2022

Teacher Perspectives of Self-Injurious Behavior Among Preschool Students

Romney Matias
Walden University

Walden University

College of Education

This is to certify that the doctoral study by

Romney Matias

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Patricia Anderson, Committee Chairperson, Education Faculty
Dr. Amie Beckett, Committee Member, Education Faculty
Dr. Barbara Schirmer, University Reviewer, Education Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Teacher Perspectives of Self-Injurious Behavior Among Preschool Students

by

Romney Matias

MA, Walden University, 2015

BS, University of Central Florida, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

February 2022

Abstract

The problem that was the focus of this study is that young children who exhibit self-injurious behavior (SIB) may not receive needed support from their childcare teachers. The purpose of this study was to understand early childhood teachers' perspectives regarding SIB, their ability to distinguish SIB from ordinary misbehavior, and their responses to behavior that may indicate SIB. Attribution theory of Kahneman and Frederick formed the framework of this study. Research questions asked how teachers describe their experience with SIB, their ability to distinguish SIB from ordinary misbehavior, and their responses to the behavior that might indicate SIB. Seven teachers of children between the ages of 17 months to 3 years were interviewed. Data were analyzed using open and axial coding. The findings revealed preschool teachers have experience with SIB, which they often find disturbing; feel fairly confident in recognizing the difference between SIB and ordinary misbehavior; and use a variety of approaches in a trial-and-error process to find a way to help children who engage in SIB and to shield other children in the class from exposure to SIB. Teachers indicated they need more training in SIB and more support from administrators and mental health professionals. This study provides an opportunity to change the narrative regarding child mental health in general and SIB in particular among administrators, students, and preschool teachers. Positive social change may result from this study if preschool teachers are provided with the guidance and support they need, feel more comfortable supporting children with SIB, are better able to recognize SIB in their students, and are able to help children with SIB and their classmates.

Teacher Perspectives of Self-Injurious Behavior Among Preschool Students

by

Romney Matias

MA, Walden University, 2015

BS, University of Central Florida, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

February, 2022

Dedication

This dedication page is dedicated first and foremost to God. Without him I would be powerless in anything that I try to do to achieve to be better. Our lives are not ours but his and we are made in his image. I also want to dedicate this paper to my children, Arelis Carolina Matias and Avianna Soraya Matias. You both have made me become not only a better man but a better father who loves his children very much and will do anything for them. I have learned to be patient, kind, and considerate of your feelings and Daddy will never let you down. Last but not least, are my beautiful, amazing parents, Damaso and Soraya Matias. Dad, without you I would not know where I would be. You have given me so much strength and knowledge but most importantly being a great father to me and always having my back. Without you I'm nothing more than a slate of unfilled potential. You have guided me since birth to become the man I'm today, I love you papi. Mami, I love you so much. You have given me strength and courage when I have been down and out. You have never left my side and without you I would not become the man I'm today. You continue to make me smile even on my bad days. You continue to look out for me and continue to encourage me to be a better person and for that I'm grateful.

Acknowledgments

My profound appreciation goes out to the almighty lord and savior. He has guided me through the darkest days in my life and has never left my side. It has been an honor to be in your presence Lord and you have given me the strength to continue to fight for what I believe in. I also would like to extend my gratitude to my committee chair members, Dr. Anderson and Dr. Beckett, there has been countless times were I wanted to give up and you did not allow me to do so. You would continue to encourage me every day with emails and long messages that inspire hope and transcended past a professor. You both have been an inspiration in my life.

Table of Contents

List of Figures

Chapter 1: Introduction to the Study

The problem that was the focus of this study was that young children who exhibit self-injurious behavior (SIB) may not receive needed support from their childcare center teachers. The purpose of this study was to understand early childhood teachers' perspectives about young children's SIB. In this chapter, I provide background knowledge on this topic and the theoretical framework used in the study. The research questions, nature of the study, and the study's possible significance are briefly described. I also present definitions, the assumptions developed during the study, the scope and delimitations, and the limitations of the study.

Background

SIB is defined as behavior that produces injury to the individual's own body (Tate & Baroff, 1966). Examples of SIB behaviors are head banging, self-cutting, self-choking, self-biting, self-scratching, and hair pulling. SIB is observed among children with autism spectrum disorder (ASD) and similar conditions at a rate of about 50% (Dimian et al., 2017). However, SIB can also occur in children who do not have an ASD diagnosis (Hoch et al. 2015). Children who have engaged in SIB have difficulty in the classroom setting and may present difficulties for the teacher (Hoch et al. 2015). According to Cristovao (2017), early attention to students' social and emotional areas promotes their mental health, reduces problem behaviors, and improves their academic achievement. However, Desta et al. (2017) indicated that preschool teachers lack knowledge in dealing with behavioral issues, such as SIB; how to improve the developmental trajectories; and reduce the severity of emotional and behavioral disorders in these children.

Preschool teachers have perceived SIB as behaviors that can be simply overcome in due time. Typically developing children who exhibit these symptoms often do outgrow them by the age of 5 (Hoch et al., 2015). Therefore, when a response has been given to an SIB episode, teachers may perceive the behavior to be disruptive and not a mental health issue because many typically developed preschool children exhibit such behavior on occasion, and teachers lack sufficient understanding of child mental health to make the distinction (Miller et al., 2017). Responding appropriately to SIB is important, however, because unsupportive relationships between teachers and pupils are a predictor of the onset of childhood psychiatric disorders and low academic attainment (Fazel et al., 2014). Childhood psychiatric disorders are associated with educational failure, leading to an increase in children's psychological distress, which in turn is associated with increased rates of psychiatric disorders and a range of additional adverse outcomes, including SIB (Whear et al., 2014). Preschool teachers having an understanding of SIB and the ability to distinguish this from ordinary misbehavior is a key element in children's success.

Problem Statement

The problem that was the focus of this study was that young children who exhibit SIB may not receive needed support from their childcare teachers. SIB can occur in very young children both with and without developmental delays (Hoch et al., 2015). Behavioral interventions are used to treat disruptive behaviors, but misdiagnosis of SIB may cause a delay in treatment because these behaviors may be misunderstood as disruptive, but not symptomatic, of a mental health problem (Tonge et al., 2014). Many SIB emerge when children are in early childhood, and a 15% prevalence of SIB has been

observed in developing infants (Kurtz et al., 2012). Although SIB generally has resolved prior to age 5 in typically developing children, they often persist in children with developmental delays (Kurtz et al., 2012). Despite the importance of identifying SIB in time for early intervention, the professionals who see behaviorally disruptive children (most frequently their preschool teachers) may not understand the etiology of SIB and may not identify many children with SIB as needing mental health interventions (Hoch et al., 2015).

Children who exhibit SIB, like children with ASD, are frequently present without a diagnosis of mental health or developmental difficulties in regular education preschool classrooms (Hoch et al., 2015). While there are many studies about clinical diagnosis and treatment of SIB, Baker et al. (2015) noted that few studies address the perspectives of early childhood teachers with regards to their ability to identify and support young children who exhibit SIB. The gap in practice surrounding early childhood teachers' perspectives of SIB was the problem and focus of this study.

Purpose of the Study

The purpose of this qualitative study was to understand early childhood teachers' perspectives regarding young children's SIB. In this study, I focused on preschool teachers who may not correctly distinguish SIB from ordinary misbehavior and so may not make a referral for these children (see Tonge et al., 2014). A greater understanding of teachers' perspectives on SIB may shed light on how they identified and support children who exhibit this behavior.

Research Questions

1. How do preschool teachers describe their experience with SIB in young children?
2. How do preschool teachers describe their ability to distinguish SIB that arise from mental health problems from SIB that reflect ordinary developmental issues?
3. How do preschool teachers describe their responses to children's behavior that may be an indicator of SIB?

Conceptual Framework

The conceptual framework of this study comprised the ideas of Kahneman and Frederick (2002) and Jones and Davis (1965) on attribution of the roots of behavior. Kahneman and Frederick demonstrated that an individual's perception of a situation may be influenced by their prior experiences, and new information may be overlooked to align the new experience with past situations. In the attribution theory, Jones and Davis (1965) suggested that individuals' beliefs about others' actions and motives influence their response to those actions and their characterization of those others. Following Jones and Davis's theory, attributions among preschool teachers regarding the behavior of children may play a role in the teachers' perspectives of SIB.

The conceptual framework informed the research questions in this study in the following ways. With Research Question 1, I explored the general ability of preschool teachers to recall and identify SIB experiences with children who may have been affected by SIB. This question provided an understanding of the teachers' general awareness but

also reflected Kahneman and Frederick's suggestion that concepts can be misinterpreted. I created Research Question 2 to follow up on this more specifically, by asking teachers if they have been able to distinguish SIB from ordinary misbehavior or if, as Kahneman and Frederick suggested, they struggled to do so. Research Question 3 was developed to explore how teachers handled SIB following attributions of children's ability to control their behavior and the effort the teachers believe children who exhibit SIB make to do so. Together, these questions were intended to discover teachers' perspectives of SIB and the ways they think about children who exhibit this behavior as well to align with the attribution theories of Kahneman and Frederick and Jones and Davis.

Nature of the Study

I used a descriptive basic qualitative design to determine preschool teachers' perspectives of SIB. Participants were preschool teachers in a single metropolitan area in a southeastern state of the United States. I chose a descriptive format of semistructured interviews to collect the data. A qualitative design was the most appropriate way of collecting descriptive perspectives. Merriam (2002) explained that such research is interpretive in nature as researchers seek to understand the meaning people have constructed about their world and experiences. According to Patton (2015), qualitative research is conducted to acquire an in-depth understanding of cases and situations. I created the research questions to acquire a deeper knowledge of preschool teachers' perspectives regarding SIB.

Definitions

The following list describes terms used throughout this study:

Preschool: an educational program for children ages 3 to 5 that combines learning with play activities (Encyclopedia of Children's Health, 2022).

Self-injurious Behaviors (SIB): Behavior that produces injury to the individual's own body (Tate & Baroff, 1966).

Assumptions

I assumed that teachers were honest in their responses to interview questions and based their responses on accurate recollections to the best of their ability. I also assumed that the teachers who participated in this study were representative of preschool teachers generally and that the children in their classes were representative of preschool children in general. These assumptions were necessary in an interview-based study in which data quality relies on the veracity and representativeness of informants (see Ravitch & Carl, 2016). Although, I made every effort to encourage honest responses and recruit teachers who represented the general population of preschool teachers, the results of this study were based on these assumptions.

Scope and Delimitations

The scope of this study was focused on early childhood teachers' perspectives regarding young children's SIB. I conducted telephone interviews with 10 lead preschool teachers from one southeastern state in the United States who were responsible for identifying possible special needs and alerting parents and other professionals to this possibility. Lead teachers have the responsibility to manage classroom behavior and

determine the course of action in the face of behaviors that might be SIB. Lead teachers who work with children between the ages of 2 and 4 years old in childcare centers formed the target population for the study. The reason I selected this specific age group was due to the emergence of SIB behavior, which occurs commonly among children as young as 12 to 24 months old (see Dimian et al., 2017). I focused my efforts in one southeastern state of the United States.

Limitations

A limitation of this study was its small sample size of seven preschool teachers, which was smaller than my target sample size of 10. A small sample is typical in interview-based studies. A small sample often generates a large volume of data and information-rich cases, ultimately leading to insight regarding the phenomenon under study (Patton, 2015). However, sample size adequacy is evaluated based on the quality of the study findings specifically the full development of categories and inter-relationships or the adequacy of information about the phenomenon under study (Corbin & Strauss, 2008; Ritchie & Lewis, 2003). Small sample sizes are of concern if they do not result in these outcomes. According to Merriam (1998), one must interview enough participants to achieve saturation, in which no new data are forthcoming from new participants. For this reason, although my target number of participants was 10, I reached saturation with the seven participants I was able to recruit.

Another limitation of this study was its focus on a single geographic area of the United States. This limitation was necessary to control for extraneous variables related to local training, customs, and regulations. Teachers in different areas of the country might

have different perspectives regarding SIB than the teachers who participated in this study. Because of this study's small sample size and limited geographic range, it may be difficult to establish transferability of the study results to other populations or other regions. I have facilitated the transferability of results by a potential user by providing thick description (see Korstjens & Moser, 2018), so readers may determine the extent to which the findings transfer to their own situations.

Significance

According to Dickstein (2015), addressing mental health concerns at an early age is more successful than trying to reverse the effects of traumatic experiences in an adult. One in five children will receive mental health services at some point in their lifetime (U.S. Department of Education, 2015), yet the mental health needs of many children with SIB are not identified by the professionals who know them best (CITE). Baker et al. (2015) and Desta et al. (2017) found that preschool teachers know little about SIB and are uninformed about ways to support these children. Positive social change may result from the current study because the results increase the understanding of teachers' perspectives of SIB and their ability to distinguish SIB from ordinary misbehavior. If SIB and their underlying causes are addressed at a young age, then the child's ability to be a successful adult may increase (Carrey et al., 2014).

Summary

The purpose of this study was to understand early childhood teachers' perspectives regarding SIB, their ability to distinguish SIB from ordinary misbehavior, and their responses to behavior that may indicate SIB. In this chapter, I described the

problem statement and identified the research questions that were used as the basis for data collection through telephone interviews. In Chapter 2, I will present the research literature relevant to the study's purpose of understanding early childhood teachers' perspectives regarding young children's SIB.

Chapter 2: Literature Review

The problem that was the focus of this study was that young children who exhibit SIB may not receive needed support from their childcare teachers. The purpose of this study was to understand early childhood teachers' perspectives regarding young children's SIB. In this chapter, I describe the literature search strategy and provide an in-depth description of the conceptual framework. Following that, I present a review of current literature.

Literature Search Strategy

I used the following multidisciplinary and education databases accessed through the Walden University Library to locate scholarly articles relevant to the topic under study: Academic Search Complete, Proquest Central, ERIC, and Sage Premier. The keywords of *special education* and *SIB* yielded multiple results; however, some articles were unrelated to my topic. Eventually, I became more specific with the search terms used and included the following terms: *children with autistic behaviors, inclusive education learning disabilities,* and *students with disabilities.* Terms were eventually combined to increase the variety of information gathered. By taking these steps, I was able to widen the search and obtain more information regarding teachers' perspectives and young children's SIB behavior in the classroom.

I also used the electronic catalog, World Cat, to locate books on SIB behaviors and students with intellectual disabilities. Using the results, I was able to visit local libraries and locate relevant books. Search terms used in World Cat related to the

conceptual framework included *attribution theory, dispositional attributions, social interactions, situational attribution,* and *correspondent inference theory*.

Conceptual Framework

The conceptual framework of this study includes the ideas of Kahneman and Frederick (2002). Kahneman and Frederick discussed attribution substitution, which is also known as substitution bias, and occurs when an individual must make a judgment and substitutes a different judgment that is more easily calculated than the original solution. This substitution is thought of as taking place in the automatic intuitive judgement system rather than the more self-aware reflective system (Kahneman & Frederick, 2002). Hence, when someone tries to answer a difficult question, they may substitute and answer a related question. This explains why individuals can be unaware of their own biases and why the biases continue even after that subject is made aware of them.

