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**Equipping Early Childhood Educators to Manage “Behaviors that Challenge” in
the Early Childhood Years**

Shanna Dawn Scott

A project submitted to the faculty of

Gardner-Webb University Hunt School of Nursing

in partial fulfillment of the requirements for the degree of

Doctor of Nursing Practice

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Approval Page

This capstone project has been approved by the following committee members:

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Date

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**Equipping Early Childhood Educators to Manage “Behaviors that Challenge”
in the Early Childhood Years**

Abstract

This scholarly project pursues the development, implementation, and evaluation of techniques to help improve the health and well-being of children ages 1-5, who have difficulties with challenging behaviors, to effectively manage stress and boost resilience through the incorporation of music and educational techniques of the early childhood educator.

This paper will discuss the positive or negative outcomes on external factors affecting child health, such as economic, judicial, societal, cultural, cognitive development, parental separation, and mental health concerns of all members of the family. It will also discuss the positive effects educational strategies and music can have on young children experiencing challenging behaviors. *Keywords:* Childhood Stress, Challenging Behavior, Resilience, Well-Being.

SECTION I

Problem Recognition

The Author's Story

Being a single parent for thirty-four years, I know first-hand the consequences children and families can experience from the absence of a father or male figure in the home. I am the mother of two sons, ages thirty-four and twenty-two. I love everything about being a parent and I was beyond happy both times, I delivered a boy.

As a parent, I was able to give my children a good life. I was able to ensure they could get all the things they needed and most of what they wanted. I gave them all the tools and skills they would need in life to become productive members of society. However, at the age of nineteen, my oldest son would experience an emotional breakdown, and, from that moment, I learned I could never give them all the skills they would need to be a man.

My experience as a single parent was nothing less than a learning curve; I had to be resourceful in order to provide my children with a lifestyle that would encourage their growth as individuals. I had to embrace all my challenges and turn them into opportunities. I understood the challenges of life, but I never imagined I would have to prepare myself and my sons to overcome obstacles in culture, economics, mental health, cognitive development, and social justice. This could be true for all single parents, regardless of gender, race, or ethnicity.

Single Parent Households

The composition of the modern family is diverse. According to The Pew Research Center (2015), the number of children that reside in a two-parent household is greater for

Whites than Hispanics, Blacks, and Asians. Fifty-four percent of black children reside in a single parent household, typically with the mother as head of household (PEW Research Center, 2015). Family size has experienced a steady decline in the U.S. since the 1970s and this decline is thought to be a result of divorce, remarriage, an increase in single-parent households, infertility, and cohabitation (PEW Research Center, 2015).

In the 1960s, most babies were born within a marriage, but today single women and those living in a non-marital arrangement account for four in every ten births (Pew Research Center, 2015). Additionally, more women are now a part of the workforce and the sole supporter of the family (Pew Research Center, 2015). This has increasingly contributed to a change in the structure of the American family.

Since mothers have become the head of household in most single-parent homes, the absent father not only affects the composition of the family, but the lives of children too. “We find strong evidence that father absence negatively affects children’s social-emotional development, particularly by increasing externalizing behavior. These effects may be more pronounced if father absence occurs during early childhood than during middle childhood, and they may be more pronounced for boys than for girls” (McLanahan, Tach, & Schneider, 2013, p.426). Externalizing behaviors are problem behaviors that are directed toward the external environment, which include physical aggression, disobeying rules, cheating, stealing, and destruction of property (McLanahan, Tach, & Schneider, 2013).

Cultural and Judicial

Merriam-Webster dictionary defines culture as the customary beliefs, social forms, and material traits of a racial, religious, or social group (2020). Culture shapes the

growth of people within a social group, including the family. The U.S. Bureau of the Census defines family as “a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together” (2020, p.1). A “family household,” according to the U.S. Census Bureau, includes additionally “any unrelated people...who may be residing there” (census.gov, 2019, p.1). Legal definitions of family vary across state lines, but typically define a family as those related by blood or law. Some states also consider heterosexual adults living together a family unit, as in the case of common law marriage.

The United States Census Bureau (2019) categorizes family arrangements in one of several different forms. The nuclear family is the traditional type of family structure. This family type consists of two parents and children. The single parent family consists of one parent raising one or more children on his own. The extended family structure consists of two or more adults who are relatives, either by blood or by marriage, living in the same home. Childless families consist of two partners living and working together who either cannot or choose not to have children. The step or blended family, which involves two separate families merging into one new unit. It consists of a new husband, wife, or spouse and their children from previous marriages or relationships.

The justice system has an impact on the lives of individuals. African American men face incarceration at a greater rate and serve the longest length of prison time (NAACP, 2014). The imprisonment rate among young black males, for example, reached over six times that of similarly aged white males, while the young Hispanic male imprisonment rate approached two and a half times that of whites (Carson & Golinelli,

2014). Incarceration is a factor that causes some families to become fatherless. The effects of incarceration can be detrimental to children (Martin, 2017).

Economics

Economics, including financial responsibility, plays an important role in family structure, cohesion, and success (Donnellan, Neppl, & Senia, 2016). According to Kearney and Levine (2017), “Youths who grow up with both biological parents earn more income, work more hours each week and are more likely to be married themselves as adults, compared to children raised in single-parent families. Many of these differences continue to be statistically significant even after we control for family income experienced as an adolescent” (p.330).

When the single parent is the mother, it can be even more of a challenge. Women are typically earning less wages than that of their male counterparts, obtain less appealing employment opportunities, and face more discrimination, (Stamarski & Son Hing, 2015). According to Livingston and Parker (2019), “Most Americans think men face a lot of pressure to provide financially for their family. About three-fourths of adults (76%) said in a 2017 survey that men face a lot of pressure to support their family financially, while 49% said men face a lot of pressure to be an involved parent. In contrast, 77% said women face a lot of pressure to be an involved parent, and 40% said women face a lot of pressure to support their family financially” (p.1).

Mental Health

Mental health is very important to the stability of a household. High stressors, such as everyday hassles, social isolation, and financial strain, result in single mothers having a high risk for emotional distress and disruptions in parenting, and their children

are more vulnerable to adjustment problems largely resulting from exposure to poverty, maternal depression, and poorer parenting methods (Taylor & Conger, 2014). According to Theodoritsi, Daliana, and Antoniou (2018), single parenting may be associated with several mental health difficulties for the children such as anxiety, depression and externalizing disorders, and in some cases, it can lead to school dropout and poor physical health.

The ability to provide food and fuel, to make sacrifices to ensure that children have their basic needs, and to prevent feelings that impede mental stability places single parent families at high risk of financial hardship, which may influence psychological wellbeing (Stack & Meredith, 2018). Support from family appears to promote effective parenting behaviors and positive child outcomes, though most research has been with low-income African American single mothers (Taylor & Conger, 2014). Overall, single mothers who perceive significant support from relatives report higher quality parenting practices, improved psychological adjustment, and higher self-efficacy, which in turn predict positive child adjustment (Taylor, 2015).

Cognitive Development.

Residing in a single-family household can affect children's cognitive development. According to Chaudry and Wimer (2016), "Poverty and low income are causally related to worse child development outcomes, particularly cognitive developmental and educational outcomes" (p. 23). Each case requires an individual evaluation because the circumstances and family structure can be very different. Evidence suggests that not having a father at home may have a negative impact on a child's overall academic performance (Brown, n.d.). Children who come from a father-

absent home are more likely to drop out of school when compared to children who live in a two-parent household (Mathwasa & Okeke, 2016). Children from father-absent homes are also less likely to pursue higher education. Children with involved, caring fathers have better educational outcomes (Erickson, 2015). Several studies suggest that fathers who are involved, nurturing, and playful with their infants have children with higher IQs, as well as better linguistic and cognitive capacities (Chaudry & Wimer, 2016). Toddlers with involved fathers start school with higher levels of academic readiness. They are more patient and can handle the stresses and frustrations associated with schooling more readily than children with less involved fathers (Rosenberg & Wilcox, 2006).

