. After each feeling, I

asked the students to show me a “thumbs-up” if it is a comfortable feeling or “thumbs-down” if it is an uncomfortable feeling. Can a feeling be comfortable for some and not for others? Of course, we are all different! After each feeling, I asked the students to share what makes them feel that way. After the lesson we did a follow up activity to identify feelings. On the whiteboard I drew a horizontal line. Above the line I wrote the word “comfortable” below the line, write the word “uncomfortable.” I told the students we were going to practice being feelings detectives. Feeling detectives look for clues to determine the feeling a person is experiencing. Feelings detectives look for: facial expression, body language, and tone of voice. I showed them picture cards. When a student would guess correctly, I wrote the feeling word on the board in the appropriate place. After each picture I would ask one of the four following questions: How can you tell they are feeling that way? What are they doing with their face/body? Why do you think they feel this way? When do you feel this way? To wrap up the lesson we played a variation of the game, Simon Says. This game is played like the classic Simon Says game, but “Simon” asks the students to show them different feelings. For example, “Simon says, show me you’re happy.” We played the game using the six feeling words used above: happy, mad, worried, sad, disappointed, and excited, ending with calm.

Phase Two: In Person Intervention

A recent report indicates that expulsion rates are 3.2 times higher for preschool-age children than for school-age children. (Gilliam, 2005). Phase Two happened when students returned from distance learning to in person learning. This intervention phase was delivered face-to-face to children. During this transition it was observed that the students were struggling to remember and generalize what had learned prior through the online format. The transition from online and being able to generalize the strategy into a classroom setting was a struggle. The exact

same lesson was re-taught during circle time to the whole group with a few extra activities to reinforce the lesson. To make the connection the students created a feelings book with their emotions we labeled the book with both Ojibwe and English feeling words. When the students looked through the book, they took turns saying “I feel _____ when...” The students were able to fill in the blank with a feeling word and draw a picture showing what makes them feel that way. As students had strong feelings during the week, instructors helped to identify those feelings and why they were having those feelings. Three out of three students when having strong emotions were able to identify a safe space in the room to go and talk with an adult or ask for a break in another room, (specifically asking to go to calm room. The calm room is a positive behavior intervention room).

Phase 3: Generalization

Stanton-Chapman et al., (2016) report that individualized, reactive interventions for preschool children may be effective in reducing problem behavior on a short-term basis but are insufficient as they do not teach children the appropriate behavior or social skills needed to replace problem behavior and produce long-term effects. Teacher reports of lack of preparedness. The rate of suspensions from early childhood programs, and the lack of interventions have led to researchers, families, and preschool teachers calling for the development of comprehensive, research-based interventions to manage young children’s challenging behaviors. (Benedict, et al., 2007).

After phase one and two were completed, I went back to look at the data from students who participated in the study. The data showed that during phase one students were able to 1) comply and maintain their behaviors during a 20-minute online session with their class, 2) tell

staff what emotions were displayed on pictures via books or online slides, and 3) find a calm space in their home environment if they needed a break to calm their brain and body.

The data for phase two showed that the first four weeks of school were intense for those students. Students struggled going from two 20-minute sessions online and then transitioning to four days a week for six hour days to maintain a calm body at all times was overwhelming for students.

Student one needed the calm room 3 times in month 1 and 1 times in month 2. Student two frequented the calm room 3 times in month 1 and 2 times in month 2. Student three frequented the calm room 1 time in month 1 and zero times in month 2. During the calm room sessions, students worked on breathing and using their words to identify what happened to make them feel sad, mad, scared, or other feelings that were uncomfortable for them.

After week 4 I developed a plan for students one & two that they would be given walks at 10:00 AM and 12:10 AM right after lunch from the calm room teacher. Their IEP service time was right away in the morning from 8:00-9:00 AM and again at the end of the day from 1:30-2:00 PM. Staff in the building did identify that it was hard for student to maintain control of their body throughout the full day, therefore it may be difficult when school resumes in the fall. Staff may need to look at a shortened day for student depending on their level of coping skills at that time.

Discussion

Where do we go from here? Next year the students will move onto first grade and students will have all new teachers. The only teacher that will be consistent to the students will be in the calm room. I plan to meet with the new case manager and provide her with interventions for the student in kindergarten during the pandemic. Every year is different;

however, it is sometimes helpful to have the background knowledge of ways to help kids deal with those strong emotions until they have the capabilities to manage them on their own. The students will be able to take their emotions book we made onto first grade so they can explain their emotions to their new teacher. Our district has one week at the end of the school year set aside to start transitioning students from one case manager to the next. This will allow student to meet their new teacher, see the room they will be in the following year, find the room in the building, show their new teacher their emotions book, and how they used the book in kindergarten. I will try to have the student showcase the skills they have worked so hard to build this year to the next teacher. The new teachers will be aware of the students present social emotional skills. Teachers may need to be reteach some skills in the fall but we want students to have the confidence next year as they start first grade. I also learned the power of printing their pictures and incorporating both the Ojibwe and English language for students to look at. The kids thought it was so cool to know they could “speak” both languages and “teach” their parents as well. Prior when I have done the emotions book project, I just printed a copy for the kids to take home. This year printing a copy for home and one to be left at school was incredibly helpful so they could generalize emotions in both environments. The parents also opened up more and were willing to have open conversations about what was going on at home. Improving the social emotional skills of the 3 students with developmental delays was directly connected to the evidence-based interventions of the study. However, bridging the communication gap between home and school was an additional and welcome benefit of the study as well.