Correspondent inference theory, proposed by Jones and Davis (1965), expands on Kahneman and Frederick's understanding of an observer's process in making an attribution based on internal (i.e., dispositional) factors rather than external (i.e., situational) factors. Jones and Davis thought that people pay particular attention to intentional behavior more than they do to behavior they attribute as accidental behavior or behavior committed without thought. In the correspondent inference theory, they described the conditions under which an observer makes dispositional attributions, conditions in which the observed person's behavior matches or corresponds with their personality (Jones & Davis, 1965). Such a personality-behavior correspondence

eliminates the possibility of an accidental or unthinking action in the observer's mind and so reinforces the observer's attribution of the behavior to the personality and deliberate intentions of the observed person. According to Jones and Davis, correspondent inferences reflected six sources of information: the degree of freedom, the observed person had to choose the behavior, the intentional nature of the observed behavior, the lack of social desirability of the behavior (i.e., behaviors low in social desirability reinforce the intentional perception of the behavior since it is not socially reinforced), the hedonistic relevance of the behavior (i.e., the observed behavior appears intended to benefit the person enacting the behavior or to harm others), and personalism (i.e., the behavior appears in response to an egocentric interpretation of the behavior of another person). In a preschool classroom, a teacher may have attributed to a child's disruptive behavior as freely chosen by the child and an intentional behavior. To acknowledge the child's counter behavior in the classroom, rules must be followed by the child with self-serving motives or in retaliation for an imagined slight.

Following attribution theory, teachers also have their own perspectives of SIB that must include asking about the events that their perspectives are based on. The teacher as a social perceiver must have used information in context to arrive at attributions for observed behaviors. The ability of teachers to distinguish SIB from ordinary disruptive behavior may depend on the attributions they assign the child who has committed the observed behavior. For this reason, the ideas of Kahneman and Frederick (2002) and Jones and Davis (1965) formed a useful framework for the study. In the following

sections, I focus on the concepts of SIB behaviors and the experiences of preschool teachers and their ability to recognize SIB.

Literature Review Related to Key Variables and Concepts

How SIB Is Defined

SIB is defined as behaviors that produce injury to the individual's own body (Tate & Baroff, 1966). Head banging is one of the most common forms of SIB; other forms include head hitting, biting, scratching or picking the skin, hair pulling, eye poking, vomiting/rumination, and ingestion of non-edible substances, known as pica (Summers, et al., 2017). Before the 1990s, research on the early identification and prevention of severe behavior disorders such as aggression, stereotyped behavior, and self-injury was mostly done with children 3 years or older (Schroeder et al., 2014). However, SIB is known to occur in very young children both with and without developmental delays; in fact, a 15% prevalence of SIB has been observed in typically-developing infants (Bachman, 1972). While SIB has generally resolved prior to age 5 years in typically developing children (Romanczyk et al., 1982), it often persists in children with developmental delays (deLissovoy, 1962). According to Schroeder et al. (2014), signs of SIB may occur as early as 6 months in some infants. Given that SIB may become a persistent problem without intervention (Green et al., 2005) and difficult to treat (Kurtz et al, 2003), intervening as early as possible is essential.

The fact that 15% of all young infants may exhibit SIB and that SIB may persist even in typically developing children up to age five, has indicated that preschool classrooms need to include children who exhibit SIB, and these children may or may not

prove to be typically developing (Schroeder et al., 2014). Preschool's teachers may be unable to distinguish a disruptive behavior from the disorder that is SIB. Teachers often do not have the skills necessary to effectively respond to children exhibiting disruptive behavior (Ray et al., 2015). Most preschool teachers take students' mental health issues seriously and many feel that current resources and training opportunities could be expanded due to the limited resources (Moon et al., 2017). The ability of teachers to distinguish SIB from ordinary misbehavior is a key to ensuring children who exhibit SIB receive the early intervention they need.

Challenging Behavior in Preschool Children

A critical feature of managing a preschool classroom is managing the challenging behavior typical of young children. Behaviors commonly associated with preschool children can be divided into two categories of externalizing behavioral patterns and internalizing behavioral patterns. Externalizing behavior patterns are directed towards a social environment and can include responses directed against others (Huber et al., 2019). Examples include aggression, disruption, opposition to or defiance of authority, and impulsivity and hyperactivity. Internalizing behavior patterns are those focused inward, on the individual, and suggest a need to exert control and ruminate over one's behavior (Huber et al., 2019). Examples of internalizing behavior include social withdrawal, depression, anxiety, somatization problems, obsessive-compulsive behaviors, and selective mutism. In the United States, preschool and kindergarten teachers are highly likely to encounter students with challenging behaviors in their classrooms.

Behavior issues are encountered very often in the preschool setting. Although problem behaviors often observed in preschool involve sleep, cleaning, toileting, and eating habits, other behaviors, such as uncontrollable fear, lying, taking belongings without permission, stubbornness, jealousy, mocking, crying, shyness, swearing, and aggression, can also be observed (Kesicioglu, 2015). According to Kesicioglu, (2015), aggressive behavior is one of the behavioral problems most frequently observed in preschool children. Aggression occurs when an individual takes an attitude undesired by the environment, forces another person to adopt their requests, and exhibits hostile behaviors aimed at damaging and hurting another person or that cause fear in other people (Tremblay et al., 2008). Tremblay et al. (2008) identified three types of aggressive behavior associated with preschool children: physical aggression, which includes direct contact, such as slapping, beating, kicking, biting, pushing, capturing and pulling; verbal aggression, which involves the use of words aimed at threatening, frightening or annoying others; and indirect aggression, which includes situations such as gossip, exclusion, remaining silent, and sabotage. Aggressive behavior is typical of the social development of young children. According to Hockenberry et al. (2016), children ages 2 to 3 years are especially likely to commit aggressive acts, due to their limited verbal abilities, increased motor skills, and interest in personal autonomy.

Aggression becomes an important issue for preschool education as children become able to interact with their peers and then develop disputes. Young children have used aggression in response to their problems and among typically developing children. Several factors increase the likelihood that a particular child will exhibit aggression

behaviors, including community factors such as poverty, family factors, including harsh parenting, school factors, such as negative teacher attitudes, and individual factors, including anti-social behaviors (Hockenberry et al., 2016). Such factors contributed to childhood trauma, which can have a negative effect on child mental health. About one in four children experience potentially traumatic events before their third birthday (Division for Early Childhood, 2016), and need effective supports.

Experiencing trauma can also increase the existing conditions for individuals who have a disability and contribute to the emergence of new disabilities and developmental delays, including traumatic brain injury and disruptions in overall development (Romano et al., 2015). Results have suggested that parents who display more anger, disapproval, or discontent toward their children during play-based interactions are children at a preschool age, who have demonstrated greater behavioral difficulties one year later (Bader et al., 2015). The role of preschool teachers is vital in understanding behavior and identifying it as ordinary misbehavior (though perhaps caused by traumatic events) or SIB. Teachers have responded by providing physical and verbal comfort, distracting, verbally acknowledging the child's emotions, demonstrating enthusiasm for the child's efforts, and by cognitive reframing (Hirschler-Guttenberg et al., 2015). However, because both typically developing and disabled students may exhibit social skills deficits which lead them to engage in internalizing (e.g., depression, anxiety), externalizing, and antisocial behaviors (Samson et al., 2015), it is important to be able to distinguish ordinary misbehavior from SIB. This has required preschool teachers be knowledgeable about SIB as indicators of child mental health problems.

Teacher Management of Challenging Behavior

Challenging behaviors in young children can be affected by the way the classroom is managed. According to Korpershoek et al., (2016), teachers' systematic classroom management practices reduce problem behaviors in classrooms. Techniques which may be used to improve behavior in the classroom include role playing, using active learning strategies, holding teacher conferences with parents that include students, and promoting more student participation in the learning process (Yusoff, & Mansor, 2016). Other methods used to help the teacher resolve issues in the classroom setting resulted from the self-assessment strategy for students and using their perspective in designing the teaching process (Yuan & Che, 2016). Teachers have responsibility to predict learners' behaviors, establish mutual interaction with students to correct their negative behaviors, reward students' prosocial behaviors, and encourage positive behaviors (Yusoff & Mansor, 2016). Some studies have also suggested that teachers take a mediating role to deal with disruptive students to resolve a conflicting situation in the classroom.

Understanding the effect of the classroom setting on student behaviors is an important mechanism by which teachers may inspire a change in behavior. One of the ways to resolve behaviors is by creating a sense of belonging in the classroom for students who need help in increasing their self-confidence and desire for learning (Zee et al., 2017). In contrast, adopting punitive strategies and methods has had a negative effect on the students. Results have shown that teachers who ignore the behaviors make more use of aggression and punishment strategies (Nuri et al., 2017). One of the ways

misbehaviors is controlled in the classroom setting is by suspension. Most teachers agree that suspensions are necessary requirements in the case of serious infractions, however, this is also done for non-serious infractions as well (Graham, 2017). Disobedient behavior is characterized by many school districts as insubordination, triggering suspension for even non-violent behavior, (Lacoe & Steinberg, 2018). Insubordinate behaviors which can result in suspension include displaying angry and irritable moods, and argumentative and vindictive behaviors (Rizeq et al., 2020). Refusing to adhere to the rules of authority figures, and disruptions such as inappropriate language and gestures or dress code violations (Ohio Department of Education, 2015). Nationwide, a charge of insubordination has resulted in an increase from 22% during the 1999-2000 school year to 43% in 2007-2008 of serious disciplinary actions and suspensions of five or more days, transfers to specialized schools, and expulsion (Steinberg & Lacoe, 2017).

Students who are suspended receive less instructional time than students who are not suspended and thereby their preparation for achievement testing is decreased, which with has negative consequences for students' future success (Noltemeyer et al., 2015). Suspended students may also feel less engaged in the classroom which may also lead to more school absences. Suspensions may also influence behaviors beyond elementary and secondary school (Cobb-Clark et al., 2015), including adult criminal victimization, criminal involvement, and incarceration (Wolf & Kupchik, 2017).

Removing the child from the classroom may improve the classroom environment and may enhance achievement among non-suspended peers (Shollenberger, 2015). However, even short-term exposure to misbehaving students has a lasting influence on

the outcomes of other students (Wolf & Kupchik, 2017). Suspension also results in the decline of the achievement of all students, not only those who were suspended (Lacoe, 2015). Students in schools with high suspension rates report feeling less safe at school than in schools with lower rates of suspension. When misbehaving students are suspended, they may react in anger that results in crime in the neighborhood; suspension and expulsion may lead to increases in crime and disorder (Lacoe, 2015).

In addition to the threat of suspension, teachers use various punishments to control students, including shaming, loss of privileges, and other sanctions, because punishment stimulates fear in a child, as well as generalized anxiety, inhibition, and reactivity, punishment may not be functional (Aypay, 2016). Sensitivity to punishment hinders the ability of students to concentrate on their goals and creates an avoidance reaction to school engagement (Aypay, 2015). Individual reactions to environmental effects are largely influenced by their ways of interpreting their experiences (Patterson, 1973). According to Aypay (2015), brain research suggests individuals may develop an addiction to external rewards, and this addiction can make them more sensitive to negative effects like punishment.

The management of disruptive behavior depends on the self-efficacy of teachers (Närhi et al., 2017). Teachers' readiness, experience, self-confidence, and self-efficacy in classroom management has determined their effectiveness in managing disruptive students. Teachers' self-efficacy are determined by the ability for teacher's behavior to yield a specific outcome despite external factors, and also influences future teacher behaviors in the classroom (Bandura (1977). Self-efficacy plays an important role in an

individual's choice of activities, such as the degree of effort expanded, and the frustration experienced in stressful situations (Bandura, 1977). A strong sense of self -efficacy increases a teacher's willingness to try and use new and varied strategies (Bandura, 1977). If teachers are unable to manage their classes by different teaching methods, then this failure of the classroom management may result in teacher burn-out (Zee et al., 2017). Novice teachers leave the field at great rates, second only to their colleagues with 20 or more years of experience (Nuri et al., 2017). Classroom management skills are vital in enhancing teacher self-efficacy and job performance, and in enhancing student achievement (Blazar & Kraft, 2016)

Negative Effects of Challenging Behavior

Disruptive behaviors, both externalizing and internalizing, can have a significant negative effect on students' academic success and inhibit children's interpersonal relationships (Ray et al., 2015). While externalizing behavior is characterized by defiance, disruptiveness, aggressiveness, impulsivity, antisocial behavior, and over-activity, internalizing behavior is marked by withdrawal, dysphoria, and anxiety (Närhi et al., 2017). Challenging behavior in students is a problem because these cause issues with academic achievement at school and for post school adjustment (Moon et al., 2017). For example, children with lower self-control exhibit poorer work habits than children with higher self-control (Moon et al., 2017). Children who display behavioral issues tend be easily distracted with issues within the classroom (Yuan & Che, 2016). This results in becoming off task and having difficulty completing an academic assignment, which then leads to frustration (Abry et al., 2017).

One reason children have difficulty staying on task in the classroom is due to a lack of self-regulation. Self-regulation refers to an individual's ability to intentionally use their skills and attributes to respond to their environment that suits the situation (Montroy et al., 2015). Strong self-regulation has been linked to better academic achievement for children in grade school (Montroy et al., 2015). Lack of self-regulation has led to frustration, which is demonstrated through behaviors such as refusing to complete a task, expressions of anger, arguing or fighting, blurting out random thoughts at inappropriate times, acting unpredictably, and refusing to respond. Feelings of frustration thus affect academic performance. Low performance and social rejection affect a child's self-esteem.

A child who feels incapable of meeting expectations may attempt to just avoid situations where they have low self-efficacy (Bandura, 1977), which itself causes loss of self-esteem and ability to complete the task. As a result, students who exhibit challenging behaviors of low self-regulation, high frustration, and low self-esteem deny themselves the full academic experience enjoyed by others in the classroom, including the opportunity of practicing and improving their academic concepts and skills, which then can result in reduced academic success. This cycle that affects both academic achievement and students' self-esteem.

Students who exhibit behavioral issues in the classroom add stress to other students, which has been called anti-citizenship behavior (Myers et al., 2015). Anti-citizenship behavior is defined as intentional behaviors that disrupts the classroom. Myers et al. (2015) found that these anti-citizenship behaviors were negatively related to affective learning, cognitive learning, student motivation, and communication

satisfaction. In addition to a negative classroom environment, research has also demonstrated links between behavioral issues and decreased student learning (Kuznekoff, et al., 2015), among students who witness this behavior, students who are engaged in this behavior and students who are the direct targets of this behavior. Challenging behaviors have a negative effect on the learning environment and affect both students and teachers.