Defining the Problem

Very young children have worries and feel stress to some degree (KidsHealth, 2015). Stress develops from the demands placed upon people and their ability to meet those demands and complete tasks. These demands can come from internal and external sources, such as responsibilities within the family, school, or community. In preschoolers, separation from parents, death of a loved one, or divorce can cause anxiety and stress that may be more intense by what is happening in their personal lives (KidsHealth, 2015).

News about events in the world can cause stress. Kids can possibly see disturbing images on TV or hear talk of natural disasters, war, and terrorism may worry about their own safety and that of the people they love (KidsHealth, 2015). Young children carry many emotions inside that can affect their ability to thrive due to the stresses they experience (KidsHealth, 2015).

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood from 0 – 17 years (cdc.gov, 2019). Children who experience, witness, or are

exposed to ACEs such as abuse, violence, death, substance misuse, and mental health problems may have an increase in negative childhood outcomes. The expanding social, economic, and racial inequities in American society is sometimes the cause of adverse childhood experiences (ACEs), sometimes referred to as toxic stress (Murphey & Sacks, 2018).

ACEs usually occur in families that experience low income, separation/divorce, family alcohol/drug problems, family mental illness, exposure to neighborhood violence, exposure to domestic violence, parental incarceration, and parent loss through death, (Fitzgerald, Johnson, Qin, Villarruel, & Norder, n.d.). Childhood development is now firmly embedded in childhood life experiences (Shonkoff, & Garner, 2012). A deeper understanding of the need for more specialized education and support programs as well as evidence-based prevention and intervention programs is emerging. According to Vezzetti (2016), “Scientific research is demonstrating the indisputable consequences of stress on the well-being and health of children living through divorce” (p.1).

Head Start is a federally funded program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher. These programs help build relationships with families that support family well-being and many other important areas. Children in foster care, homeless children, and children from families receiving public assistance such as

Temporary Assistance for Needy Families or Supplemental Security Income are also eligible for Head Start and Early Head Start services regardless of income, (share.sc.org).

Most of these children reside in a single-parent household and live in poverty. These are the children that have been identified as being exposed to Adverse Childhood Experiences (ACEs) and exhibit behaviors that challenge due to a lack of knowing how to regulate or control their feelings and emotions.

Literature Review

Just like adults, children too can face daily life stressors, such as abandonment, abuse, unstable home life, poverty, which may affect learning. If children have no coping mechanisms or effective support systems, the social concerns they experience can develop into disorders of a psychological nature. Research consistently suggests that life events in early childhood may influence mental health in adulthood (Fryers & Brugha, 2013). In the United States, emotional and behavioral disorders are on the rise; 10–20% of children and adolescents have a mental or behavioral health problem of some type (cdc.gov, 2019). Manifestations such as attention deficits, cognitive disturbances, lack of motivation, and negative mood all adversely affect scholastic development (Schulte-Körne, 2016). There is a higher prevalence of mental health disorders for minority children or disadvantaged situations, these children also have barriers to treatment such as reduced access to health services, the societal stigma with mental and behavioral health, cultural and language differences, and lack of knowledge about disorders and health care (Schulte-Körne, 2016). Untreated emotional and behavioral disorders may result in poor performance in school, poor personal relationships, failure to complete high school, unemployment, incarceration, substance abuse, and suicide (Ogundele M, 2018).

The literature review reveals a great need for interventions that will assist these children with adopting techniques to manage stress and behaviors that challenge, improve levels of resilience, and enhance quality of life.

According to Kells (2019), research has shown that listening to music lowers cortisol levels. Since cortisol is commonly known as the “stress hormone,” it follows that listening to music reduces stress. Scientists have also demonstrated that listening to music increases dopamine. Dopamine is the neurotransmitter that is known as the “motivation molecule” because it leads to the type of feel-good moments one might experience when eating a favorite food or completing a physically satisfying workout (Kells, 2019, p. 52). Music can soothe the feelings of children who are distressed as well as those who are not. It has its own special way of calming the environment. It can be an effective method of easing someone back into a better state of mind. When children hear a familiar song, it can be a trigger that takes them to a calmer place and enable them to relax (Kells, 2019).

Kells also stated, “Music is often thought of simply as entertainment, but its power as a conjurer of emotions—and therefore a tool to manage feelings and their resultant behavior—is undeniable. For children especially, music can help instill calm, promote self-regulation, and impart joy. The more music is present in a classroom—or in the home—the better” (2019, p.50). Music is also very helpful for calming children. A familiar, soothing song triggers a calm response and children can even learn to rock themselves into a calm state while listening to music. Music can be extremely useful for young children who express signs of difficulties with safety and security such as meltdowns during separation from loved ones or caregivers, refocusing, and self-regulation.

In 2010, Kirschner & Tomasello conducted a US study where 200 4-year-old children were grouped in pairs and participated in a 3-minute episode of interactive play. There were two groups; one had musical conditioning and the other one did not. Each group had the same set up, procedure, and cover story. The children in the musical group had singing, dancing, and playing percussion instruments to a novel children's song where they interacted with one another and an adult. The non-musical group followed the exact same activity of interaction except without the use of music.

Immediately following the phase of manipulation, each group participated in two social interactions that were designed to test how the children would help one another and cooperate with a task of problem-solving. It was predicted that children with prior engagement in music would behave more cooperatively and be more willing to help each other to solve a task, rather than each child doing it on their own. The results revealed the children in the musical conditioning group solved the task as a team. The other group were not as successful at completing the task. The results were measured by observations. "This provided clear evidence for music and dance functioning as behavioral tools for mutual social bonding," (Kirschner & Tomasello, 2010).

As cited in De Mers et al., (2009), music interventions have shown promise when applied to students with challenging behaviors, such as self-injury and aggression. The literature presents justification for the application of music therapy as a treatment to address communication, social, and behavioral deficits. Music therapy that targets specific social and behavioral skills is showing great promise.

In addition to using music to assist children with behaviors that challenge, teaching staff will learn educational strategies on how to appropriately address the

behavior and redirect it in a positive manner. They are taught how to effectively communicate with the children to understand the meaning behind the behavior so they will know exactly what the child is seeking and what takes place prior to the challenging behavior.

Literature Review Summary of Best Practices for Childhood Stress

The literature review for this project is inclusive of research on the effects of redirecting behaviors, understanding the meaning of behaviors, classroom management, and music as treatments for stress related and behavior issues in children ages 1-5 because choice and access to preferred activities increases engagement and reduces problem behavior. Music is an activity that can incorporate whole body movement and keep children completely occupied where they have no opportunity for negative behavior. Musical activities enable children to participate along with the rest of the class and not be singled out during activities due to behavior concerns.

Music therapy can be defined as the controlled use of music and its influence on the human being to aid in physiological, psychological and emotional integration of the individual during the treatment of an illness or disease, (Choi, Lee, & Lee, 2010). Treatments for aggression include behavioral techniques aimed at reducing impulsive behavior, such as anger management techniques, drama therapy, music therapy, art therapy and dance therapy. Music is one of option for controlling aggression in young children.

Understanding the meaning of the behavior will enable the educator to choose the most beneficial strategy to manage the behavior. Having intentional conversations with the children will assist educators in defining what the children really want and how to

positively redirect them. Classroom management allows the educators to maintain control of the learning environment even when a child is exhibiting behaviors that challenge and redirect the behavior before it has a chance to escalate.

Nurses face the task of finding effective methods to address managing stress through positive coping mechanism that will promote caring and healing. This project has a focus on managing stress by means of redirecting behaviors that challenge and music therapy while adhering to the human caring practice of human relationships and interactions. Music therapy can include body movement, singing songs, playing musical instruments, song drawings, and song writings. Children can express their feelings through their body movement as well as song and instrument use. Active group music intervention may enhance life force through classic biophysiological responses such as movement, relaxation and emotional catharsis, as well as through self-discovery and awareness, and increased self-esteem and pleasure, (Choi, Lee, & Lee, 2010).

Using music as a stress management tool is not only great for adults but can be useful for children as well, according to research. The earlier we teach children how to cope with stress, behaviors that challenge, and anxiety, the better they will be later in life. Giving them the tools can help to improve their quality of life and reduce suffering later.