References

- Aber, J. L., Jones, S., & Cohen, J. (2000). The impact of poverty on the mental health and development of very young children. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (2nd ed., pp. 113-128). New York: Guilford.
- Benedict, E.A., Horner, R.H., & Squires, J.K. (2007). Assessment and implementation of Positive behavioral support in preschools. *Topics in Early Childhood Special Education, 27*, 174-192.
- Bradley, R. H., Whitehead, L., & Mundfrom, D. J. (1994). Early indicators of reliance and their relation to experiences in the home environment of low birthweight, premature infants living in poverty. *Child Development, 65*, 346-360.
- Branson, D. & Demchak, M. (2011). Toddler teachers' use of teaching pyramid practices. *Topics in Early Childhood Special Education, 30*, 196-208.
- Gilliam, W. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Child Study Center, Yale University.
- Isaacs, J. B. (2008). Impacts of early childhood programs. Retrieved September 29, 2008, from http://www.brookings.edu/~media/Files/rc/papers/2008/09_early_programs_isaacs/09_early_programs_isaacs.pdf
- Kagan, S. L., & Neuman, M. J. (2000). Early care and education: Current issues and future strategies. In S. J. Meisels, & J. P. Shonkoff (Eds.), *Handbook of early childhood intervention* (pp. 339-360). Boston: Cambridge University Press.
- Landry, S. H., Smith, K. E., Swank, P. R., Assel, M. A., & Vellet, S. (2001). Does early responsive parenting have a special importance for children's development or is consistency across early childhood necessary? *Developmental Psychology, 37*, 387-403.

- Lyons-Ruth, K., & Melnick, R. (2004). Dose-response effect of mother-infant clinical home visiting on aggressive behavior problems in kindergarten. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(6), 699-707.
- Melmed, M. (2008, January 23). Hearing on investing in early education: Paths to improving children's success. Committee on Education and Labor, U.S. House of Representatives. Retrieved September 30, 2008, from http://zerotothree.org/site/DocServer/1-23-08_Investing_in_Early_Education_Testimony.pdf?docID=4841
- Smith, K. E., Landry, S. H., & Swank, P. R. (2005). The influence of decreased parental resources on the efficacy of a responsive parenting intervention. *Journal of Consulting and Clinical Psychology, 73*(4), 711-720.
- Stanton-Chapman, T.I., Walker, V.L., & Voorhees, M.D. (2016). The evaluation of a three-tier Model of positive behavior interventions and supports for preschoolers in head start. *Remedial and Special Education, 37*, 333-344.
- Walker, H. (2006). Addressing social behavior needs of students with disabilities and those at-risk through classroom, program, and school-wide systems of support. OSEP Project Director Meeting report, Institute on Violence and Destructive Behavior, University of Oregon, Eugene.
- Steed, E.A., Pomerleau, T., Muscott, H. & Rohde, L. (2013). Program-wide positive behavioral interventions and supports in rural preschools. *Rural Special Education Quarterly, 32*, 38-46.
- Voorhees, M.D., Walker, V.L., Snell, M.E., & Smith C.G. (2013). A demonstration of

individualized positive behavior support interventions by head start staff to address children's challenging behavior. *Research and Practice for Persons with Severe Disabilities*, 38, 173-185.

Yoshikawa, H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency. *Psychological Bulletin*, 114, 28-54.

Appendix

Summary of Research

Researchers	Year	Research Design	Participants	Age Group
Benedict, Horner, & Squires	2007	Single subject, multiple baseline	4 classrooms	Preschool
Branson & Demchak	2011	Mixed method	4 classrooms	Toddler
Drogan & Kern	2014	Multiple baseline	3 children	Preschool
Hemmeter, Snyder, Fox, & Algina	2016	Randomized control	40 teachers	Preschool
Stanton-Chapman, Walker, & Voorhees	2016	Mixed method	10 classrooms	Preschool
Steed, Pomerleau, Muscott, & Rohde	2013	Descriptive longitudinal	3 classrooms	Preschool
Voorhees, Walker, Snell, & Smith	2013	Mixed method	3 children	Preschool

Dedication

To my dad, from your little girl. You always told me to get my Masters. I know you are looking down on me and I know you are with me. It still does not take away the hurt that you are not here anymore. I know you are pain free but my heart aches to have that one last conversation with you and for you to act ridiculous so I can roll my eyes at you.

To my daughter who is the light in the dark. We have been through so much together and you will never understand how your inner strength has pushed me to try and be a better mom. Thank you for all your patience the summer of Covid 19. (2020) You were the most amazing, loving, patient 12-year-old daughter a mom could ask for. Thank you, babe, mom loves you more than life itself.

To my advisor for being so incredibly understanding when my dad passed, and the patient nudging for me to continue and remind me that my dad would want me to finish, and he would be proud of me.

To the students I worked with the school year of 20-21! You inspired me and taught me so many new things this year. Thank you for reminding me to laugh, smile, and be me unapologetically.

To my administrators, Dustin and Amanda, I have never been so proud to work for such amazing admin. You are an amazing team that would walk through hell for your staff. Thank you for having our backs and putting kids first.

To my friends Jen and Matt. You are stuck with me! 😊 Thanks for being there, I could not ask for two better “quarters.” Now let’s go kayak, golf, and enjoy this summer.