High levels of stress hinder the ability of teachers to be highly effective with those students who exhibit challenging behaviors (Gonzales-Ball & Bratton, 2019). Students' challenging behaviors can contribute to negative teacher attitudes and result in a frequent cycle of stress and burnout (Zee & Koomen, 2015). For teachers who work in the preschool setting, problematic behaviors have caused increased work-related stress and reduced well-being, which may result in teacher's failure to efficiently handle students' problem behaviors or to correctly identify the difference between ordinary misbehavior and SIB (Moon et al., 2017). Preschool teachers may not have the necessary skills to deal with SIB, differently from the ways they respond to ordinary misbehavior and their response to children during intense emotional displays, which may be deeply affected by the child's ability to regain self-control (Gonzales-Ball & Bratton, 2019). Therefore, teachers' difficulty in discerning SIB from ordinary misbehavior may be affected on how they deal with behavioral challenges.

Difficulty in Distinguishing SIB from Ordinary Misbehavior

Ordinary misbehaviors are typically externalized in nature and are most common in students who desire attention from adults or other children, or who are reacting to factors in the environment (Gurnani et al., 2016). Behaviors that are associated with SIB

are internalizing because they are inflicted against their self. These behaviors include head hitting, biting, scratching, and similar self-injurious actions. While SIB is typically internalizing, ordinary misbehavior also can be internalized, if the child withdraws, retreats into private thoughts, or refuses to participate in class activities (Novak & Mihić, 2018). In addition, while SIB is usually internalizing, it also can be an attention seeking behavior (externalizing) if it is used to inspire a response from the adult in the room (Emelianchik-Key & Guardia, 2020). However, children with mental health or developmental issues who exhibit SIB, unlike children who exhibit ordinary misbehavior, need more targeted early intervention that is appropriate to guide their actions and may need a therapeutic referral which allows for problem identification (Ozonoff, 2015). For these reasons, it is important that teachers be able to distinguish SIB that is associated with mental health or developmental issues from ordinary misbehavior, and to recognize that SIB requires a therapeutic approach in addition to ordinary behavioral management. Identifying SIB behavior in students by preschool teachers is essential in providing the necessary early interventions, these children require and to reduce the risks inherent in self-harm (Green et al., 2005).

For instance, infants who are dealing with SIB have been known to display persistent rhythmic head banging (Maddox et al., 2017). This behavior occurs when children are tired, alone, or at bedtime and may provide vestibular stimulation but also cause head trauma. Toddlers and young children may hit themselves as part of a temper tantrum, causing bruising or other injuries. Identifying such behaviors at an early age can help detect other diagnoses in children such as ASD (Summers et al., 2017). SIB are also

related to emotional dysregulation, impulsivity, and inadequate coping skills (Maddox et al., 2017), which may affect children's learning ability and school success. However, typically developing toddlers also engage in head banging, tantrums, and accidental bruising (Huber, et al., 2019)

Teachers are not trained in recognizing mental health issues or assessing the needs of children who may require specialized services (O'Reilly et al., 2018). Teachers' lack of knowledge and training may be particularly acute in some urban areas where the number of students who would benefit from behavioral health services is estimated to range from 50% to nearly 75% of the student population (von der Embse et al., 2018, p.14). Because school based mental health programs are not in place in all schools (Salerno, 2016), teachers often are the sole decision-makers in handling possible mental health issues in their children. Although Federal initiatives, including the President's New Freedom Commission on Mental Health (2003), have supported several evidenced-based mental health programs, such services are still lacking in many schools. Instead, schools have relied on disciplinary action even for students who are in crisis (Gonzales-Ball, & Bratton, 2019).

Preschool teachers may feel not only challenged by SIB, but also ineffective in their efforts with these students. Perceived failure on the part of the teacher, who does not realize the ineffectiveness of her management techniques in cases of SIB compared to their effectiveness with ordinary misbehavior, creates a negative view towards the child, so that the teacher responds to the child in a negative fashion with threats or punishments (Gonzales-Ball, & Bratton, 2019). The teacher's negative response towards the student

creates an emotional disturbance within the child, who then exhibits further disruptive behaviors, allowing the cycle to repeat (Gonzales-Ball, & Bratton, 2019).

Preschool teachers deal with children at all stages of development, including those who have behavioral issues. Suspension and expulsion are used in preschool to deter students from acting out behaviors. Unfortunately, these strategies cause more harm than good for these students. Early expulsions and suspensions have led to greater gaps in access to resources for young children and thus create increasing gaps in later achievement and well-being (Autor et al., 2015). Children's mental health issues must be differentiated from ordinary misbehavior, and the need for specific training in identifying SIB and other mental health issues in very young children is necessary.

Early detection of behavioral issues has affected the way services are implemented. Services in which are not linked to students can cause a shift in the way behavioral health is handled. Students who do receive mental health services into the appropriate referrals have a better chance of altering negative trajectories and prevent more serious problems from developing (Copeland et al., 2015). Copeland et al. (2015) demonstrated over a period of 5 years that preschool teachers can identify socioemotional problems in their students; however, there are often gaps in teacher knowledge about behavioral and emotional problems. Cross□cultural studies have demonstrated that teachers can recognize symptoms of problems like ADHD, but their actions based on this recognition may be influenced by a variety of factors including child characteristics and cultural expectations (Lee, 2015). Gender and race disparities in early expulsions and suspensions in preschool have been associated with several factors such as stress

tolerance and access to higher qualities of learning environments and supports. Boys appear to be more susceptible than girls to the ill effects of poverty, trauma, stressed communities, and low-quality schools, with the results being a greater likelihood for truancy, poor academic achievement, behavioral problems, school dropout, and crime (Autor et al., 2015). Okonofua and Eberhardt (2015) found teachers reported feeling more trouble by the offenses of a student identified by a stereotypical African American name as presented in a hypothetical scenario and were more likely to recommend severe punishment for that student after the second infraction, including suspension, compared to a student with the same record but identified by a stereotypically white name. Teachers were more likely to label what they assumed was an African American child as a "troublemaker" and to report that his or her behavior was part of a pattern, as opposed to a single occurrence, than they were to so characterize the behavior of the child they assumed was white (Okonofua & Eberhardt, 2015).

Head Start programs train staff in identifying mental health issues in children, which has resulted into significant improvements in child's behavior and has reduced staff stress and increased teacher knowledge and comfort with practices that support child mental health (Cuellar, 2015). However, there has been associated challenges which affects the overall outlook of these children. Thus, training teachers to identify cases of mental health issues like SIB and provide appropriate help including referral options, requires more than simply raising awareness of problem behaviors but includes being able to distinguish ordinary misbehavior from mental health concerns (Dougherty et al., 2015). Increasing teacher knowledge and discernment may reduce the tendency to over-

report ordinary misbehavior as a mental health issue, which can result in significant family stress, inappropriate labeling of children, and delivery of unneeded services (Dougherty et al., 2015). In addition, teachers who have understood children's mental health may contribute to appropriate referral for whom behaviors is evident of a mental health issue. Given the complexity of appropriate identification of child mental health, complicated by the lack of training, and the risk of over- and under-identification, it is important to understand perspectives of preschool teachers regarding SIB behavior.

Summary

The literature presented in this chapter focused on four themes on teachers' perspectives of SIB. They included how SIB is defined, challenging behavior in preschool children, teachers' experience with mental health issues, and cultural discrepancies leading to over- and under-identification of the problem. These themes provided the basis to understanding how SIB are observed by preschool teachers. The ideas that are expressed in this literature review set the foundation for Chapter 3, in which I present the research methods in this study of the perspectives of preschool teachers regarding SIB.

Chapter 3: Research Method

The purpose of this study was to understand early childhood teachers' perspectives regarding young children's SIB. In this chapter, I describe the research design and rationale; my role as the researcher; participant selection; instrumentation; procedures for recruitment, participation, data collection, and issues of trustworthiness; and ethical procedures before concluding with a summary.

Research Design and Rationale

The RQs focused on teacher perceptions of self-injurious behaviors:

RQ1. What are the perspectives of preschool teachers regarding SIB in young children?

RQ2. What are the perspectives of preschool teachers regarding their ability to distinguish SIB from ordinary misbehavior?

RQ3. What are the perspectives of preschool teachers regarding their responses to children's behavior that may be an indicator of SIB?

The central phenomenon of this descriptive basic qualitative study was early childhood teachers' perspectives regarding young children's SIB. Merriam (2002) stated that qualitative research is highly descriptive because data are analyzed using words and pictures. A qualitative study is conducted to define the depth of knowledge that is being sought in the study (Merriam, 2002). In qualitative studies, researchers use a method of exploring and understanding the meaning persons assign to social or human problems (Creswell, 2014). Descriptive research aims to understand and answer questions about phenomena rather than examining causal relationships and testing theories (Vogt et al., 2012). A descriptive approach is suggested and appropriated for all these situations (Vogt

et al., 2012). Using interviews as the data collection method in this descriptive basic qualitative study permitted me to explore early childhood teachers' perspectives regarding SIB and allowed me to follow up with participants on statements that were unclear, explain the meaning of the questions, and ensure an accurate response to the questions (see Vogt et al., 2012).

A quantitative research method would not have been appropriate in this study because a quantitative approach depends on examining the relationship among a few variables to answer narrow questions (Creswell, 2012). In this study, I focused on the perspectives of teachers who are dealing with SIB in their students, thus the variables of interest in this phenomenon were unknown at the start of the study but were revealed by teacher responses. The research questions were designed to examine the perspectives of the teachers, and the findings increase knowledge of factors important to the management and prevention of SIB in the classroom.

Role of the Researcher

I assumed a participant-observer role in this study, which allowed me to gather information from both the insider and outsider perspectives (see Dwyer & Buckle, 2009). Participant observation is a qualitative approach that allows researchers to gather information in a specific community (Spradley, 1980). A participant observer is more engaged with participants than an observer in a passive role. A participant-observer strategy is useful in building a relationship with those involved in the study while permitting the researcher to remain detached from the focus of the study itself (Taylor &

Bogdan, 1984). My observations were confined to asking questions about how participants recognize and handle the SIB of early childhood students.

My current professional role involves working with teachers, students, adults, and parents. I currently work as a mobile crisis clinician in the state the study took place in. The purpose of a mobile crisis clinician is to help stabilize children who display problematic behaviors in the classroom setting or at home. As a clinician, I handle crisis calls in the community and assess students who may be at risk to themselves, others, or school staff. In this role, I go into the schools and witness teachers' handling of SIB incidents and ordinary misbehaviors. This opportunity allows me to explore early childhood teacher perspectives of SIB and to be involved in the assessment process of those affected by this behavior. My role also allows me to be a part of the multidisciplinary team in not only establishing services for the client but also implementing strategies for their behavior. My background in the mental health field provides me with an opportunity to use my abilities to assist staff members in crisis situations. I have more than 7,000 hours of community contact with teachers and students. My experience was the inspiration for this study.

During the focal point of the research, a relationship may develop between researchers and those who are involved in the study. The relationship between researchers and the researched has always been a concern in literature (Råheim et al., 2016). The inherent power balance between the parties and the ethical concerns pertaining to this imbalance can affect the outcome of a study (Råheim et al., 2016). Researcher biases can affect the way data are collected, so it is important to reduce power

differences and encourage disclosure and authenticity between researchers and participants (Berg & Smith, 1985). At the same time, the researcher must "minimize the distance and separateness of researcher-participant relationships" (Karnieli-Miller et al., 2009, p. 279). According to Karnieli-Miller et al. (2009), the researcher's role in data collection is not necessarily their sole privilege because participants bring their own agenda to the research situation. Encountering resistance from research participants may call for further nuancing of the representations of what are inherently asymmetric interactions (Burns et al., 2012). In essence, it is vital to maintain a professional relationship that does not hinder the effect of the research itself.

Unintentional biases may have also been a factor in this study because I was concerned about the management of SIB and the success of children who exhibit this behavior. Lincoln and Guba (1985) stated that distortions in data can occur due to the inquirer's involvement with the respondent and "slavish adherence to hypotheses formed earlier" (p. 282). Lincoln and Guba explained that the researcher should be aware of distortions and correct them when they occur. To reduce bias, I did not collect data from teachers whom I already knew and worked with personally. Participation was voluntary, and I recruited participants directly and not through their school or district administrators to preserve participant confidentiality and encourage their authentic disclosure of information. To manage my biases, I kept a journal reflecting on the study procedures, including data analysis, so I could note and control the influences of my personal perspectives. I also took field notes during the interviews to supplement the audio recording, as suggested by Austin and Sutton (2014). Each participant was asked to

review their interview transcripts to confirm its accuracy or make changes they saw fit. I followed the advice of Mozersky et al. (2020) to be careful and ensure that analysis and interpretation of data were derived from unprompted views that arose spontaneously, usually in response to open-ended questions, and not from my preconceived ideas of SIB and how early childhood teachers approach this condition.

Methodology

Participant Selection

The population of interest in this study was early childhood teachers who work in centers enrolling a general population in one state in the southeastern United States, and who work with children between the ages of 17 months to 3 years of age. The reported mean age of SIB onset is 17 months (Kurtz et al., 2003), justifying the working age-range of the identified population. The sampling strategy I used was purposeful sampling. This strategy allowed me to target participants who were most likely to provide data I needed to answer my research questions. Purposeful sampling is used in qualitative research when the targeted population consists of a particular group of people and relies on shared characteristics of the population to answer the research questions (Moustakas, 1994). I chose purposeful sampling so I could gather information from the individuals who were able to offer insight and understanding of the research questions, as suggested by Gentles et al. (2015) and by Patton (2015).

Identifying the participant criteria was a vital aspect of participant selection. Suri (2001) noted the importance of identifying inclusion and exclusion criteria when using purposeful sampling. I selected teachers who fit the following criteria: (a) they were

speakers of English, (b) they taught children between 17 months and 3 years old in a general education setting, and (c) they lived or worked in the target state in the United States. I verified that volunteers met these criteria by simply asking them. I excluded individuals who were teachers of children aged 17 months to 3 years old but taught in a center intended to serve children with special needs or who were early childhood professionals but not classroom teachers.

I intended to recruit 10 participants for this study. According to Leedy and Ormond (2005), a sample size of five to 25 participants is sufficient in a basic qualitative study using interviews. Moustakas (1994) recommended that qualitative researchers use a small sample size to gain an increased understanding, detail, and depth of the phenomenon under study. Crouch and McKenzie (2006) affirmed that a small number of participant interviews facilitates a close association between the researcher and the participants as well as enhances the validity of in-depth inquiry in naturalistic environments. Small sample sizes in a qualitative study allow for significant discoveries in acquiring information that may be useful for understanding the phenomenon of interest (Patton, 2015). Creswell (2009) reported that when researchers conduct qualitative analysis that consists of in-depth interviews, no more than 10 people should be interviewed. However, I was only able to recruit seven participants instead of my target of 10 participants, even when I added snowball sampling by asking early volunteers to nominate others prospective volunteers. After 4 weeks of effort to gather 10 participants, I suspended recruitment on the advice of my dissertation chair. To identify participants, I first posted a message to a Facebook group centered on early childhood educators, which

focused on early childhood teachers within the region. Individuals who responded to the posting were sorted based upon the inclusion and exclusion criteria. At that point, I contacted volunteers individually through Facebook's direct message function, which allowed me to schedule each interview at a mutually convenient time.