Using music to cope with behaviors that challenge, stress, and anxiety has many health benefits. There are so many ways to use music as a stress management tool. You can listen to it, create it, dance to it, or play an instrument. There is also the option of finding a professional trained in music therapy. Whatever form you decide to use music in your life, the effects can be helpful. Stress and anxiety may never go away completely, but you can reduce their effects by using music, (Maurois, 2018).

According to Laird (2015), “Combining music with creative movement, mime, and dance is a form of expression for many African American children and engages them in shared affective experiences that are useful for empathy development.”

SECTION II

Needs Assessment

The project facility is located in the southeast United States and is a federally recognized Head Start organization that serves 506 families with children ages 3-5 and Early Head Start (EHS) Program has 120 families with children ages 0-2 that are single parent households, with that parent being the mother. The 2017-2018 annual Program Information Report (PIR) showed out of the 506 Head Start families enrolled, 168 of these children along with 28 children from the 120 Early Head Start families enrolled are experiencing challenging behaviors due to childhood stressors (Head Start Enterprise System, hses.org). The National Child Traumatic Stress Network (2019) states, “Children who suffer from child traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended” (p. 1). Without the support of a trusted parent or caregiver to help them regulate their strong emotions, children may experience overwhelming stress, with little ability to communicate what they feel or need in an effective manner. They often develop symptoms that parents or caregivers do not understand and may display uncharacteristic behaviors that adults may not know how to respond to appropriately, (National Child Traumatic Stress Network, nctsn.org).

The Early Childhood Learning and Knowledge Center (ECLKC) is the federal resource center that provides training and technical assistance opportunities for the Head

Start organization in all fifty states. They recognize teaching staff must have informed knowledge on early childhood development and learning. They prepare teachers on observing children for signs of ACEs.

Young children often cannot express in words whether they feel afraid, overwhelmed, or helpless (nctsn.org). They generally have difficulty regulating their behaviors and emotions (nctsn.org). They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. Head Start teachers go through trainings to recognize these various signs and symptoms within the children they serve, (Early Childhood Learning and Knowledge Center, ECLKC.org).

Teachers work diligently with parents and mental health consultants to develop techniques and skills that will enable young children to manage stressors in an effective manner so they will be able to participate in classroom activities to enhance their learning abilities. When teachers observe children displaying challenging behaviors, they begin a five- or ten-day observation to determine any triggers in learning environment that provoke the disturbances. Once the observations are complete, teachers will make a referral to the Mental Health Consultant to see if the child requires interventions with a Mental Health Consultant. If so, the teachers ask parent(s) to attend a staffing meeting where they discuss concerns and intervention options for the children (ECLKC.org).

The National Association for the Education of Young Children (NAEYC) is a major governing organization in the field of early childhood education. Their standards represent the way the education of all young children should be carried out. They also outline strategies for managing behaviors in the early childhood educational environments that are developmentally appropriate. NAEYC suggests that early

childhood educators should promote appropriate social interactions, self-control, self-regulation, and provide children with ample opportunities to develop social skills, (NAEYC, 2009). NAEYC has identified a specific need to support children who live in poverty, as children in poor families are twice as likely to be at risk for developmental, behavioral, and social delays as children in families earning 200 percent or more of the federal poverty line (Children's Defense Fund 2014). That is, while 10–21 percent of all preschool children show challenging behaviors such as aggression, noncompliance, defiance, tantrums, and property destruction, 30 percent of children who live in poverty exhibit such behaviors (Voorhees et al. 2013).

Population

The outcomes of this DNP Project could have a positive affect on all team members within the Head Start center. One of the organization's largest Early Head Start (EHS) centers was chosen as the project site. The project site included four classroom, thirty-two children, eight educators, one manager/educator, and one support staff (family advocate). All the educators and support staff participated in this project. They were all full-time staff members.

Sponsors and Stakeholders

The sponsors and stakeholders that invested in the implementation of this project are passionate about its process and results. The Head Start organization is providing the classroom for the utilization of this project. The Early Head Start teacher/manager supervises the Early Head Start Center where the educators will participate in the implementation of the project. Mental Health Consultant will work with the educators and assist the Project Leader in the observation of them as they implement interventions,

they receive during training. The Mental Health Consultant will assist in the development of the individualized musical therapy care plan for the identified children.

The Head Start facility is a non-profit organization. Any time children receive services on a voluntary basis, Head Start organizations will receive in-kind dollars in exchange for the cost of the services. Head start will then submit the in-kind amounts to the government to offset fees from their annual grant funding. In-kind is defined as payment in the form of goods or services and not monetary ("Definition of IN-KIND," n.d.). Every head start agency is responsible for obtaining annual in-kind dollars that is significant to the total amount of the grant they receive for the year. The total amount of in-kind required by the agency is split amongst the head start centers. All the team members for this project will be donating their time and expertise to help the facility with in-kind.

SWOT Analysis

The SWOT analysis allows an organization to visualize their strengths, weaknesses, areas of opportunities, and threats (Section 14, n.d.). Every organization needs to perform an assessment to determine which areas of their program are strong and which areas are weak. Identifying these two main areas will also help to identify any outside opportunities for growth and enhancement plus external threats that may affect the success of the program. The following SWOT analysis displays these areas for the project facility, located in the southeast United States and serving a four county region.

Strengths

- Good support for staff, including peer-to-peer
- Professional development opportunities

- Credential requirements for all staff
- Good rapport with families
- Good long-term community partnerships
- Excellent fiscal management
- Majority of staff meets or exceeds expectations
- Good data systems in place
- Agency evolves in response to needs
- Good self-assessment process
- Support in personal development
- Strong management
- Staff feels sense of personal satisfaction
- Internal monitoring; great center teamwork
- Class assessment scoring systems (CLASS)
- Improving Head Start for School Readiness Act of 2007
- Respect for staff
- Linking literacy to communities
- Great support from supervisors.

Weaknesses

- Staff turnover
- Poor parent attendance and participation in center activities
- Lack of public knowledge about program services
- Not enough recognition for staff
- Limited services for ESL

- No competitive wages or benefits to assist with staff retention
- Too many call ins from staff
- Inconsistent communication between staff members
- Limited access to Center Based program in rural areas.

Opportunities

- Awareness of countywide services and resources
- Collaboration with additional community partners
- Family referrals occur between agencies
- National and state initiatives for Programs of Excellence
- Loan forgiveness for teaching staff
- Opportunities and needs for centers and classrooms expansion
- 0-3 expansion (Early Head Start)
- Search for additional outside funding opportunities
- Connections with K-12 initiatives
- Build internal and external Early Childhood (EC) leadership capacity at local levels
- Helping staff members view Technical Assistance (TA) as a good thing.

Threats

- Systemic change takes years, grant support can go away
- Lack of money/regional resources
- Program re-competition through the designation renewal system (DRS)
- High cost of transportation
- Economic downturn

- Population of elderly families increasing
- Higher education requirements for staff
- Staff leaving for higher pay and better benefits
- In-kind reimbursement issues
- Budget cuts/sequestration
- PreK and other classroom models that enroll 4-year old children

Available Resources

The planning, implementation, and evaluation process utilized a variety of resources. The organization was very supportive of this DNP Project. They were eager to provide the facility and staff to implement it. Each person involved in this project brought their own individual knowledge, expertise, dedication to the success of this project which was vital to its positive and effective outcomes.

For this project to be successful, it required the use of a projector, screen, and computer to present the educational training to the participants. The computer was useful for showing the participants how to access the training resources online. Space large enough to hold the ten participants, Project Leader, and Mental Health Consultant in a comfortable manner and give them ample space to practice the strategies learned, and house debriefing sessions after each training was essential. A Pre/Post survey was created for the participants to self-rate their knowledge and skills prior to and after completion of the five weeks project.

Desired Outcomes

The desired outcomes of this DNP Project were to ensure early childhood educators experienced an increase in their knowledge and skills of behaviors that

challenge, were able to determine the meaning behind the behaviors, and could successfully implement strategies to redirect behaviors that challenge. Interventions utilized within this project consisted of weekly training sessions and practice days for staff to implement the strategies they acquired in training.

Team Selection

The individuals chosen to participate and contribute to the success of this DNP Project include early childhood educators, a social worker, a manager, and a family advocate. Everyone involved in this project has a deep passion for working with young children and families to help them become successful individuals. Each contributed, in some capacity, in the planning, implementation, and completion of the project.

Cost Analysis

The cost of the project was included in the current organizational budget. The estimated cost of each team member to contribute to assigned responsibilities is included in the direct costs. Every Head Start agency has monies budgeted for training and technical assistance throughout each school term. This project will align with the training cost for the organization annual and ongoing training.

SECTION III

Goals

The goal of this study was to improve the health and well-being of children ages 1-5 through implementation of techniques to assist in the reduction of perceived stress from behaviors that challenge in the educational environment.

Objectives

The objectives of this project were to work with teachers, managers, support staff, and mental health consultants within the Head Start Program to develop appropriate coping techniques and skillsets children and families need to reduce, manage, and, if possible, alleviate stressors which impact optimal learning in the educational environment through the use educational strategies and music.

Mission Statement

The mission of this project was to assist children ages 1-5 to manage stress in their personal and educational environments in a positive manner. This project will supply early childhood educators with the strategies necessary to manage behaviors that challenge and prevent young children from achieving their optimal success.

SECTION IV:

Theoretical Framework

The theoretical principles of this scholarly project are based on Jean Watson's Human Caring Theory (Watson, 2012). Watson's theory inspires DNP's to consider the caring connection between individuals, especially the relationship established between nurses and patients. Watson introduced the Theory of Transpersonal Caring to the profession of nursing in 1979 (Watson, 2010). Her human caring model goes beyond caring, as the leading priority of the scientific health model, and puts emphasis on the healing power of transpersonal caring and cohesiveness of connectedness. Her theory stresses humanistic aspects of nursing as they link with scientific knowledge and nursing practice (Watson, 2008).

Watson's human caring theory assists DNP's as they strive to support individuals in strengthening their self-identity. This factor is stressed in her second Caritas as it

expresses the importance of being authentically present to meet the needs of others.

When children feel they are in a safe musical environment, DNP's can encourage them how to acknowledge their feelings of fear and pain, which could be a contributing factor in challenging behaviors. This can also enable them to look past any structural and physical obstacles they encounter. Music can be significant in the path of self-identity as they focus on patterns of inner awareness. Watson proposes that illness is disharmony within oneself, whether that is mind, body, or spirit (Watson, 2012). Children can develop self-awareness and restore a mind, body, spirit understanding while it rebuilds harmony and nurtures healing. With the use of music, DNP's can communicate more effectively to develop and strengthen human caring relationships with children. Watson's human caring theory emphasizes the nurse-patient relationship is interdependent and the human-to-human caring relationship that takes place and has the power to change outcomes and shape humanity (Watson, 2012).

Caring Science encompasses all ways of being, doing, and knowing and personifies a universal sense of actuality and connection amongst all people and things (Watson, 2010). Watson developed a deeper understanding of the meaning of humanity and life (1979). Her philosophy of science and caring guides nurses in all practice settings (Watson, 2008). Human Caring Science incorporates mind, body, and spirit health care that is significant to education, leadership, administration, alternative professions, and all other areas of services. (Watson Caring Science Institute, 2012).

Current nursing practice is very much influenced by the theories created by Dr. Watson. Many institutions are introducing the Theory of Human Caring as a guide to patient care. Watson's caring model involved healing the whole person. Music can be a

whole-body activity that will seek to bring attunement to the mind, body, and spirit.

Caring Science acknowledges the needs of children to express positive and negative feelings (caritas process 5) in a safe environment (caritas process 8), and encourages teachers to use multiple ways of knowing (caritas process 6) to reduce stress in children and improve learning (caritas process 7).

Watson's 10 Caritas Processes gives nurses a common language as it helps remind them of their true focus on caring for humanity. It has an emphasize on compassion and meaning while defining the role of nurses for them to help people achieve greater self-knowledge, self-control, self-caring, and inner healing despite external influences on health conditions, (Watson, 2012). This project encompasses Watson's Caritas Processes in dealing with lessons that enhance mindfulness, exercising self-control, awareness of self and emotions, storytelling and teaching experiences of both student and instructor. It encourages the DNP to place focus on the caring entity that embraces the wholesomeness of humanity and values Watson defined. Watson's second Caritas focuses on the importance of being authentically present to meet the needs of others.

This scholarly project also embodies Watson's theory on the importance for a DNP to nurture their own self spiritually and expanding consciousness as it addresses children learning to develop spiritual practices, nurturing personal growth, and nurturing personal beliefs. Children participate in exercise that allow them to practice self-reflection, respecting the opinions of others, discovering one's beliefs, embracing gratitude, and learning to detect and manage negative feelings.

This scholarly project will approach the idea of healthcare and enhanced healing as well as strengthen and promote resiliency in children, which is one of the primary objectives of the project. It will provide opportunities for collaboration and creation among children and adults, allow children to freely express themselves within an environment that is safe, authentic, and welcoming, enable the DNP to foster the transpersonal transmission of energy within a safe environment as they utilize and support the value of human-to-human caring to assist children who are struggling to develop self-worth and strengthen self-identity.

The spiritual, holistic, and transpersonal aspects of Watson's theory of human caring is embedded throughout this scholarly project. The DNP embodies this theory within their societal role as they strive to improve the destiny of the lives of young children. The DNP works diligently to prepare children with caring relationships, self-identity, understanding of emotions, authenticity, spiritual resources, and coping skills that will aid them throughout their lifespan. Watson proposes that a leading role of the nurse is to preserve humanity through the enhancement of dignity (2012).

Watson's 10 Caritas

1. Sustaining humanistic-altruistic values by practice of loving-kindness, compassion, and equanimity with self/others.
2. Being authentically present, enabling faith/hope/belief system; honoring subjective inner, lifeworld of self/others.
3. Being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence.

4. Developing and sustaining loving, trusting-caring relationships.
 5. Allowing for expression of positive and negative feelings - authentically listening to another person's story.
 6. Creatively problem-solving-'solution-seeking' through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming.
 7. Engaging in transpersonal teaching and learning within context of caring relationship; staying within other's frame of reference-shift toward coaching model for expanded health/wellness.
 8. Creating a healing environment at all levels; subtle environment for energetic authentic caring presence.
 9. Reverentially assisting with basic needs as sacred acts, touching mind-body-spirit of spirit of other; sustaining human dignity.
 10. Opening to spiritual, mystery, unknowns-allowing for miracles.
- (Watson Caring Science Institute, 2010).

Watson's theories provide a guide to help articulate what nursing is and does, beyond task orientation in all settings (Watson, 2008). DNPs find encouragement to seek the connection of caring between people through Watson's theory.

SECTION V

Project Plan

This DNP Project design focused on a combination of events that included policy, procedures, and education as recommended in the literature. NAEYC (2009) postulates

that all early childhood professionals should have a comprehensive knowledge of development and learning from birth-through-age-8 range; be familiar with age appropriate curriculum and assessment approaches to meet the needs of the children they serve; and should possess an in-depth knowledge and skillset in at least two of the three stages: infants/toddlers, preschool/ prekindergarten, and early primary grades.

The collaboration of staff and interventions were planned and carried out in an organized approach. A project plan and timeline were discussed in-depth with the project chair until it met her approval. After it was approved by the University's project chair, the Institutional Review Board (IRB) preliminary and final approval was obtained from the School of Nursing. No more than minimal risk or anticipated harm to the participants was identified and therefore the evidence-based practice project met the criteria of exempt status.

The project leader conducted multiple meetings with the early childhood educators, manager, support staff, and program director throughout the planning process to discuss the logistics of the project and assess their willingness to participate. Meetings were conducted in various forms, such as via phone, email, and face-to-face conversations. Discussions involved the purpose of the project, what the expectations of the participants were, the timeline for completion of the project, and the expected outcomes of the project.