Instrumentation

The first instrument for data collection in this study was the interviews of preschool teachers, in which I asked 12 open-ended questions and follow-up questions. According to Adler and Clark (2008), open-ended questions allow participants to share their experience of the topic under investigation in an authentic way. Using interviews allows for understanding the phenomenon of interest by obtaining and conveying verbatim the study participants' experiences from the interviews (Yilmaz, 2013). The interview questions are presented in Appendix A.

I applied answers to Interview Question 1 to RQ1 about how preschool teachers describe their experience with SIB. Responses to Interview Questions 2 and 4 helped answer RQ2 about how preschool teachers distinguish between SIB and ordinary misbehavior. I applied the responses to Interview Questions 3 and 4 to RQ3 about how preschool teachers handle SIB. Interview question 5 offered participants an opportunity to add anything these wished to the conversation about SIB. The interview questions were reviewed by an outside expert, who holds a doctorate in early childhood and works as an administrator in a public school district. The expert confirmed the validity of the interview questions but made some specific suggestions to improve wording and clarity. I incorporated these suggestions into the interview questions presented in Appendix A.

The second instrument for data collection in this study was me as the researcher. According to Creswell (2014), the researcher is considered an instrument of data collection because the formulation of interview questions, identification of participants, selection of data to analysis, and the data analysis itself are all filtered through the mind and perspective of the researcher. A researcher's preconceived ideas may affect the data collection process and the results. To guard against the intrusion of my biases into the study, I kept a research journal that allowed me to record my reactions during data collection and analysis. I also followed strategies described in the ground theory of analytics of Corbin and Straus (2008). These strategies include the use of constant comparison, which afforded me the ability to check and recheck the meaning that the participants assigned the to data against incoming data (see Corbin & Straus, 2008).

Procedures for Recruitment, Participation, and Data Collection

To start the process of recruitment, I posted a message on the page of a Facebook group focused on early childhood educators asking individuals who teach children aged 17 months to 3 years old to volunteer to be part of the study. I chose this Facebook group because their attention focuses solely on teachers who work in the field of early childhood education and includes educators who work with students between the ages of 17 months and 3 years old in the target state in the southeastern United States. When the first person commented on the post, I was able to respond to that person directly via Facebook messenger to explain more about the study and see if they met the inclusion criteria for participation. If they met the criteria, I provided them with the consent form.

When they agreed to the consent form, with the words "I consent," I then scheduled a telephone interview with them.

Because I was having difficulty recruiting participants, I started snowball sampling. In the scheduling email I asked the volunteer if they were willing to share my contact information about the study with others whom they knew fit the inclusion criteria for this study and who might be interested in participating. Linear snowball sampling begins when a researcher recruits a single participant, who nominates the second nominee, who nominates the third participant, and so on (Heckathorn, 2011). I employed a modified linear snowball method in that each participant who responded to my Facebook post and showed interest in my study was asked to share my contact information (see Heckathorn, 2011). In addition, at the end of each interview, I again asked the participant that my contact information be shared with others whom the interviewee might know met the inclusion criteria.

Once the interview was scheduled, I reminded the participants of the research study the day before the interview and suggested that they find a quiet, private location from which to take my call. Before the interview started, I asked the participants to confirm their consent and agree to having the interview audio recorded. The interviews were audio recorded through the Tape a Call application on my phone, which also permitted me to export the call to my computer for transcription. The Transcribe Live application was used to transcribe the audio. I also took field notes during the interview. At the conclusion of each interview, I told the participant to expect a transcription of the

interview within a few days that they could review that for accuracy and let me know of any corrections they would like me to make.

Data Analysis Plan

I began the data analysis after I received transcriptions back from each participant who reviewed theirs for accuracy. Step one in data analysis was organizing the data. I created a three-column table in Excel and inserted the transcript text of the first interview into the middle column. I than inserted in the left-hand column whatever field notes I recorded, positioning them at the point into the conversation when the note was made. The right-hand column is where I indicated codes that I extracted from the transcript, positioning each of these likewise at the point in the conversation where the code appears. Codes were words and phrases that seemed significant, as described by Saldana (2009). Once the first transcript was inserted in my Excel file in this way, I then continued with the text of subsequent interview transcripts. This process resulted in all the data in one location, as recommended by Marshall and Rossman (1995).

Once I coded all the transcripts, I then used the data sort feature of Excel to organize the data by code. This allowed me to see the recuring codes of data. From there, I reorganized the data so that similar codes and the associated transcript material were grouped together. These groups of similar data formed what Saldana (2009) called categories. By categorizing the codes, key ideas were easier for me to see, along with nuances in data that seemed similar. I then grouped the categories into broad themes, which were the main ideas delivered by the data provided by participants. These themes reflected my distillation of the data into three to five key issues or outcomes and helped

me understand the results. These themes were applied to answering the research questions about teachers' perspectives of children who exhibit SIB.

Issues of Trustworthiness

Trustworthiness is important in gathering information regarding the study in question. The quality of trust can affect the study overall and support the validity of the study results. Trustworthiness includes four components, which are credibility, transferability, dependability, and confirmability.

Credibility refers to whether the findings accurately reflect the situation described in the study and are derived from the evidence (Guion et al., 2011). To ensure credibility, I cross checked the interview responses in the data analysis phase when creating the codes and themes (see Patton, 2015). I conducted member checks by emailing completed interview transcripts to each participant, and asking them to confirm the accuracy of the data. I also asked a peer reviewer to examine my data analysis. The strategies I used to ensure credibility also ensured neutrality, and helped me keep an open mind and understand the findings of my study. Interview transcripts were provided to each participant, so they were able to confirm the credibility of the raw data.

Transferability refers to the degree to which the phenomenon or findings described in one study are applicable or useful to theory, practice, and future research (Lincoln & Guba, 1985). In a qualitative study, only the reader has the authority to judge if the data can be applied to a different setting or place. I have described my method completely and in detail and presented the data that resulted from my interviews, using participants' actual words. In this way, I have facilitated transferability.

Dependability refers to the consistency and reliability of the research findings and the degree to which research procedures are documented, allowing someone outside the research to follow, audit, and critique the research process (Polit et al., 2006). According to Lincoln and Guba (1985), dependability reflects the ability of another researcher to retrace the decision trail followed in the original study. Dependability is developed by providing an audit trail, including detailed description of data collection, transcription, and analysis so other researchers might replicate a researcher's process (Morrow et al., 2001). In this study, I ensured dependability by using an audit trail.

Confirmability is the degree to which the findings of the research study could be confirmed by other researchers, and includes establishing that the data and interpretations of the findings are not figments of the inquirer's imagination, but clearly derived from the data (Lincoln & Guba, 1985). Confirmability is described as the qualitative equivalent of the quantitative concept of objectivity (Shenton, 2004). In this study, I supported confirmability by using reflective journaling which allowed me to gather my observations and align them with the findings of my study. To ensure that all the findings reflected the words and experiences of my study participants, I reported participants' responses verbatim and without my own interpretation (see Patton, 2015).

Ethical Procedures

Before I began my study, I received approval (1-24-20-0514139) from the Walden University Institutional Review Board (IRB). As I recruited participants I first ensured participants' informed consent. I emailed a consent form to each prospective participant and asked them to reply with the words "I consent" if they wished to be

included in my study. According to Yin (2011), informed consent allows the participant to become knowledgeable about the parameters of the study and ensures that participation is entirely voluntary.

From this point forward, each participant was given a code name, such as P1, P2, and so on, which provided privacy to the participants in the research study. All study materials refer to participants using these code names. All study files have been kept secure on a password protected computer and phone, and the paper files have been kept in a locked drawer in my house. I will keep the material for 5 years following the conclusion of the study. At the end of the 5 years, I will shred the paper files and destroy the digital files with an application called Eraser, which will remove all documents that were gathered during the duration of the research study.

Summary

The focus of this study was increased understanding of early childhood teachers' perspectives regarding SIB. In this chapter, I described the design and rationale for my research, my role as the researcher, and my processes for participant selection, instrumentation, recruitment, participation, and data collection. I also described issues of trustworthiness and ethical procedures. The research questions inquired about how preschool teachers described their experience with SIB in young children, their ability to distinguish SIB from ordinary misbehavior, and their responses to children's behavior that may be an indicator of SIB. In Chapter 4 I will present the results of my study.

Chapter 4: Results

The purpose of this qualitative research study was to develop an understanding of early childhood teachers' perspectives regarding young children's SIB. The following three RQs guided this study:

RQ1: How do preschool teachers describe their experience with SIB in young children?

RQ2: How do preschool teachers describe their ability to distinguish SIB from ordinary misbehavior?

RQ 3: How do preschool teachers describe their responses to children's behavior that may be an indicator of SIB?

In Chapter 4, I present the setting of the study, data collection, data analysis, results, and evidence of trustworthiness before concluding with a summary.

Setting

This study occurred during the COVID-19 pandemic that affected the overall nature of the study. COVID-19 is a virus that can spread from person-to-person through respiratory droplets that are released during the talking, coughing, or sneezing of infected people (Centers for Disease Control and Prevention, 2020; World Health Organization, 2020). It was quite difficult to find participants due to schools and childcare facilities being shut down due to the pandemic. Using a Facebook group and snowball sampling, I was able to recruit seven participants instead of my target of 10 participants. The recruitment process took 4 weeks to gather all the participants, after which time, on the advice of my dissertation chair, I suspended recruitment. The participants were members

of different cultures and ethnic groups, including two from the African American community, one from Guyana, one from Puerto Rico, one from El Salvador, and the other two participants being European Americans from the United States. All the participants were female. Several of the teachers reported that they had engaged in SIB as a child, and the same group of teachers who reported SIB as a child were also those who volunteered during the interview that they experienced emotional problems that resulted in anxiety or stress.

Data Collection

As anticipated, due to the COVID-19 pandemic I could not conduct in-person interviews; therefore, I conducted interviews by telephone instead. None of the participants wished to use Zoom teleconferencing technology instead of the telephone. I conducted the interviews from a quiet room in my home and directed participants to choose a quiet, private space from which to take my call. Each interview lasted about 20 minutes. I recorded each interview as planned. After completing each interview, I transcribed the interviews using a program called Tape A Call. A copy of the interview was then emailed to each participant so they could review and make changes as desired. No participant requested any change, so I used the transcriptions as the basis for data analysis.

Data Analysis

Once the transcriptions were completed and participants had an opportunity to confirm their accuracy, I read the transcripts of each participant's interviews, and highlighted words and phrases that were relevant to the research problem and purpose. I

then inserted the transcripts into a five-column table in Excel with the transcription text of each interview in the third column and the categories in column four and themes in column five. Column one represented the research questions to which a participant comment seemed to correspond and the second column indicated the participant. For example, I identified codes in statement like, “Really understanding what triggers those kids is the best way to prevent it” and “He would make himself bleed.” Once I coded all of the transcripts, I moved rows so that similar ideas described by a participant followed each other. The resulting groups of rows containing similar codes formed categories. I was able to derive 79 codes which I grouped into 13 categories including personal experience, consistency, severity, address child feelings, distract/redirect/ignore, protect the child, protect the class, track incidence, learn more, get outside help, deal with it myself, child rationale, and self-knowledge. . I then grouped 11 of these categories into six themes relevant to the study RQs, which included experience with SIB, SIB vs. ordinary action, change child behavior, maintain safety, analyze the problem, and engage professionals.. These themes aligned with the RQs in this way: the theme of experience with SIB with RQ1, the theme of SIB vs ordinary action with RQ2, and themes of change child behavior, maintain safety, analyze the problem, and engage professionals with RQ3. See Figure 1.

Figure 1

Data Categories and Themes with Associated RQs

Themes	Categories	Associated RQ
Experience with SIB	• Personal experience • Child rationale • Teacher self-knowledge	RQ1
SIB vs ordinary action	• Consistency • Severity	RQ2
Change child behavior	• Address child feelings • Distract/redirect/ignore	RQ3
Maintain safety	• Protect the child • Protect the class	RQ3
Analyze the problem	• Track incidence • Learn more	RQ3
Engage professionals	• Get outside help • Deal with it myself	RQ3

There were no discrepant cases in that no coded statements made by participants differed from the main body of evidence.

Results

Results for RQ1

RQ1 asked, what are the perspectives of preschool teachers regarding SIB in young children? The theme of experience with SIB is associated with this RQ, and includes participants' descriptions of their personal experiences. Interviewee 1 explained,

> [children] would take pencils and pick the cuticles when they're nervy-... when they're nervous. So, I guess it's something with a cuticle when he's bored or anxious, they would pick their cuticle ... Or take a pencil and put it inside of the cuticle to injure themselves a little bit. I'm not really sure [why he did this]. I

> asked them why they did it and I asked them, I'm like, ’Did it hurt?’ And he was like, ’Yeah, it hurts.’ So, I'm like, ’If it hurt, why did you do it? Do you think that it's not going to do that?’

Interviewee 2 offered this:

> So, a student that I have worked with before, what he would do is when he... He had Attention Deficit Disorder. So, to help him focus he would self-harm himself. So, he would make himself bleed, scratch himself, pick at his nails, even lift his nails.

Interviewee 3 stated,

> I had dealt with a couple, but the one really that comes to mind, was about a year ago. I had worked with and observed one of these child’s who displayed this kind of behavior. He was very, it was very hard. It was problematic to himself and to all the other teachers around him, and also the children in the class itself. It was a very rough situation. He was two years old at the time. He was very strong for his age and he actually was able to talk like he was a three- or four-year-old. He had the language, but he was still, he wanted to try to hurt himself or try to hurt others.

Interviewee 4 stated,

> Yeah, and I thought about that. It was a little girl- [She] was, I want to say three, she may have been four-... But she was part of the Foster system... And this little girl had been abused. And she had some trauma. Well, I think because she found out that it was her dad that was abusing her. That's why she got put in a home. He would put on a clown mask and then he would abuse her with that clown mask

> on. So, if she got in trouble in the classroom, or if she did not know how to cope with stress, she did not know how to ask for help, she would self-mutilate. She would bite the skin off of the tip of her fingers-... And she did that and she found out, "Oh gosh, I don't have anything else to bite." And she pulled her socks and shoes off and see what else [she could bite] .She would go for it [and] bite the skin off of toes. Well, first I'm watching the situation and observing her and I'm like, Oh, did I just see what I saw as I watched TV or did it just really happened? And it really happened. So once I learned her routine, [I thought] not on my watch. Not my time, it's not going to happen. And then, went into agreement with Foster care.

Interviewee 5 stated,

> So the child I worked with used to bang their head against the wall, against the desk, and it was just to show frustration, it was lashing out. The child got behavior therapy because they used to lash out on others than they tend to just hurt themselves. So the child, I think a lot of it, if they start doing therapy from when they're younger, I think it'll help because this child learned how to not hit themselves as hard. It looks like to me on the outside, it looked like they didn't feel the pain. So when he used to do that, he would get really red marks or bruises. One time it was on the concrete or outside on the playground and it was bad. I don't know, my heart sank. But it doesn't faze him. It's like it never happened. Once he got over it, it's like it never happened and I'm like, how is that possible? It must hurt.

Interviewee 6 reported,

> So there was a little girl that whenever she didn't get her way or when she got angry, she would actually hurt herself. She will either try to hit her head on the table, bang her head on an arm on a chair, or anything that can cause harm to herself. She would. So, yeah, that's the child that really came to mind when I read the question. So the particular behavior affecting it. I mean, it made me sad because I know for her it must've been a mental situation. I know there's a lot of things going on at home and so it created this, I would call it a little monster of hers, which it wasn't necessarily her trying to show out or act out. It's like she couldn't control it. It was her way of releasing it and it didn't really affect my teaching style only because I tailor my teaching style to every student. So I study every student. I figure out what is it that they need or how do they learn? And that's how I usually go about with all my kids. Now, if it was a situation where she just randomly in the middle of the year then it would be okay. That would've affected, obviously, the teaching situation because then I'd have to rework the whole classroom and hold up for her. But I was pretty warned about her before I even received her. So it didn't affect necessarily my teaching style.

Interviewee 7 reported,

> Okay. Yeah. I've had a few, but one stuck out in my head, particularly, when I read that question. This little boy, he was in sixth grade and just the cutest little boy. Whenever he would struggle with something, like either a concept or doing something or playing a score, if he's like miss a basket or answer a question

> wrong, he would just be like, 'I'm so stupid. I'm an idiot.' Yeah. So he would like mentally beat himself up and physically beat himself up. And it was so sad.

In their struggle to understand and respond to SIB, teachers frequently speculated on what drives a child to self-injury. Teachers frequently attributed this behavior to attention-seeking. For example, Interviewee 2 said

> I don't really try to get the class to pay attention to that, because then again, it puts all the focus on him and it just gives him what he wants, the attention. So, really I try to quietly, I go over there quickly, kind of, make it as least obvious as possible give him the band-aids, give him the other interventions quickly and move on, trying to make it 30 second or less.

Interviewee 5 said simply, "Because a lot of kids, they want that attention, whether it's negative or positive, they want the attention." Interviewee 6 went into greater detail:

> Sometimes it's entertainment for them. They're lacking the attention, whether it's at home or they don't really have friends at school. So the best way for them to get attention is to act out because once you act out you automatically know the teacher's going to give you attention. You're going to get it. Nine times out of ten. Me? I don't give it to them. My students know you can act out all you want but I'm going to ignore you and I'm glad to deal with the kids who want to learn. But most teachers, they react quicker to children that are misbehaving. So the kids that might be showing self-harm as a form of attention, you want to watch out when they don't even notice you're watching. That's when you'll see if it's really something with them or if it's something that they're doing for attention.

Other teachers attributed SIB to coping mechanisms. For instance, Interviewee 6 suggested, “finding out what's going on all around them. Whether it's at home, what's happening after school, or if there's something going on with the kids in school.” Interviewee 2 suggested SIB was a tool used by a highly distractible child, in that SIB “probably helps him to focus. If he's not focusing on self-injury then he's focusing on everything that was around the room.” Interviewee 1 reported,

> I feel like it's usually something that happened at home or maybe something happened on the playground and they tend to feel that way. I feel like they want to hurt themselves or injure themselves in some way….It's more identity-type things, I want to say.

. Interviewee 5 suggested problems at home lead to SIB, saying,

> So I look at the overall. Because the kids are so young, I look at are they clean? Do they come in dirty. I look at are the parents attentive? Are they coming from a good home? Because a lot of the things that are happening are because of something from home. One child that used to throw desks and stuff, it was because they were moved from another foster home. They were taken out of their parents, then they were moved to home, then they were put back with the parents, and then they were taken out again. And then it was to a different foster parent so you're talking about so much movement, no stability.

Interviewee 5 remarked, ” they're also reflecting, they're looking, they're analyzing themselves and saying, "Okay, I'm feeling angry. I'm going to let the teacher know." These attributions of children’s rationale for SIB reflects to the conceptual framework of

attribution theory, and may, as suggested by Jones and Davis (1965), influence how teachers respond to SIB.

Another additional finding that emerged in this study is that SIB inspired teachers to reevaluate their teaching practice. Interviewee 3 said, in dealing with SIB,

> I found out things about myself that I didn't know about my teaching style. I didn't know …. I had an assistant. I said, listen, I had to do this. And I want you to take a tablet …. I said, write negative on one side and positive the other side. Yes. I understand that 19 other students in here, but today your focus is on me and this little girl, I need this, I need you to do this. I will stay in the classroom we will not anybody or anything like that. But I said, I want a pass mark. I don't, I don't want you to tell me you didn't [make] so many marks. I don't want, I just want you to mark. That's all. I want you to do negative that you hear negative or positive I want you to mark it. And she did. And you know what? I found out that I'm not good at ignoring negative behavior. I got more tally marks when the child was someone else, I was speaking more to her when she was acting out as opposed to her when she was being positive. When she was positive I said nothing. I found out a lot about myself. I did. I really did.

Interviewee 7 said,

> it affected me because I would get really upset too kind of. I would hold it in, but I felt so sorry for him. I just wanted to give him a hug and it made me wonder what's going on at home. What is going on behind the scenes that has brought the

> kid to do this kind of behavior? Because that's not typical of a kid that's in a healthy home, unless there's something wrong with him mentally.

Both the child and the teacher base their behaviors in ideas that seem purposeful, even if they are themselves unclear of the purpose.

All participants in this study had prior experience with children who exhibit SIB. There were also a few participants as well who experience SIB as children. Those participants explained how they were able to receive services such as counseling to help them deal with such issues in dealing with SIB. They also described using their own personal techniques they learn as a child such as coping strategies to implement upon their students who were dealing with SIB. The theme of experience with SIB aligns with the work of Kahneman and Frederick (2002), described as part of this study's conceptual framework, because prior experience with a phenomenon may affect perspectives on that phenomenon. Teachers in this study described perspectives of feeling puzzled and disturbed by SIB, and of trying to understand the motivation behind an action that actors acknowledged was painful. Interview participants described using prior knowledge of a child's behavior in interpreting or anticipating future behavior, which they believed helped them deal with students who were engaging in SIB.

Results for RQ2

RQ2 asked what are the perspectives of preschool teachers regarding their ability to distinguish SIB from ordinary misbehavior. The theme of SIB vs ordinary actions was associated with this RQ, and included categories of consistency and severity. All teachers in this study believed they were able to discern the difference, particularly by including

any instance of self-harm in their perception of SIB and absence of self-harm as an indicator of ordinary misbehavior. Teachers also said they distinguished SIB from ordinary misbehavior by the intensity of SIB. For instance, Interviewee 1, when asked "How do you know this is SIB?", stated,

> I think it depends on what the response is when you ask them why they do it. Because I am remembering it, he didn't directly ... The person didn't directly say that they did it for this reason, but as the conversation proceeded, they talked about they weren't worthy enough to be alive-type thing. So, from that, I got like, 'Oh, okay.' More of, 'I'm not worthy to be who I am.'

Interviewee 2 stated, "Because, the consistency. If it's happening quite often within the hour, then that's definitely a red flag. Usually, it doesn't happen multiple times an hour, maybe like every couple hours." Interview 6 suggested, "If you see that you really can't control the behavior whatsoever. Like nothing's calming that child down," while Interviewee 7 stated,

> Okay. [SIB is] completely different because just the normal misbehavior, the first thing you do is try to ignore it. They're just trying to get attention. Or you take that attention away from them. But if they're injuring themselves, you can't really ignore it. It's tough.

Interviewee 4 agreed, indicating that sometimes what appears to be SIB might be something else entirely. Interviewee 4 stated,

> It may not be what we think. Like I found a video of this child that was acting out, that we thought was cranking out (lashing out) and this child was actually having

> an allergic reaction to their environment. I'm a lady of color. So, first thing and a lot of the other black students in the class, were saying, that child needs his arse beaten that's a normal reaction. Found out that child was having a reaction to something in the atmosphere, made me feel teeny tiny after I found that out. Right. And then when the child got, the allergy injections and all he totally took a different turn, same environment.

Most of the teachers I interviewed described ways they distinguished SIB from ordinary misbehavior, including by the severity of the injuries caused, children's persistence in engaging in SIB despite their pain, and children's persistence even if the teacher ignored the behavior (speculation on SIB as attention-seeking behavior will be discussed as an additional finding, below). Teachers recognized, however, that distinguishing SIB from ordinary misbehavior might be clouded by unrelated factors, such as environmental toxins or as a coping mechanism for an underlying condition like ADHD, as described in the results for RQ1. They used their prior knowledge of the range of children's behaviors generally, and of individual children in particular, in distinguishing SIB from ordinary misbehavior.

Results for RQ3

RQ3 asked, what are the perspectives of preschool teachers regarding their responses to children's behavior that may be an indicator of SIB? Themes associated with this RQ were change child behavior, maintain safety, analyze the problem, and engage professionals. Changing the child's behavior was described as providing an outlet for the

disturbed feelings participants seemed to assume triggered SIB. For instance, Interviewee 1 suggested,

> I think a feelings chart would be very helpful because a lot of kids, they need to know what the feeling is for them to explain it. And then more so, you can problem solve around it. 'Okay. Do you feel angry? Are you upset?' So they can identify these different feelings. Once they're able to identify [their feelings], we can identify the trigger to the feelings and kind of how to deal with it more appropriately.

Interviewee 5 agreed, saying,

> I have a lot of picture cards and a lot of faces where they can see, and then they can show me and point like, okay, how are you now? If they're non-verbal or whatever, or if they are verbal but they're just not talking at that moment, they can point to tell me what they're feeling.

Interviewee 2 wished for more tools to distract children from self-injury. Interviewee 2 reported,

> If we had more fidget objects where it takes his fidgeting off of him or off of the student and more towards the actual fidget object that would be something more beneficial. Some schools have more fidget options while others are quite lacking. I think that's the biggest problem.

Interviewee 3 stated, "there are always a reason why they're doing the behavior," and the reason often seemed to be what Interviewee 1 called, "nervy-... when they're nervous... bored or anxious." To change this behavior, participants relied on distracting children

from SIB using self-regulation objects, commonly called fidgets, and on helping children to express their distress through a chart that depicts emotions.

The theme of maintain safety describes participants' focus on physical wellbeing of the child and of other children in the classroom. Interviewee 5 reported,

> I make sure there's nothing too dangerous around them. [I don't have] anything dangerous when it comes to kids, but nothing like no scissors, nothing that they can really do really bad damage. Make sure all the other kids are safe and I make sure inside the classroom is a little bit easier than outside because basically you're behind closed doors. You're not supposed to really put a hand on the kids but when the hug does work, it helps because the child feels like, okay, I'm in a safe place.

Interviewee 2 said,

> Yes, because it's hard. He ends up making himself bleed and obviously I can't have him just sit there and bleed out. So, I would have to stop, get him band-aids, have him turn to focus on not self-harming, have him do other interventions instead of self-harming.

Interviewee 5 raised the prospect of self-harm becoming harm inflicted on others, and the response such an event might have on other children and other children's parents. Interviewee 5 said,

> Whenever they [get] frustrated, I would have to stop what I'm doing because I'd have to make sure everybody else was safe because, according to the parent, the

> child could have attacked anybody at any given moment because they could have reverted back to attacking instead of self-attacking.

Interviewee 3 reported,

> With this particular one, is I had to do it more differently than the other children. Because with the other children, you can kind of, have been able to sit down, have to go to a little quiet area, and have them just think about what they've done. But with him, you couldn't do that because one, he would not stay. And another thing is he would try to... he would used to throw things. He would try to pick up a book shelf, a small bookshelf, and try to toss it to get them through the room. We would actually have to physically sit with him either take him outside of the classroom, or we would have to handle him.

Interviewee 3 summed up the concern over safety when she said, "I may have had to step away for a little bit, separated the kids, other children away from him, and try to handle him." Participants felt responsible for keeping safe the child with SIB and other children in the room. They also seemed aware of problems that could arise with parents if other children were hurt by the child who exhibited SIB.

The theme of analyze the problem focused on teachers' response to SIB, which included tracking its incidence and learning more. For example, Interviewee 1 said,

> I just would say that you be mindful.... You be very observant.... You notice who the kid hangs around with, or who's always around and you could always ask other kids what's going on. Or if something happened at the playground and they come back and they start doing certain things like that, that something occurred.

Interviewee 7 said,

> So I did actually record how often this happened. And so, if it happened ... In the beginning, it happened every day. [I tried to] prevent it and to make it less. So it did go from every day to like three times a week, then it's twice a week, and then eventually we got down to like once a week where he was doing this.

Interviewee 7 added this advice:

> Look back at it because that always helps realize what is the trigger or what is the behavior. Is it changing? All of those things matter. So yeah, recording it. Yeah, just being patient. Just keep trying to be consistent with whatever technique. Maybe somebody told you it was the right way to go or maybe if you already know what you're supposed to do.

Many participants focused on learning more about SIB and behavior challenges. Interviewee 3 stated,

> I do conferences and stuff like that in regards to... Anytime I can get into a conference, I do some kind of behavioral seminar. So that way I get more awareness of all the different kinds of behaviors and things I can do to help them.

Interviewee 4 suggested,

> Some students for others, it [teacher training] may not be, beneficial. But I would, accept probably all the training that I could get Advice to other teachers would be try your best not to assume, get all the training possible, read up and do research.

Interviewee 7 agreed, saying

> Other than that, I don't know. Books, of course. Or studying and taking a class, that does help, of course. But experience with that for that professional, like the knowledge plus the experience, that goes the farthest I think.

Learning more was a theme supported by teachers' comments. Participants in this study reported being actively engaged in trying to understand children's behavior and find solutions to behavior they found troubling, including SIB.

Finally, participants suggested engaging with professionals, which was the fourth theme related to preschool teachers' perspectives regarding responses to SIB. Interviewee 1 stated, "I will contact a counselor right away, and then we make a plan on how to bring it to the parent and talk to the kid and see what's going on." Interviewee 2 stated,

> Definitely, even though I haven't really needed to ask for help, definitely ask for help, talk to your team, your principal, and get even your guidance counselors involved. A lot of schools have OTs [occupational therapists] and other people that will definitely help or have the resources or even ask the teachers who teach the EVD [emotionally vulnerable and disabled], the EV [emotionally vulnerable] units because they definitely see it way more than a general ed classroom teacher does. So, they know exactly what will help. So, just really communication and reaching out.

Interviewee 4 stated, "Well, I didn't know what type of guidance to request. I just knew I needed help with this little girl and this lady came in and she was a mental health counselor and assisted me greatly." Interviewee 5 suggested,

> That's what tells me to look deeper because if I can't get them to calm down with the strategies that I have, and we've done trainings on social, emotional learning, and if I can't do things with them, then that means that it's beyond my control, beyond what I can help with. That's when I look for outside help.