Project planning phase included working with the project site's manager who assisted with the preparation and set up of the facility. The project would take five weeks to complete, consisting of two days a week for training and implementation of the strategies obtained in the training sessions. The project leader developed training sessions

for the participants based on evidence-based education pertaining to the current strategies that were evident through the increased need for staff training on behaviors that challenge. The education was focused on the purpose and content of the project. It placed an emphasis on the importance of understanding the meaning behind the behaviors and determining the best strategy to utilize to redirect it. Promoting Staff Wellness, Supporting Children with Challenging Behaviors, and Classroom Management were the other topics covered during the educational training phase. In addition to educational strategies, music was utilized in the classroom management portion to help educators understand the positive affect it has on challenging behaviors in early childhood settings. All participants were invited to complete a voluntary Pre/Post survey to assess their knowledge prior to and after the project was implemented. The educational sessions were conducted via PowerPoint presentations and discussion one day a week and implementation and debriefing one day a week. During the debriefing phase, participants were able to discuss their thoughts, concerns, or ideas after practicing the strategies. The Project Leader allowed all participants to offer feedback throughout the duration of the project. All the educational materials were created by the Project Leader and the Mental Health Consultant, who attended all of the session as a support and to assist with the mental health concerns of the staff as it pertained to children experiencing behaviors that challenge.

SECTION VI

Evaluation Plan

The quality improvement project utilized a pre/post-training survey design to determine effectiveness of training for Head Start staff on knowledge and skills related to

“behaviors that challenge”, “sources of stress for young children”, and “meaning of behavior”. Participants will be provided informed consent and have the option to complete the pre-training survey (Appendix C). The survey is the Head Start Regional Network Training Evaluation Survey used in all Head Start training programs and use is approved with the training materials. The same survey was utilized pre-training and repeated for post-training.

The survey included three items to measure “self-rated of knowledge and skills”. Participants rate themselves on a 1 to 4 rating scale where 1=low and 4=high. Pre-survey group mean for each question will be compared to post-survey group mean utilizing statistical analysis of T-Test. Four additional items are included for participants to rate the effectiveness of the training sessions. These items use a rating scale on a four-point Likert-type scale where 1=strongly disagree and 4=strongly agree. Pre/Post group means for each question will be analyzed for statistical significance. Reliability and validity of the evaluation tool are not available. Three open-ended questions are included in the survey. Quantitative data will be analyzed for themes.

Upon IRB approval, the project began. The “Behaviors that Challenge” trainings were developed by the DNP Project Leader and the Mental Health Consultant for the Head Start organization and can be utilized for the project with permission (Appendix F). Trainings were scheduled to take place over a 5-week period. The trainings were conducted by the DNP Project Leader and a Mental Health Consultant. The Mental Health Consultant was present for support of the training content and assist the Project Leader throughout the project. Training sessions are supported by the administration and the center will utilize substitute teachers and administrative staff to provide care.

Logic Model Development

DNP Project Leader created a logic model (Appendix E) during the planning phase of this project. The model represents a visual relationship between the various components of the project. The model provides an overview of how results would reflect the intended objectives of the project.

STEP VII

Implementation

This project was implemented at Early Head Start Center in the Southeast United States. Each session lasted for an hour twice a week for a period of five weeks. The participants were eight early childhood educators, one manager/educator, and one family advocate (support staff and liaison between school and families) that taught children ages 0-3. There were a variety of techniques utilized to help the educators understand how children develop a sense of stress management and resilience. These techniques included music, dance, and positively redirecting behaviors that challenge. These hands-on learning techniques were intended to help prepare the educators with necessary tools they can use to assist children with coping skills they may need throughout their lifespan when faced with challenging situations. They also learned how to assist children to become more aware of their emotions and develop a positive sense of social-emotional awareness.

To prepare and implement this project, the Project Leader, Mental Health Consultant and Early Childhood Manager incorporated the “I am Moving, I am Learning (IMIL)” program along with some techniques of conversation to assess how children are feeling emotionally, mentally, and physically. IMIL is an active learning curriculum

enhancement that augments what early learning settings already do to promote physical activity and healthier nutrition. It is an interactive approach for increasing physical activity and quality teaching in early learning settings (IMIL, 2020).

IMIL is a low-stress program that enables children to use their entire body while listening to songs. This allows them to work off built up stress and anxiety that would generally be the root cause of their behaviors that challenge, and it also support children in the process of learning. The fundamental principles within IMIL include educational and physical activity of music and dance, self-regulation, self-control, and the development of social emotional skills through a mind and body connection during the entire process.

In addition to the musical component of IMIL, the educators spent 5-weeks of training on topics such as behavior has meaning, supporting children with challenging behaviors, toxic stress, staff wellness, and classroom management. These topics were supported by resources and PowerPoint presentations each week. They were followed up by a practice session and debriefing session for questions and concerns.

The Mental Health consultant along with other adult participants observed the educators as they progressed through the 5-week program. Each week, except for week 1, consisted of a training session on Tuesday and an implementation session on Thursday where the participants practiced the techniques they learned on Tuesday. Each session lasted for an hour.

The project included an introduction process on the first day where participants received information on the upcoming sessions and were also provide informed consent to participate in the surveys associated with project implementation. Those who were

willing to do so, completed a Pre-Survey (Appendix C) which asked questions pertaining to their current knowledge of behaviors that challenge. These surveys would become a vital part of the training as they would be compared to the Post Survey (Appendix C) at the end of the course to see how much the participants actually obtained and retained throughout the course of the project.

The second week participants were exposed to “Behaviors that Challenge” training session on Tuesday. They saw the different forms of behavior that could be displayed in the classroom setting and how to positively address these behaviors. At the conclusion of the presentation, a brief question/answer session was conducted for any clarification needed. On Thursday, the participants were grouped in pairs. Each participant would have the opportunity to be the educator and the child with behaviors that challenge. They would utilize the techniques they learned from the training session on Tuesday to redirect the children’s behavior in a positive manner and not allow it to escalate.

The third week training was “Behavior has Meaning and Promoting Staff Wellness.” The participants were engaged as they learned how each behavior has a meaning behind it. They learned strategies that would help them to narrow down the meaning of the children’s negative behavior. This training proved to be one of the best sessions because the participants also realized the importance of taking care of self. This includes knowing when you have reached your limit and asking someone to step in so you can leave the environment to take a breather. They also saw how much it benefited the facility, staff, and children when everyone was in an optimal state of wellness. They gained information on various strategies to enhance the wellness of staff through

exercise, breathing techniques, talking it out, etc. Realizing that children can react to the vibe they receive from adults was a valuable lesson verbalized by participants from this session.

Week four consisted of strategies for “Supporting Children with Challenging Behaviors.” Participants verbalized enjoyment of this session. They received many different strategies to support children and redirect the behavior before it can escalate. They understood the importance of having meaningful conversations with parents and families so that everyone utilizes the same techniques and strategies as not to confuse the children. The classroom is an extension of the home environment, so they understood why these relationships were so pertinent to positive outcomes for the children.

The fifth, and final, week of training dealt with “Classroom Management.” This training was probably the most fun because it consisted of utilizing music as a strategy for dealing challenging behaviors. They enjoyed the music therapy and learned a lot of new songs that were entertaining and educational. They were already familiar with IMIL, but never thought to use it as a strategy for managing behaviors in the educational environments. The participants were able to sing and dance on Thursday during the implementation session. At the end of the implementation process day, the participants were again provided informed consent and given the option to complete the Post-Survey (Appendix C). The survey asked the exact same questions as the Pre-Survey, but it pertained to their thoughts and feelings after completing the DNP Project for the duration of five weeks.

Qualitative and descriptive data was collected from participants comments throughout the implementation process and the completion of the project. As part of the

review session, the participants provided an array of comments on the success of the program.. They were all in agreement on enjoying the program and wanting to do it again. They were each able to discuss at least one thing they learned throughout the process of the program. Common themes included discussion about health, energy, the body, and emotions. The participants expressed how they were teaching the parents of students the strategies they had learned throughout the course of the training.

Threats and Barriers

The only barrier for this DNP Project was the time frame for implementation. It was narrowed due to constraints by the IRB process and availability of facility staff. This made the project seem more rushed to comply in time to submit the final product. Once the IRB was approved, implementation begin the following day and continued for the full five weeks as planned.