Teachers reported trying to include parents but their advice to parents is limited. Interviewee 3 reported

> Well, how I been... If it had gotten any worse, if we haven't been able to, if we sit him out, sit any one of our kids out, and they just continue to do the same thing over and over, it's gotten worse. At that point, we talk to the parents. We try to get the conference with the parents and to say we tried to not really, because we can't really, we can give them the... We can tell them what we feel what we could do and some companies [help with that], but we can't really refer them [to organizations outside the district]. We can make suggestions.

In the end, teachers struggle. Interviewee 5 said,

> Yeah, emotionally I didn't know what to do. I knew, because one time I tried hugging the child even though we're not supposed to, but I just felt like he needed love, but then the child bit me so I knew that wasn't what I was supposed to do.

In summary, preschool teachers in this study described using a variety of approaches in a trial-and-error process, trying to find a way to help children who engage in SIB and to shield other children in the classroom from exposure to SIB. Themes of focusing on ways to change child behavior, maintain safety, analyze the problem by tracking it and getting more information, and engage professionals emerged as part of

preschool teachers' perspectives regarding their responses to children's SIB. In line with the conceptual framework of attribution theory, participants in this study worked from their prior knowledge of what constitutes ordinary and extraordinary child behavior, and used that to frame their responses to SIB. Teachers who were interviewed spoke of seeking advice from professionals who work in the field of mental health as a last-resort measure, after trying numerous other measures to reduce the incidence and impact of SIB. In the conduct and completion of the study no discrepant data were found.

Evidence of Trustworthiness

To ensure credibility of this study, I followed the processes described in Chapter 3, and in my analysis of data reflected the data accurately. To ensure credibility, I cross checked interviews and the responses given during the data analysis phase, to ensure faithfulness to the data which I created codes, categories, and themes. Member checking also helped validate the accuracy of the interview transcripts. . Also I used reflexivity to manage my own opinions and the influence of my prior experiences which could have influenced the conduct of the interviews and selection and analysis of interview data. Reflexivity took the form of a journal, which was a repository for my thoughts and ideas, and use of a peer reviewer who examined my data analysis process.

To ensure transferability, I provided in this report rich, thick descriptions of every step in the conduct of my study, so the reader can determine the applicability of my findings to their own contexts. To support transferability, I made sure to include the actual participants' words in this study and avoided adding any biases based upon my own views of the study. Dependability of my study results is supported by providing

detailed descriptions of my process, as an audit trail, which other researchers might use to replicate this study. Confirmability is evident in my use of verbatim responses from participants to support the development of categories and themes. To establish that findings reflected in this study were based in the ideas of participants, I reported verbatim what participants told me, and avoided interpretation of their words.

Summary

The purpose of this qualitative research study was to understand early childhood teachers' perspectives regarding SIB, their ability to distinguish SIB from ordinary misbehavior, and their responses to behavior that may indicate SIB. I used interviews of seven preschool teachers to answer the research questions about teachers' experience with SIB, their ability to distinguish SIB from ordinary misbehavior, and teachers' responses to SIB. Six themes emerged that were associated with these research questions, including experience with SIB, SIB vs. ordinary action, change child behavior, maintain safety, analyze the problem, and engage professionals. In addition, two themes emerged that were not associated with a research questions but constituted additional findings: child rationale and teacher self-knowledge. Although teachers in this study had experience with SIB and were generally confident in their ability to distinguish SIB from ordinary misbehavior, they described using a trial-and-error approach in responding to SIB. They were puzzled over why a child would persist in SIB that caused them pain, and were inspired to examine their own teaching practices in an effort to better understand SIB and improve their own response to it. In Chapter 5, I will provide an interpretation of

the findings, limitations of the study, recommendations for future research endeavors, and implications for practice and for positive social change.

Chapter 5: Discussion, Conclusions and Recommendations

The purpose of this study was to understand early childhood teachers' perspectives regarding SIB, their ability to distinguish SIB from ordinary misbehavior, and their responses to behavior that may indicate SIB. I used a descriptive basic qualitative approach because descriptive research aims to understand and answer questions about phenomena rather than examining causal relationships and testing theories (Vogt et al., 2012). This study was needed because Baker et al. (2015) and Desta et al. (2017) found that preschool teachers know little about SIB and are uninformed about ways to support these children. I conducted semi-structured interviews with seven preschool teachers, which focused on the ideas derived from their own experiences in dealing with SIB among preschool students. Six themes emerged that were associated with the study's research questions, including experience with SIB, SIB vs. ordinary action, change child behavior, maintain safety, analyze the problem, and engage professionals. In this chapter, I present an interpretation of these findings, limitations of the study, recommendations for future research endeavors, and implications for practice and for positive social change.

Interpretation of the Findings

Interpretation of Findings for RQ1

RQ1 focused on the perspectives of preschool teachers regarding SIB in young children. The theme related to this RQ was experience with SIB. All participants of the research study had some prior experience in dealing with SIB. Teachers who worked with students who engaged in SIB were found to be confused by this behavior. Many of the

teachers offered reasons why children were engaging in this behavior and used prior knowledge to help prevent future behaviors from occurring. These findings align with the findings of Dowling and Doyle (2016), who reported that teachers described themselves as sensitive to the detection of self-harm in students, but they felt underequipped to know how best to respond, and often felt worried in their interactions with students displaying such behaviors. Ray et al. (2015) agreed that teachers do not have the skills necessary to respond effectively to disruptive behavior, including those arising from problems of mental health.

In struggling to understand and respond to SIB, teachers frequently speculated on what drives a child to self-injury. Teachers frequently attributed this to attention-seeking behavior. One example from a teacher in this study, focused on the idea of a child displaying SIB behavior by engaging in self-harm, and then the possibility of hurting other children in the classroom by influencing them, as well as to engage in a similar behavior. According to the conceptual framework contribution of Jones and Davis (1965), an individual's beliefs about another's actions and motives can influence them in their interpretation of those actions and responses to them. Jones and Davis also suggested that is vital to make valid attributions of the basis for another's behavior if a professional is to understand the behavior and respond to it appropriately. Teachers in this study seemed puzzled by SIB but did not attribute it to internalization of aggressive emotions; they seemed to regard SIB as purely externalizing behavior. This meant that teachers were unclear about the triggers that preceded an SIB event, including how their own behavior or the way the classroom is organized might increase some children's

frustration and result in SIB. However, teachers in this study suggested that a child might engage in SIB merely to get attention, or as simply learned behavior copied from another child.

Teachers in this study included themselves in their perspective of SIB. They focused on their own skills in combating SIB in their students. Teachers reflected on their own teaching styles based upon the behaviors of the students. Teacher self-efficacy has been shown to positively affect teachers' beliefs about teaching and behavior; thereby influencing the classroom instruction and ultimately affecting student outcomes (Zee & Koomen, 2016). Teachers' self-efficacy has also been shown to predict the quality of the relationship's teachers have with their students and the type of classroom environment they provide; both of which can influence student outcomes (Miller, Ramirez, & Murdock, 2017). Miller, Ramirez, and Murdock (2017) suggested the perceptions teachers hold about their students influence not only how they teach, but the type of classroom environment they provide for student learning. The impulse to reflect on the efficacy of one's teaching as a result of children's SIB suggests the seriousness with which teachers in this study addressed children's well-being. Findings for RQ1 align with the study's conceptual framework, in that Kahneman and Fredrick (2002) focused on the idea that an individual's perception may be influenced by past situations, while Jones and Davis (1965) suggested that individualized beliefs about other actions and motives influence their responses.

Interpretation of Findings for RQ2

RQ2 focused on the perspectives of preschool teachers regarding their ability to distinguish SIB from ordinary misbehavior. The theme of SIB vs ordinary actions was associated with this RQ and included categories of consistency and severity. Most teachers in this study were able to describe how they distinguished SIB from ordinary behavior, by noticing a child's persistence in engaging in SIB even though the teacher tried to deter them, and by noticing the severity of injuries that resulted from SIB that did not dissuade children from engaging in this behavior. Teachers found that SIB would continue even if the teacher ignored the behavior. Pianta (2016) reported that head banging, pulling hair, picking at their skin, and cutting themselves with their nails are behaviors based in mental health problems and are different from ordinary types of student behaviors. These behaviors were recognized by teachers in this study as different from ordinary misbehavior because they include self-harm. Teachers' puzzling over the persistence and severity of SIB recalled the functional behavioral assessments suggested by Durand and Moskowitz (2016), who recommended identifying the antecedents that trigger an unwanted behavior and the effect of consequences on maintaining the behavior. The theme of SIB vs. ordinary behavior is consistent with Jones and Davis's (1965) contribution to this study's conceptual framework, in that participants ascribed attributes of self-preservation and attention-seeking to ordinary misbehavior and so offered the perspective that behavior that did not conform to these attributions must signal SIB. These findings also confirm the suggestion of t Jones and Davis (1965), that

how teachers react to SIB is influenced by their attributions of intent and by how their perspectives changed based on the behavior they witness.

Interpretation of Findings for RQ3

RQ3 focused on perspectives of preschool teachers regarding their responses to children's behavior that may be an indicator of SIB. Preschool teachers in this study described using a variety of approaches in a trial-and-error process, trying to find a way to help children who engage in SIB and to shield other children in the classroom from exposure to SIB. The themes reflected focused on changing behavior, maintaining safety, analyzing the problem, and engaging professionals.

Changing Behavior

In attempting to change the incidence of SIB in affected students, teachers described using techniques such as explaining to the child the feelings the child was experiencing that might have led to SIB or distracting the child from their SIB and distracting other children from an SIB event. Teachers described using self-regulation objects, commonly known as fidgets, and using a chart that depicts emotions, so the child is better able to communicate their feelings and the teacher might be better able to help them. This intervention aligns with Functional Communication Training (Durand & Moskowitz, 2016), which has been widely used to reduce SIB. Durand and Moskowitz described seven steps in this training, including assessing the function of the behavior, selecting a communication modality, creating teaching situations, prompting communication, fading prompts, developing generalization, and teaching new forms of communication. In addition to improving children's communication of their emotions,

teachers have also used strategies which meant to increase self-confidence and create a sense of belonging in the classroom for students (Zee et al., 2017). Teachers in this study mentioned increasing self-esteem as a way to change SIB behavior.

Maintaining Safety

Many teachers focused on the physical wellbeing of the child and others in the classroom. Teachers reported removing items that could be dangerous during an SIB episode. Other teachers raised the idea that students who were engaging in SIB might expand their aggression to include hurting their classmates and talked about their responses to SIB designed to protect those other students. In essence, teachers felt responsible for keeping all children safe. The threat of injury in children who engage in SIB was cited by Soke et al. (2016), who included such outcomes as lacerations, contusions, factures, and concussions, which may lead to hospitalization or even death.

Analyzing the Problem

Teachers in this study described addressing SIB by tracking its incidence and learning more about it. Many teachers reported being observant of the behavior that was going on in the classroom and recording the behavior to find a pattern. Teachers also said they took training to identifying SIB, read books about SIB, and attended behavioral conferences and seminars. Participants in this study were motivated to understand children's SIB and find solutions to behaviors they found to be troubling. However, teachers in this study said they felt overwhelmed with taking on the role of a mental-health provider and often struggled with their own mental well-being, which echoes the findings of Schonert-Reichl (2017). Ekornes (2017) reported that K-12 teachers in

Norway were able to identify a mental-health problem in their students but did not have time to engage and provide the student special attention amid their day-to-day responsibilities. Furthermore, Kratt (2018) found when teachers encounter a student mental-health issue, they are often uncomfortable in this the role of mental health advocate and identified mental health education as “very” or “extremely” important for educators and were willing to be involved in mental health education programs outside of the usual classroom processes. This follows the report of Moon et al. (2017), who found that, while a majority of preschool teachers take students' mental health issues seriously, resources and training opportunities should be expanded to provide teachers with the tools they need.

Engaging Professionals

Many teachers in this study described seeking help from outside partners such as mental health professionals and school administrators in supporting children with SIB. School administrators do play critical roles in promoting mental health access by developing multidisciplinary teams in schools and setting clear role definitions among professionals from multiple sectors (Moon et al., 2017). However, outside professionals may be stretched thin in public school settings and nearly nonexistent in independently-funded preschools. One participant in this study had prior experience as a school counselor, and seemed most comfortable with SIB of all the teachers who participated, confirming the importance both of mental health training and professional support for teachers faced with SIB.

RQ3 focused on the perspectives of preschool teachers regarding their responses to children's behavior that may be an indicator of SIB. Teachers in this study noted they have minimal knowledge of children's mental health and are unable and feel unqualified to provide mental health services to students. Teachers in this study felt responsible for helping students who exhibit SIB and tried many techniques but felt ill-equipped to do so. The fact that the teacher in this study who seemed most confident in dealing with SIB was the teacher who had prior professional experience as a counselor. Teachers wished for more training and more professional resources for dealing with preschool children with SIB. As part of the study's conceptual framework Kahneman and Fredrick (2002) and Jones and Davis (1965) indicated an individual's perception of a situation is influenced by prior experience, which may be obtained first-hand or through training or study. Teachers in this study reported minimal knowledge of children's mental health and feel unqualified to provide mental health services to students but felt responsible for helping students who exhibit SIB and tried many techniques although they felt ill-equipped to do so.

Limitations of the Study

One limitation of this study was my inability to recruit the target number of 10 participants. Because only seven individuals participated in this study, the results may be incomplete in reflecting the experiences of early child teachers who deal with SIB in the classroom setting. I have no indication that I did not achieve data saturation because the information provided by the seven participants was consistent and no new ideas emerged in the final interviews over what were recorded in the first interviews. However,

collecting the responses of 10 participants may have presented a more complete picture of teachers' experiences.

Another limitation was that one of the participants was unable to hear me clearly during the interview due to noise issues in the background with her phone. I had to call multiple times in order to clear the background noise. Similarly, scheduling an interview with one participant was complicated by to the fact that interruptions in her location caused her to suspend the interview, so the interview had to be rescheduled multiple times. This led to many phone calls being made back and forth to complete the interview process. These issues were caused by the need to conduct interviews remotely instead of in-person because of the COVID-19 pandemic ongoing at the time of this study.

Recommendations for Future Research

One recommendation for future research is to replicate the study with more participants. This study included only a few participants because of the difficulty I encountered in recruiting volunteers. Another recommendation for future research is to expand the geographic location of the study to other parts of the United States, such as other states or more rural areas of the country. Familiarity with SIB and responses to SIB may be different in different contexts. Use of a survey may provide a much wider geographic scope and a greater number of participants than I was able to engage in this interview-based study. In addition, a study gathering the perspectives of both teachers and parents would add new perspectives on the problem of managing SIB. Classroom teachers respond to administrative directives, parental expectations, and the advice or lack of advice from specialists, so a study that explores the perspectives of those

constituencies directly would add to the picture that emerged in this study from preschool teacher perspectives only.

Implications for Practice

Several implications for practice derive from this study, including implications for teachers, school administrators, and policy makers. First, preschool teachers need more training in SIB. Participants in this study mentioned they felt inadequate to handle SIB in classroom settings. Teachers indicated they were not provided training in managing SIB or how to handle their own feelings about self-injury. They also suggested training in supporting other children in the class who might witness SIB in a classmate.