Implementation Summary

Implementation of this DNP Project took place over a period of five weeks as planned. It consisted of two hours a week. One hour of the week was used for education and the other hour was used for implementation practices of skills and techniques learned during the training process. The project proved to be a success at its conclusion. The participants verbalized gaining valuable information they will be able to implement in the classroom environments and share with families. Based on the positive feedback and consistent with best practice, the organization plans to implement this training into the Head Start programs annual Pre-Service training. Requiring specific training annually in this area has potential to greatly benefit the program and enhance their chances of increasing their level of positive child outcomes.

Section VIII

Interpretation of Data (Results)

Evaluation of the DNP Project included collection of two forms of data.

Quantitative Data was collected utilizing a Pre and Post Survey (Appendix C) which were collected on the first and last days of training, respectively. Three open-ended questions are included in the survey. Quantitative data will be analyzed for themes. Participants completed the Pre-Survey to reveal how they felt their skills and knowledge levels were in three different content areas prior to the training session and the Post-Survey was about their skills and knowledge levels after the training session. Qualitative data was collected by Project Leader and Mental Health Consultant through observations of the participants during practice sessions each week. The participants were observed for voice tones, positive redirecting skills, and conversations to cipher the understanding of the behavior children displayed.

After completion of both surveys, the data was analyzed with a t-test for comparison and exploration of statistical significance of data. Results of data came from the total tabulation of the three questions asked in each survey. The data analysis was performed using a two sample T-Test. Survey items asked the participants to self-rate on the following objectives (1) Identify effective practices for implementing techniques to handle behaviors that challenge; (2) Identify redirecting skills and practices important for positive child outcomes; and (3) Increase their understanding of the importance of the meaning of behavior. Participants rated themselves on what level did they feel their current (Pre-Survey) skills and knowledge were prior to the five week training sessions

and how they felt their skills and knowledge levels were after (Post-Survey) the five week training sessions. The rating scale was: (1) Low; (2) Fair; (3) Good; and (4) High.

Item 1: Identify effective practices for implementing techniques to handle behaviors that challenge.

Hypothesis: Post-Survey results will identify increased self-rated knowledge and skills with effective practices for implementing techniques to handle behaviors that challenge. (1-tailed hypothesis)

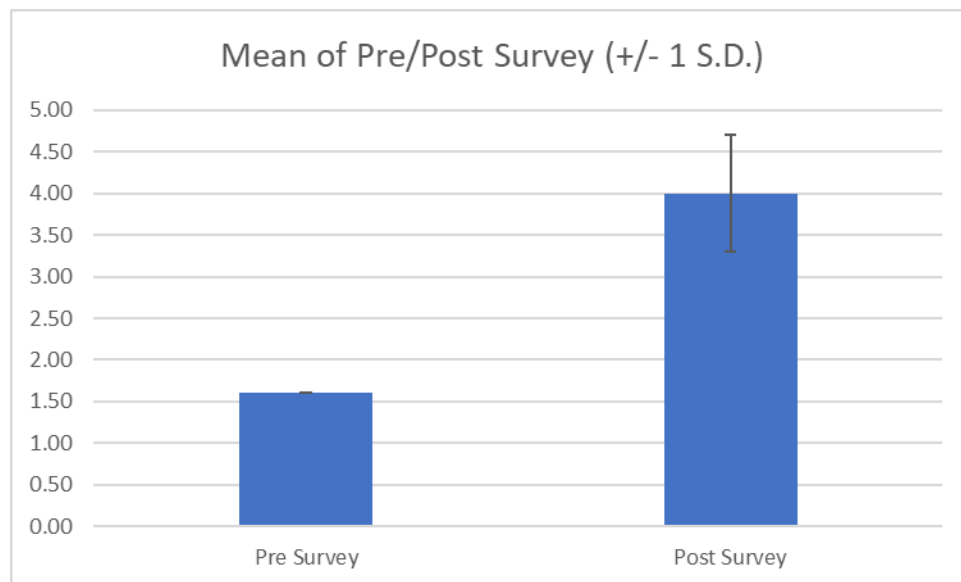
Descriptive Statistics:

<i>Pre Survey</i>		<i>Post Survey</i>	
Mean	1.6	Mean	4
Standard Error	0.22	Standard Error	0
Median	1.5	Median	4
Mode	1	Mode	4
Standard Deviation	0.70	Standard Deviation	0
Sample Variance	0.49	Sample Variance	0
Range	2	Range	0
Minimum	1	Minimum	4
Maximum	3	Maximum	4
Sum	16	Sum	40
Count	10	Count	10

t-Test 2 Sample Assuming Equal Variances:

	<i>Pre Survey</i>	<i>Post Survey</i>
Mean	1.60	4.00
Variance	0.49	0.00
Observations	10.00	10.00
Pooled Variance	0.24	
Hypothesized Mean	0.00	
df	18.00	
t Stat	-10.85	
P(T<=t) one-tail	0.00	
t Critical one-tail	1.73	
P(T<=t) two-tail	0.00	
t Critical two-tail	2.10	

Conclusion: The participants self-rated knowledge and skills with effective practices for implementing techniques to handle behaviors that challenge of Post-Survey results ($M = 4$, $SD = 0$, $n = 10$) was hypothesized to be greater than their Pre-Survey results ($M = 1.6$, $SD = 0.70$, $n = 10$). This difference was significant, $t(df) = 18$, $p = 0.00$ (1 tail). The difference is judged to be statistically significant when the $p = 0.05$ or less.



Item 2: Identify redirecting skills and practices important for positive child outcomes.

Hypothesis: Post-Survey results will identify increased self-rated redirecting skills and practices important to positive child outcomes than Pre-Survey results.

Descriptive Statistics:

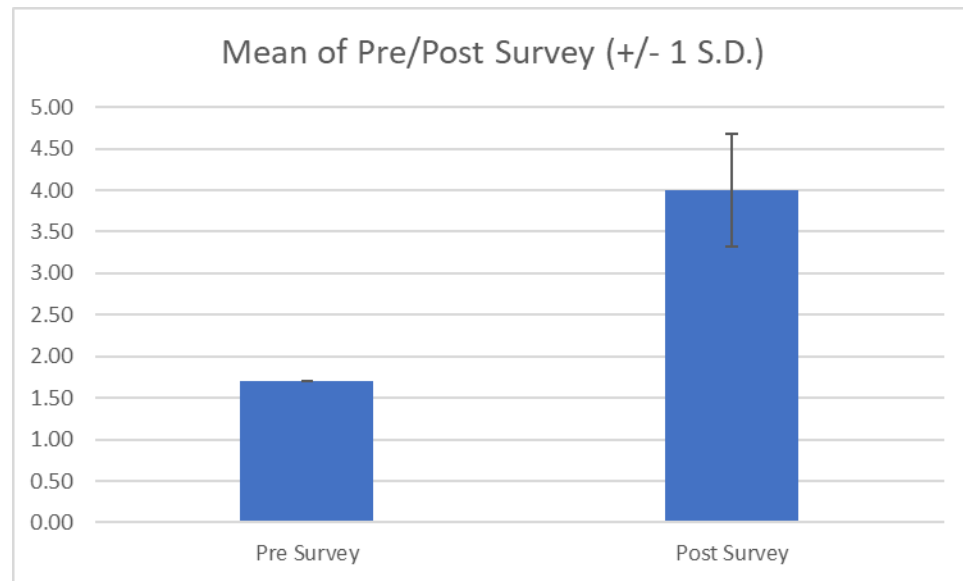
<i>Pre Survey</i>		<i>Post Survey</i>	
Mean	1.70	Mean	4.00
Standard Error	0.21	Standard Error	0.00
Median	2.00	Median	4.00
Mode	2.00	Mode	4.00
Standard Deviation	0.67	Standard Deviation	0.00
Sample Variance	0.46	Sample Variance	0.00
Range	2.00	Range	0.00
Minimum	1.00	Minimum	4.00
Maximum	3.00	Maximum	4.00
Sum	17.00	Sum	40.00
Count	10.00	Count	10.00

t-Test 2 Sample Assuming Equal Variances:

	<i>Pre Survey</i>	<i>Post Survey</i>
Mean	1.70	4.00
Variance	0.46	0.00
Observations	10.00	10.00
Pooled Variance	0.23	
Hypothesized Mean Difference	0.00	
df	18.00	
t Stat	-10.78	
P(T<=t) one-tail	0.00	
t Critical one-tail	1.73	
P(T<=t) two-tail	0.00	
t Critical two-tail	2.10	

Conclusion: The participants self-rated knowledge and skills with redirecting skills and practices important for positive child outcomes of Post-Survey results ($M = 4$, $SD = 0.00$, $n = 10$) was hypothesized to be greater than the Pre-Survey results ($M = 1.70$,

SD = 0.67, $n = 10$). This difference was significant, $t(df) = 18$, $p = 0.00$ (1 tail). The difference is judged to be statistically significant when $p = 0.05$ or less.