A second implication is that preschool teachers should have greater access than they do to mental health professionals who have expertise in SIB. A team approach is needed to provide teachers, principals, and other educators with family support social workers and insights from clinical psychologists. Trauma-informed approaches would also be relevant to the needs of many children exhibiting SIB, according to the information provided by teachers in this study. If in-person approaches are not available, coordinated online planning and training activities could be provided. Preschool centers are often independently funded, without tax-funded access to support professionals, but research suggests that SIB in preschool children is a significant problem that can have future effects if untreated (Green et al., 2005). Recent closures due to the pandemic have led to financial distress for many programs (Jessen-Howard & Workman, 2020), which suggests there may be less access to funding for mental health professionals than before. In addition, many teachers felt that school administrators were not as supportive

as they could be in helping them with the issues of SIB among students, so more guidance for administrators might be warranted. According to Barnett et al. (2018), SIB is not trivial behavior, even in very young children, and is not something a child will outgrow if it is ignored. Teachers need the support of administrators, funders, and outside professionals to meet the needs of children with SIB.

Positive social change might result from this study because it highlights the need to regard SIB with seriousness and compassion, and the difficulty preschool teachers encounter in working with children who exhibit SIB. A focus on child and family mental health in the preschool years, including specific information about the nature and prevention of SIB, should include training for teachers and appropriate professional and administrative support. This focus could reduce SIB behavior and increase acceptance and success of children who are vulnerable to SIB in the classroom. Increased support for teachers could also increase teacher confidence in their ability to manage behavior they find disturbing and help the children who need their support in avoiding SIB.

Conclusion

Per the six themes reflecting on the basis that our relevant to the study RQs, which included experience with SIB, SIB vs. ordinary action, change child behavior, maintain safety, analyze the problem, and engage professionals, I found that preschool teachers in this study all had little to no training in SIB, which they often found disturbing. Most teachers were confident in their ability to recognize the difference between SIB and ordinary misbehavior, but they tended to attribute causes of SIB to causes typical of ordinary misbehavior, such as attention-seeking and copying others.

Teachers described using a variety of approaches in a trial-and-error process to find a way to help children who engage in SIB and to shield other children in the class from exposure to SIB. Only one teacher felt comfortable in dealing with SIB in her students due to the teacher's prior work experience as a counselor.

Teachers indicated they need more training in SIB and more support from administrators and mental health professionals. Child mental health problems like SIB often appear in the preschool years and continue to affect children's social relationships and physical wellbeing throughout their school years and beyond. By providing preschool teachers with the guidance and support they need, teachers may feel more comfortable supporting children with SIB, may be better able to recognize SIB in their students, and may be able to help children with SIB and their classmates. This study offers an opportunity to support preschool teachers in educating themselves in child mental health issues in general and SIB in particular, which can contribute to positive social change in the lives of young children.

References

Abry, T., Rimm-Kaufman, S. E., & Curby, T. W. (2017). Are all program elements created equal? Relations between specific social and emotional learning components and teacher-student classroom interaction quality. *Prevention Science, 18*(2), 193-203. https://doi.org/10.1007/s11121-016-0743-3

Adler, E. S., & Clark, R. (2008). *How it's done: An invitation to social research.* Thomson Wadsworth.

Austin, Z., & Sutton, J. (2014). Qualitative research: Getting started. *Canadian Journal of Hospital Pharmacy, 67*(6), 436-40. https://doi.org/10.4212/cjhp.v67i6.1406

Autor, D., Figlio, D., Karbownik, K., Roth, J., & Wasserman, M. (2015). *Family disadvantage and the gender gap in behavioral and educational outcomes*. Working Paper Series 15-16. Institute for Policy Research, Northwestern University. https://www.aeaweb.org/articles/pdf/doi/10.1257/app.20170571

Aypay, A. (2016). Akademik Bağlamda Ödül Bağımlılığının Ebeveynlik Tarzı ve Cinsiyet ile İlişkileri. VIII. Presentation to the International Congress of Educational Research. *Quality assurance in higher education and accreditation of faculties of education.* 5-8 May, Çanakkale Onsekiz Mart University, Çanakkale, Turkey.

Aypay, A. (2015). Sensitivity to punishment in the academic context: it's relationship with locus of control, gender and grade level. Egitimde Kuram ve Uygulama - *Journal of Theory and Practice in Education, 11*(4), 1475-1495. https://dergipark.org.tr/tr/download/article-file/63521

Bachman, J. (1972). Self-injurious behavior: A behavioral analysis. *Journal of Abnormal Psychology* 80, 211-224. https://doi.org/10.1037/h0033736

Bader, S. H., Barry, T. D., & Hann, J. A. (2015). The relation between parental expressed emotion and externalizing behaviors in children and adolescents with an autism spectrum disorder. *Focus on Autism and Other Developmental Disabilities*, 30, 23-34. https://doi.org/10.1177/1088357614523065

Baker, C. N., Tichovolsky, M. H., Kupersmidt, J. B., Voegler-Lee, M. E., & Arnold, D. H. (2015). Teacher (mis)perceptions of preschoolers' academic skills: Predictors and associations with longitudinal outcomes. *Journal of Educational Psychology, 107*(3), 805-820. https://doi.org/10.1037/edu0000008

Bandura, A. (1977). Self- efficacy: Toward a unifying theory of behavior change. *Psychological Review, 84*, 191-215. https://doi.org/10.1037/0033-295X.84.2.191

Barnett, J. H., Frankel, A. J., & Fisher, K. W. (2018). Systematic review of evidence-based interventions in science for students with autism spectrum disorders. *Education and Training in Autism and Developmental Disabilities*, 53, 128-145. http://www.daddcec.com/etadd.html

Berg, D. N., & Smith, K. K. (1985). The clinical demands of research methods. In D. N. Berg & K. K. Smith (Eds.), *Exploring Clinical Methods for Social Research* (21-34). Sage.

Blazar, D., & Kraft, M. A. (2016). Teacher and teaching effects on students' attitudes and behaviors. *Educational Evaluation and Policy Analysis, 39*(1), 146-170. https://doi.org/10.3102/0162373716670260

Burns, E., Fenwick, J., Schmied, V., & Sheenan, A. (2012). Reflexivity in midwifery research: The insider/outsider debate. *Midwifery, 28*(1), 52-60. http://dx.doi.org/10.1016/j.midw.2010.10.018

Carrey, N. J., Curran, J. A., Greene, R., Nolan, A., & McLuckie, A. (2014). Embedding mental health interventions in early childhood education systems for at-risk preschoolers: An evidence to policy realist review. *Systematic Reviews, 84*(3), 1-7. https://doi.org/.1186/2046-4053-384

Centers for Disease Control and Prevention. (2020). CDC Methods for the Establishment and Management of Public Health Rapid Response Teams for Disease Outbreaks. Atlanta: Centers for Disease Control and Prevention. https://www.cdc.gov/globalhealth/healthprotection/errb/pdf/RRTManagementGuidance-508.pdf

Cobb-Clark, D. A., Kassenboehmer, S. C., Le, T., McVicar, D., & Zhang, R. (2015). Is there an educational penalty for being suspended from school? *Education Economics, 23*, 376-395. https://doi.org/10.1080/09645292.2014.980398

Copeland, W. E., Wolke, D., Shanahan, L., & Costello, E. J. (2015). Adult functional outcomes of common childhood psychiatric problems: A prospective, longitudinal study. *Journal of the American Medical Association Psychiatry, 72*, 892 - 899. https://doi.org/10.1001/jamapsychiatry.2015.0730

Corbin, S., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Sage Publications.

Creswell, J. W. (2009). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (2nd ed.). Pearson.

Creswell, J. W. (2012). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed). Sage.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed-method approaches* (4th ed.). Sage.

Cristóvão, A. M., Candeias, A. A., & Verdasca, J. (2017). Social and emotional learning and academic achievement in Portuguese schools: A bibliometric study. *Frontiers in Psychology, 8*. https://doi.org/10.3389/fpsyg.2017.01913

Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview based qualitative research. *Social Science Information, 45*, 483-499. https://doi.org/10.1177/0539018406069584

Cuellar, A. (2015). Preventing and treating child mental health problems. *The Future of Children,* 25, 111-134. https://files.eric.ed.gov/fulltext/EJ1062954.pdf

de Lissovoy, V. (1962). Head banging in early childhood. *Child Development, 33*, 43-56. https://doi.org/10.1016/s0022-3476(61)80135-2

Desta, M., Deyessa, N., Fish, I., Maxwell, B., Zerihun, T., Levine, S., Fox, C., Giedd, J., Zelleke, T., Alem, A., & Garland, A. F. (2017). Empowering preschool teachers to identify mental health problems: A task-sharing intervention in Ethiopia. *Mind, Brain, and Education, 11*(1), 32-42. https://doi.org/10.1111/mbe.12135

Dickstein, S. (2015). The family couch: Considerations for infant/early childhood mental health. *Child and Adolescent Psychiatric Clinics of North America*, *24*(3), 487-500. https://doi.org/10.1016/j.chc.2015.02.004

Dimian, A., Botteron, K., Dager, S., Elison, J., Estes, A., Pruett, J., Schultz, R., Zwaigenbaum, L., Piven, J., & Wolff, J. (2017). Potential risk factors for the development of self-injurious behavior among infants at risk for autism spectrum disorder. *Journal of Autism and Developmental Disorders, 47*(5), pp.1403-1415. https://doi.org/10.1007/s10803-017-3057-9

Division for Early Childhood. (2016). DEC recommended practices with examples. http://www.dec-sped.org/recommendedpractices

Dougherty, L. R., Smith, V. C., Bufferd, S. J., Kessel, E., Carlson, G. A., & Klein, D. N. (2015). Preschool irritability predicts child psychopathology, functional impairment, and service use at age nine. *Journal of Child Psychology and Psychiatry, 56*, 999-1007. https://doi.org/10.1111/jcpp.12403

Dowling, S., & Doyle, L. (2016). Responding to self-harm in the school setting: The experience of guidance counsellors and teachers in Ireland. *British Journal of Guidance & Counselling, 45*(5), 583-592. https://doi.org/10.1080/03069885.2016.1164297

Durand, V. M., & Moskowitz, L. J. (2016). Understanding functional communication to treat self-injurious behavior. In S.M. Edelson & J.B. Johnson (Eds.), *Understanding and Treating Self-Injurious Behavior in Autism: A Multi-Disciplinary Perspective,* (186-197). Jessica Kingsley Publishers.

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods, 8*, 54-63. https://doi.org/10.1177/160940690900800105

Ekornes, S. (2017). Teacher stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems. *Scandinavian Journal of Educational Research,* 61(3), 333-353. https://doi.org/10.1080/00313831.2016.1147068

Emelianchik-Key, K., & Guardia, A. L. (2020). *Non-suicidal self-injury throughout the lifespan: A clinician's guide to treatment considerations*. Routledge.

Encyclopedia of Children's Health (2022). Preschool. http://www.healthofchildren.com/P/Preschool.html

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *Lancet Psychiatry,1*(5), 377-387. https://doi.org/10.1016/S2215-0366(14)70312-8

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report, 20*(11), 1772-1789. https://doi.org/10.46743/2160-3715/2015.2373

Gonzales-Ball, T. L., & Bratton, S. C. (2019). Child-teacher relationship training as a head start early mental health intervention for children exhibiting disruptive behavior. *International Journal of Play Therapy, 28*(1), 44-56. https://doi.org/10.1037/pla0000081

Graham, L. J. (2017). Student compliance will not mean 'all teachers can teach': a critical analysis of the rationale for 'no excuses' discipline. *International Journal of Inclusive Education, 41*, 1-15. https://doi.org/10.1080/13603116.2017.1420254

Green, V. A., O'Reilly, M., Itchon, J., & Sigafoos, J.(2005) Persistence of early emerging aberrant behavior in children with DD. *Research Developmental Disability*, 26(1), 47-55. https://doi.org/10.1016/j.ridd.2004.07.003

Guion, L. A., Diehl, D. C., & McDonald, D. (2011). *Triangulation: Establishing the validity of qualitative studies*. University of Florida: IFAS Extension. http://edis.ifas.ufl.edu/fy394

Gurnani , T., Ivanov, I., & Newcorn, J. H.(2016). Pharmacotherapy of aggression in child and adolescent psychiatric disorders. *Journal of Child and Adolescent Psychopharmacoly*. 26,65-73. https://doi.org/10.1089/cap.2015.0167

Heckathorn, D. D. (2011). Comment: Snowball versus respondent-driven sampling. *Sociological Methodology, 41*(1), 355-366. https://doi.org/10.1111/j.1467-9531.2011.01244.x

Hirschler-Guttenberg, Y., Feldman, R., Ostfeld-Etzion, S., Laor, N., & Golan, O. (2015). Self- and co-regulation of anger and fear in preschoolers with autism spectrum disorders: The role of maternal parenting style and temperament. *Journal of Autism and Developmental Disorders*, 45, 3004-3014. https://doi.org/10.1007/s10803-015-2464-z

Hoch, A., Stewart, D., Webb, K., & Wyandt-Hiebert, M. A. (2015, May). *Trauma-informed care on a college campus.* Presentation at the annual meeting of the

American College Health Association, Orlando, FL. https://www.acha.org/documents/Programs_Services/webhandouts_2015/TH2-322_Hoch.pdf

Hockenberry, M. J., Wilson, D., & Rogers, C. (2016). *Wong's essentials of pediatric nursing*. Mosby Elsevier.

Huber, L., Plotner, M., In-Albon, T., Stadelmann, S., & Schmitz, J. (2019). The perspective matters: A multi□informant study on the relationship between social-emotional competence and preschoolers' externalizing and internalizing symptoms. *Child Psychiatry & Human Development, June 6*. https://doi.org/1007/s10578-019-00902-8

Jessen-Howard, S., & Workman, S. (2020). *Coronavirus pandemic could lead to permanent loss of nearly 4.5 million child care slots*. Center for American Progress. https://www.americanprogress.org/issues/early-childhood/news/2020/04/24/483817/coronavirus-pandemic-lead-permanent-loss-nearly-4-5-million-child-care-slots/

Jones, E. E., & Davis, K. E. (1965). From acts to dispositions: The attribution process in social psychology, in L. Berkowitz. *Advances in Experimental Social Psychology* (Volume 2, pp. 219-266). Academic Press.

Kahneman, D., & Frederick, S. (2002). Representativeness revisited: Attribute substitution in intuitive judgment. In T. Gilovich, D. Griffin, & D. Kahneman (Eds.), *Heuristics and Biases: The Psychology of Intuitive Judgment*, 118(1), 49-81. https://doi.org/10.1017/CBO9780511808098.004

Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research, 19*(2), 79-289. https://doi.org/10.1177/1049732308329306

Kesicioglu, O. S. (2015). Investigation of preschool children's interpersonal problem solving skills. *Education and Science, 40*(177), 327-342. https://doi.org/10.15490/EB.2015.3240

Korpershoek, H., Harms, T., de Boer, H., van Kuijk, M., & Doolaard, S. (2016). A meta-analysis of the effects of classroom management strategies and classroom management programs on students' academic, behavioral, emotional, and motivational outcomes. *Review of Educational Research, 86*(3), 643-680. https://doi.org/10.3102/0034654315626799

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice, 24*(1), 120-124. https://doi.org/10.1080/13814788.2017.1375092

Kurtz, P. F., Chin, M. D., Huete, J. M., Tarbox, R. S. F., Oconnor, J. T., Paclawskyj, T. R., & Rush, K. S. (2003). Functional analysis and treatment of self-injurious behavior in young children: A summary of 30 cases. *Journal of Applied Behavior Analysis, 36*(2), 205-219. https://doi.org/10.1901/jaba.2003.36-205

Kurtz, P.F., Chin, M. D., Huete, J. M., &.Cataldo, M. F. (2012) Identification of Emerging Self-Injurious Behavior in Young Children: A Preliminary Study, *Journal of Mental Health Research in Intellectual Disabilities*, 5:3-4, 260-285, https://doi.org/10.1080/19315864.2011.600809

Lacoe, J. (2015). Unequally safe the race gap in school safety. *Youth Violence and Juvenile Justice, 13*, 143-168. https://doi.org/10.1177/1541204014532659

Lacoe, J., & Steinberg, M. P. (2018). Do suspensions affect student outcomes? *Educational Evaluation and Policy Analysis, 41*(1), 34-62. https://doi.org/10.3102/0162373718794897

Lee, J. Y. (2015). Predictors of teachers' intention to refer students with ADHD to mental health professionals: Comparison of U.S. and South Korea. *School Psychology Quarterly, 29,* 385-394. https://doi.org/10.1037/spq0000046

Leedy, P. D., Johnson, L. R., & Ormond, J. E. (2019). *Practical research planning and design* (12th ed.). Merrill Prentice Hall.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Maddox, B. B., Trubanova, A., & White, S. W. (2017). Untended wounds: Non-suicidal self-injury in adults with autism spectrum disorder. *Autism, 21*, 412-422. https://doi.org/10.1177/1362361316644731

Marshall, C., & Rossman, G. (1995). *Designing qualitative research*. Sage.

Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis.* Jossey-Bass.

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. Jossey-Bass.

Miller, D. A., Ramirez, E., & Murdock, T. (2017). The influence of teachers' self-efficacy on perceptions: Perceived teacher competence and respect and student effort and achievement. *Teaching and Teacher Education, 64,* 260-269. https://doi.org/10.1016/j.tate.2017.02.008

Miller, S., Bonahue, T., & Kemple, K. (2017). Preschool teachers' responses to challenging behavior: The role of organizational climate in referrals and expulsions. *International Research in Early Childhood Education, 8*(1), 38-57. https://files.eric.ed.gov/fulltext/EJ1173675.pdf

Montroy, J. J., Bowles, R. P., Skibbe, L.E., & Foster, T. D. (2015). Social skills and problem behaviors as mediators of the relationship between behavioral self-regulation and academic achievement. *Early Childhood Research Quarterly, 29,* 298-309. https://files.eric.ed.gov/fulltext/ED557797.pdf

Moon, J., Williford, A., & Mendenhall, A. (2017). Educators perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review, 73*, 384-391. https://doi.org/10.1016/j.childyouth.2017.01.006

Morrow, S. L., Rakhsha, G., & Castaneda, C. L. (2001). Qualitative research methods for multicultural counseling. In J. G. Ponterotto, J. M.Casas, L.A. Suzuki, & C. M. Alexander (Eds.), *Handbook of Multicultural Counseling* (2nd ed), pp. 575-603. Sage.

Moustakas, C. E. (1994). *Phenomenological research methods*. Sage Publications.

Mozersky, J., Parsons, M., Walsh, H., Baldwin, K., McIntosh, T., & DuBois, J. M. (2020). Research participant views regarding qualitative data sharing. Ethics & Human Research, 42(2), 13-27. https://doi.org/10.1002/eahr.500044

Myers, S. A., Goldman, Z. W., Ball, H., Carton, S. T., Atkinson, J.,Tindage, M. F., & Anderson, A. O. (2015). Assessing college student use of anti-citizenship classroom behavior: Types, reasons, and association with learning outcomes. *Communication Teacher, 29*(4), 234-251. https://doi.org/10.1080/17404622.2015

Noltemeyer, A. L., Ward, R. M., & Mcloughlin, C. (2015). Relationship between school suspension and student outcomes: A meta-analysis. *School Psychology Review, 44*, 224-240. https://doi.org/10.17105/spr-14-0008.1

Novak, M., & Mihić, J. (2018). Prevention of internalized problems of children and youth in academic setting. *Health and Academic Achievement*. https://doi.org/10.5772/intechopen

Nuri, C., Demirok, M. S., & Direktör, C. (2017). Determination of self-efficacy and burnout state of teachers working in the special education field in terms of different variables. *Journal of Education and Training Studies, 5*(3), 160-166. https://doi.org/10.11114/jets.v5i3.2237

Ohio Department of Education. (2015). *ODE EMIS manual section 2.11: Student discipline record (GD).* https://education.ohio.gov/getattachment/Topics/Data/EMIS/EMIS Documentation/Current-EMIS-Manual/2-11- Student-Discipline-Record-version 1-0.pdf.aspx

Okonofua, J. A., & Eberhardt, J. L. (2015). Two Strikes. *Psychological Science, 26*(5), 617-624. https://doi.org/10.1177/0956797615570365

O'Reilly, M., Adams, S., Whiteman, N., Hughes, J., Reilly, P., & Dogra, N. (2018). Whose responsibility is adolescent's mental health in the UK? Perspectives of key stakeholders. *School Mental Health, 10*(4), 450-461. https://doi.org/.1007/s12310-018-9263-6

Ozonoff, S. (2015). Editorial: Early detection of mental health and neurodevelopmental disorders: The ethical challenges of a field in its infancy. *Journal of Child Psychology and Psychiatry*, 56, 933-935. https://doi.org/10.1111/jcpp.12452

Patterson, C. H. (1973). *Humanistic education*. Prentice-Hall.

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Sage Publications.

Pianta, R. C. (2016). Classroom processes and teacher-student interaction: Integrations with a developmental psychopathological perspective. In D. Cicetti (Ed.), *Developmental psychopathology. Risk, resilience and intervention* (3rd ed., pp. 770-814). Wiley.

Polit, D. F., Beck, C. T., & Hungler, B .P .(2006). *Essentials of nursing research: Methods, appraisal, and utilization*. Lippincott.

President's New Freedom Commission on Mental Health. Achieving the promise: Transforming mental health care in America Final report (DHHS Publication No.SMA-03-3832) Rockville, MD: U.S. Department of Health and Human Services; 2003.

https://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/FinalReport.pdf

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage.

Ray, D., Armstrong, S., Balkin, R., & Jayne, K. (2015). Child centered play therapy inthe schools: Review and meta-analysis. *Psychology in the schools*, 52, 107-123. https://doi.org/10.1002/ pits.21798

Ritchie, J., & Lewis, J. (Eds.). (2003). *Qualitative research practice: A guide for social science students and researchers.* Sage Publications.

Rizeq, J., Toplak, M., Ledochowski, J., Basile, A., & Andrade, B. (2020). Callous unemotional traits and executive functions are unique correlates of disruptive behavior in children, *Developmental Neuropsychology*. https://doi.org/10.1080/87565641.2020.1737698

Romanczyk, R. G., Kistner, J.A., & Plienis, A. (1982) Self-stimulatory and self-injurious behavior: Etiology and treatment. In J. J. Steffan & P. Karoly, editors. *Advances in Child Behavior Analysis and Therapy*, pp. 189-254. Lexington Books.

Romano, E., Babchishin, L., Marquis, R., & Fréchette, S. (2015). Childhood maltreatment and educational outcomes. *Trauma, Violence, & Abuse, 16*(4), 418-437. https://doi.org/10.1177/1524838014537908

Saldaña, J. (2009). *The coding manual for qualitative researchers*. Sage Publications Ltd.

Salerno, J. P. (2016). Effectiveness of universal school-based mental health awareness programs among youth in the United States: A systematic review. *Journal of School Health*, 86(12), 922-931. https://doi.org/10.1111/josh.12461

Samson, A. C., Hardan, A. Y., Lee, I. A., Phillips, J. M., & Gross, J. J. (2015). Maladaptive behavior in autism spectrum disorder: The role of emotion experience and emotion regulation. *Journal of Autism and Developmental Disorders, 45*, 3424-3432. https://doi.org/10.1007/s10803-015-2388-7

Schonert-Reichl, K. A. (2017). Social and Emotional Learning and Teachers. *The Future of Children*, *27*(1), 137–155. http://www.jstor.org/stable/44219025

Schroeder, S. R., Marquis, J. G., Reese, R. M., Richman, D. M., Mayo-Ortega, L., Oyama-Ganiko, R., & Lawrence, L. (2014). Risk factors for self-injury, aggression, and stereotyped behavior among young children at risk for intellectual and developmental disabilities. *American Journal on Intellectual And Developmental Disabilities, 119*(4), 351-370. https://doi.org/10.1352/1944-7558-119.4.351

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22,* 63-75. https://doi.org/10.3233/EFI-2004-22201

Shollenberger, T. L. (2015). Racial disparities in school suspension and subsequent outcomes: Evidence from the National Longitudinal Survey of Youth 1997. In D. J. Losen (Ed.), *Closing the School Discipline Gap: Research for Policymakers* (pp. 31-43). Teachers College Press.

Soke, G. N., Rosenberg, S. A., Hamman, R. F., Fingerlin, T., Robinson, C., Carpenter, L., Giarelli, E., Lee, L. C., Wiggins, L. D., Durkin, M. S., & DiGuiseppi, C. (2016). Brief Report: Prevalence of Self-injurious Behaviors among Children with Autism Spectrum Disorder-A Population-Based Study. *Journal of autism and developmental disorders*, *46*(11), 3607–3614. https://doi.org/10.1007/s10803-016-2879-1

Spradley, J. P. (1980). *Participant observation*. Holt, Rinehart and Winston.

Steinberg, M. P., & Lacoe, J. (2017). What do we know about school discipline reform? Assessing the alternatives to suspensions and expulsions. *Education Next, 17*(1), 44-52. https://eric.ed.gov/?id=EJ1122195

Suri, H. (2001). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal, 1*(2), 63-75. https://doi.org/10.3316/10723030802533853

Summers, J., Shahrami, A., Cali, S., D'Mello, C., Kako, M., Palikucin-Reljin, A., & Lunsky, Y. (2017). Self-Injury in autism spectrum disorder and intellectual disability: Exploring the role of reactivity to pain and sensory input. *Brain Sciences*, 7(12), 140. https://doi.org/10.3390/brainsci7110140

Tate, B. G., & Baroff, G. S. (1966). Aversive control of self-injurious behavior in a psychotic boy. *Behavior Research and Therapy, 4,* 281-287. https://doi.org/10.1016/0005-7967(66)90024-6

Taylor, S. J., & Bogdan, R. (1984). *Introduction to qualitative research: The search for meanings* (2nd edition). John Wiley.

Tonge, B., Brereton, A., Kiomall, M., Mackinnon, A., & Rinehart, N. J. (2014). A randomized group comparison controlled trial of preschoolers with autism. *Autism, 18*(2), 166-177. https://doi.org/10.1177/1362361312458186

Tremblay, R. E., Petitclerc, A., & Gervais, J. (2008). *Violence Prevention learned in my first childhood.* Montréal,Can: Center of Excellence for the Development of Young Children. http://bibliotecadigital.puc-campinas.edu.br/services/e-books/prevenir_violencia_primeira_infancia.pdf

von der Embse, N. P., Rutherford, L., Mankin, A., & Jenkins, A. (2018). Implementation of a trauma-informed assessment to intervention model in a large urban school district. *School Mental Health,* 11, 276-289. https://doi.org/10.1007/s12310-018-9294-z

Vogt, W. P., Gardner, D. C., & Haeffele, L. M. (2012). *When to use what research design*. Guilford Press.

Whear, R., Marlow, R., & Boddy, K. (2014). Psychiatric disorder or impairing psychology in children who have been excluded from school: A systematic review. *School Psychology International, 35,* 530-43. https://doi.org/10.1177/0143034313517451

Wolf, K. C., & Kupchik, A. (2017). School suspensions and adverse experiences in adulthood. *Justice Quarterly, 34*(3), 407-430. https://ed.buffalo.edu/content/dam/ed/safety-conference/Wolf%20and%20Kupchik%20JQ%202017.pdf

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education, 48*(2), 311-352. https://doi.org/10.111/ejed.12014

Yin, R. K. (2011). Qualitative Research from Start to Finish: A book review. *The Qualitative Report, 16*(5), 1452-1455. https://nsuworks.nova.edu/tqr/vol16/iss5/15

Yuan, X., & Che, L. (2016). How to deal with student misbehavior in the classroom? *Journal of Educational and Developmental Psychology, 2*(1), 143. https://doi.org/10.5539/jedp.v2n1p143

Yusoff, W. M. W., & Mansor, N. (2016). The effectiveness of strategies used by teachers to manage disruptive classroom behaviors: A case study at a religious school in Rawang, Selangor, Malaysia. IIUM *Journal of Educational Studies, 4*(1), 133-50. https://doi.org/10.31436/ijes.v4i1.87

Zee, M., De Jong, P. F., & Koomen, H. M. (2017). From externalizing student behavior to student-specific teacher self-efficacy: The role of teacher-perceived conflict and closeness in the student-teacher relationship. *Contemporary Educational Psychology, 51*, 37-50. https://doi.org/10.1037/edu0000106

Zee, M., & Koomen, H. M. Y. (2015). Student-specific teacher self-efficacy: Investigating the factorial, convergent, and concurrent validity of a new instrument. Poster presented at the biennial meeting of SRCD, Philadelphia, PA. https://doi.org/10.13140/RG.2.2.15964.69763

Appendix A: Interview Questions

1. Tell me about a child you've worked with who exhibited behavior you'd call "self-injuring"?
    a. What behavior did you see the child display?
    b. Why do you think the child does this?
    c. How did this particular behavior affect you?
    d. How did this child and their behavior affect your teaching?
2. How do you handle self-injurious behaviors when you see them in the classroom setting?
    a. How similar or different is this from how you handle ordinary misbehavior?
    b. How do you know when self-injurious behaviors might indicate the need for additional screening to identify and treat more serious problem, such as a mental health issue?
    c. Are there specific behaviors you look for?
3. Have you asked for guidance on how to handle self-injurious behavior in the classroom?
    a. If so, what kind of guidance have you requested? What was the result?
    b. What additional information or resources do you need to support children who engage in self-injurious behaviors in your classroom?
4. Is there any other information would you like to add in regards to your experiences with SIB or even advice for other teachers?