Item 3: Increase their understanding of the importance of the meaning of behavior

Hypothesis: Post-Survey results will increase self-rated knowledge and skills of their understanding of the importance of the meaning of behavior more than Pre-Survey results.

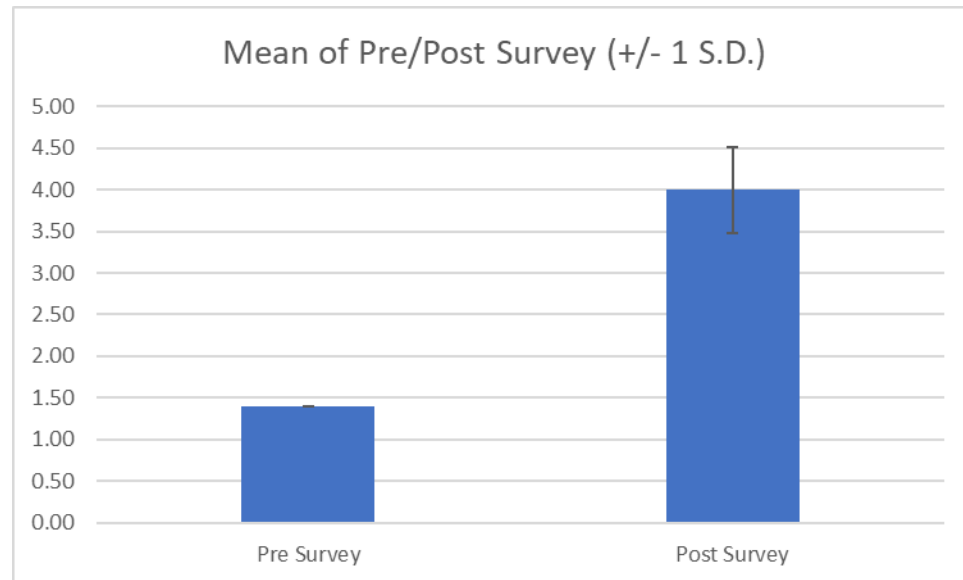
Descriptive statistics:

<i>Pre Survey</i>		<i>Post Survey</i>	
Mean	1.40	Mean	4
Standard Error	0.16	Standard Error	0
Median	1.00	Median	4
Mode	1.00	Mode	4
Standard Deviation	0.52	Standard Deviation	0
Sample Variance	0.27	Sample Variance	0
Range	1.00	Range	0
Minimum	1.00	Minimum	4
Maximum	2.00	Maximum	4
Sum	14.00	Sum	40
Count	10.00	Count	10

t-Test 2 Sample Assuming Equal Variances:

	<i>Pre Survey</i>	<i>Post Survey</i>
Mean	1.40	4.00
Variance	0.27	0.00
Observations	10.00	10.00
Pooled Variance	0.13	
Hypothesized Mean Difference	0.00	
df	18.00	
t Stat	-15.92	
P(T<=t) one-tail	0.00	
t Critical one-tail	1.73	
P(T<=t) two-tail	0.00	
t Critical two-tail	2.10	

Conclusion: The participants self-rated knowledge and skills increase in understanding the importance of the meaning of behavior in Post-survey results ($M = 4$, $SD = 0$, $n = 10$) was hypothesized to be greater than the Pre-Survey results ($M = 1.40$, $SD = 0.52$, $n = 10$). This difference was significant, $t(df) = 18$, $p = 0.00$ (1 tail). The difference is judged to be statistically significant when the $p = 0.05$ or less.



Interpretation of Results

The results of this DNP Project demonstrate increased awareness of participants strategies working with children with behaviors that challenge. It was truly an eye-opening experience. Observing the participants as they were practicing the strategies, they learned each week and to see it click for them made this training so worth it. They role played as children with behaviors that challenge in a way that mimicked the concerns in their classrooms and it was so believable. They were intentional and in the moment during these trainings. Behaviors that challenge is a concern all educators are faced with today. This project gave early childhood educators strategies they could utilize in the learning environment to positively redirect those behaviors to help children obtain optimal learning. The evidence-based practice interventions introduced educators to educational strategies and gave them opportunities to implement during weekly practice days. The practice sessions over a duration of five weeks helped to ensure they had an understanding on effective use. This project opened the door for more training

opportunities and the ability to spread the training out over all four counties where this organization serve families and children.

Analysis of project outcomes on a statistical level indicates a significant difference on the self-rated skills and knowledge levels of the participants from the time prior to this project until the time after completion of this five-week project. All participants rated themselves as learning valuable information. Qualitative data demonstrated attitudes of thankfulness they had the opportunity to practice the newly acquired skills before going back into the educational environment to implement them with children. This has been a much-needed training session for a long time and due to the high rise in behaviors that challenge in children between the ages of 0-5, Head Start was the perfect place to implement it. Prior to this project, there was no formal training for educators. When they identified children who exhibited behaviors that challenge, they would observe them for 5-10 days and if the behavior didn't improve or escalated, the children were referred out to a Mental Health Consultant after having a meeting with the parents to discuss the concerns and intervention choices. The project implementation empowered educators to have additional positive interventions to make earlier impact on their students.

As a result of this DNP Project, early childhood educators at the facility gained a greater level of knowledge, skills and understanding of positive strategies and interventions to utilize as they assist children with behaviors that challenge. It empowered them with strategies to engage in difficult conversations with parents which had always been an issue. Participants commented saying they "felt more equipped to

“speak with and work alongside parents to ensure the children received quality learning experiences” while in their environments.

Limitations

Throughout the duration of this DNP Project, time was a limitation. The project had to be implemented during the time the educators would normally be working within their educational environments. Facility administration recognized the need for this project and were willing to overcome all obstacles to make it happen.

When educators needed to attend the two-hour training and implementation sessions, the organization utilized substitute teachers and members of the administrative staff to cover the classrooms. With all the day to day issues, staffing can prove to be a challenge. Also, during the implementation, the area was under the impact of the COVID-19 pandemic which made implementation more difficult. With strong collaboration and a focus on getting the training to the participants, the DNP Project Leader persevered and was appreciative of the facility staff recognition of the project importance. Together we were able to navigate through these difficult situations and enabled this DNP Project to become an enormous success.

Discussion

This DNP project had two objectives. The first objective was to increase the knowledge and skills of “Behaviors that Challenge” and the meaning behind the behaviors. The second objective was to implement strategies to redirect these behaviors. These objectives were met through the implementation of evidence-based interventions including an educational component and an opportunity for participants to practice implementing the strategies acquired during the training sessions. As previously stated, in

the United States, emotional and behavioral disorders are on the rise; 10–20% of children and adolescents have a mental or behavioral health problem of some type (cdc.gov, 2019). The literature justifies the need for interventions, such as this DNP Project, as it also states there is a need for formal training of educators on how to manage “Behaviors that Challenge.”

After the results of the Pre/Post surveys were collected and analyzed, it revealed that there was a statistical significant difference in the self-rated level of skills and knowledge the educators felt they possessed prior to the training sessions in comparison to after completion of the sessions. Prior to the sessions, the educators did not feel as if they were equipped with the correct, if any, strategies to manage behaviors. This was contributing to teacher burnout due to the extensive amount of time it took for them to manage these children. They felt as if they were lacking something to gain control of their educational environments and prevent the children who displayed behaviors that challenge from disrupting the entire classroom.

Once they were able to go through the five-week training process of this DNP Project, they verbalized feeling more empowered and as if they had more control of their educational settings. It gave them higher levels of knowledge and skills. They learned appropriate strategies to resolve these behaviors in a positive and effective manner. They gained methods for conducting conversations with the children to get an understanding of the meaning behind the behavior to apply the most effective interventions to resolve the children’s conflict.

Recommendations

Recommendations for this organization would be to continue with the training introduced through the implementation of this project. The organization operates in four counties and has a total of twenty-two centers (fifty-nine Head Start classrooms (ages 3-5) and forty-two Early Head Start classrooms (ages 0-2) (Sharesc.org, 2020). It would be beneficial if all the educators and support staff in the organization had the opportunity to experience this training.

Organizational administrators believed in the project and supported the DNP Project Leader and because of that, they empowered her to take control of the operations of the project during the five-week process. The educators who went through the project now feel knowledgeable enough and confident in themselves to share the information acquired with any other members of their team or those who come to work within their educational environments.

ECLKC states, “Because behavior is complex, Head Start and Early Head Start programs provide a variety of approaches and supports to help education staff and families understand and give the guidance young children need for healthy social and emotional development” (2020). This underlines the importance that educators of support staff need to be equipped and prepared to manage these behaviors in an effective and positive manner.

This training will also be available for parents and families interested in gaining knowledge on how to manage behaviors that challenge. This would be a great opportunity because it will enable parents to utilize the same strategies as educators and prevent confusion for the children. This is an area the training should be presented on an

annual schedule as well. Parents and educators working together is beneficial for positive childhood outcomes.

The Mental Health Consultant played an important role through the duration of this project. She was able to educate the participants on a cognitive level to help them gain a better understanding of the why in behaviors that challenge. She provided great feedback, clarity, and insight to the mental development of children and how it effects behavior.

If this project were repeated, the only change would be presenting it in more areas to reach more educators and offer it to parents and other family members that were interested. It was important for educators, managers, and support staff to be a part of this training to obtain the strategies necessary for managing challenging behaviors since they all are hands on with the children.

Sustainability

As a result of this DNP Project, the organization program will now incorporate this training into their annual Pre-Service training that takes place each year prior to the start of the school term. All educators, managers, and support staff are required to attend the training. They recognized it was a valuable experience for those who were able to attend this initial training session. They will utilize the participants of this first training to assist with facilitating the training sessions for the rest of the organization.

Each classroom had at least one child enrolled that had exhibited challenging behaviors and this training can be an excellent source of interventions and strategies for handling these behaviors. The organization is excited about making this training part of their annual schedule to allow all staff, seasoned or new, to receive the information to

enhance their skills and knowledge of positive and effective interventions for handling “behaviors that challenge.” The organization has long been titled a “Program of Excellence” in the Early Childhood Education arena and this training will add to their ability to achieve excellence and have successful and positive childhood outcomes.

SECTION IX

Utilization and Reporting Results

There is high confidence that the training initiated during the five-week session DNP Project will continue to lead toward positive childhood outcomes and best practice for educators and support staff as they continue to learn and utilize intervention to support children with challenging behaviors. This project brought awareness to not only the educational staff, but also the CEO, Director, and other administrative staff members of the organization.

With this awareness, came the desire to spread the knowledge amongst all educators and support staff within all four counties they serve to ensure everyone was onboard and utilizing the same practices to resolve the same situations regardless of what center or county they were housed. As with any project of change, there will be challenges, barriers, and struggles. The DNP Leader was able to work through these obstacles with other leaders and multidisciplinary members of the organization as evidence-based intervention were still executed.

These evidence-based interventions increased the knowledge, skills, and confidence of the educators and support staff who participated in this initial project. Participants completed the five-week training session and had a greater feeling of empowerment and willingness to serve children with challenging behaviors. The

objectives of this project were met in an effective, positive, and professional manner.

Everyone identified as being more prepared and apt to tackle these classroom disruptions and still maintain positive childhood outcomes.

Although single parent households and absent fathers were not specifically included in the outcome data collection of this DNP project, these are known factors impacting childhood behaviors. Children and adolescents, predominately males, in father-absent households still faced elevated incarceration risks, emotional, mental, and social developmental issues, (Perry & Bright, 2012). As this project continues to roll out, this data will become more inclusive and will be collected and analyzed. Family remains to be an important factor and can have lasting effects on children when they are missing a parent in the household.

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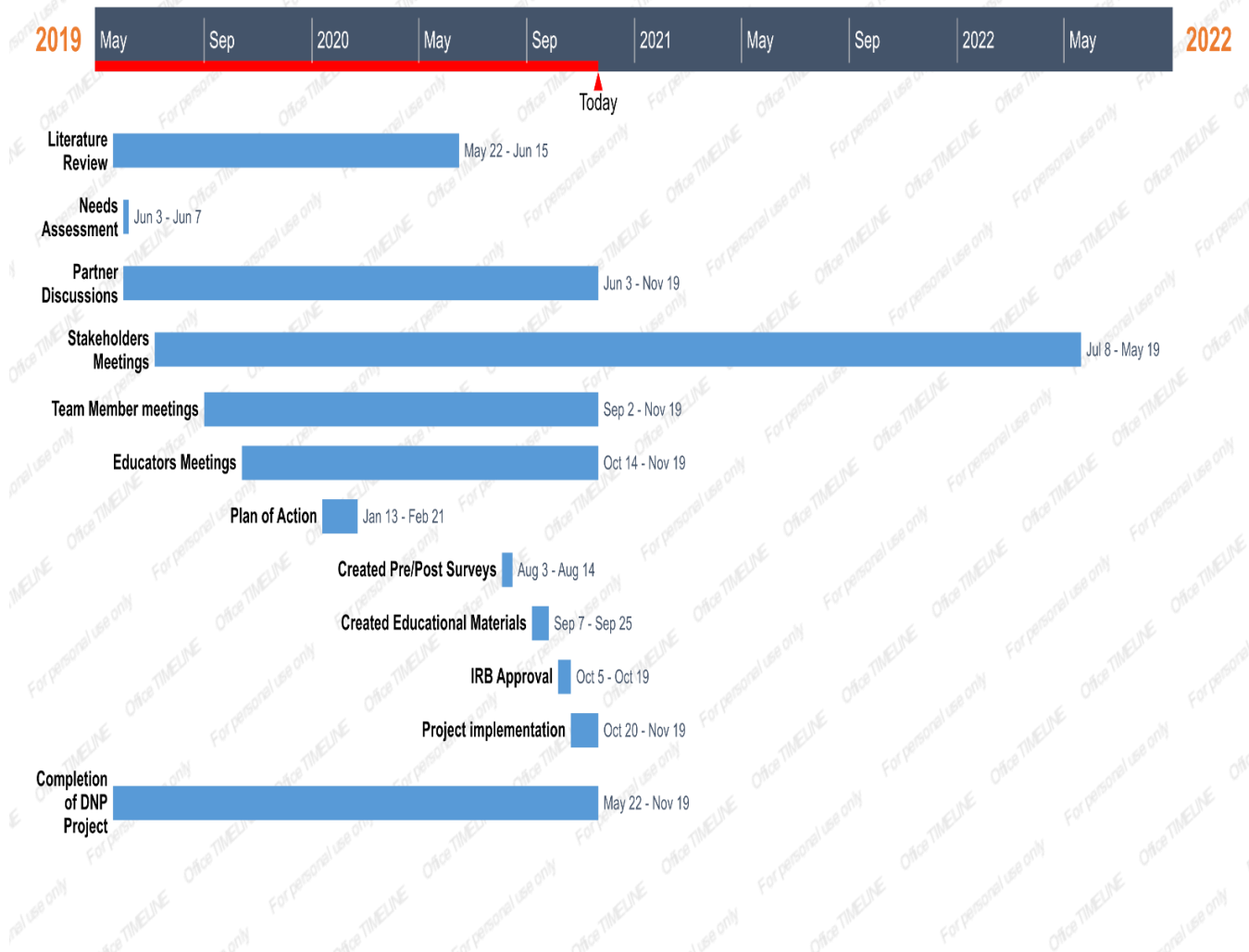
Timeline Appendix A

May 2019	Began literature review
June 2019	Continued literature review and began identifying stakeholders
June 2019	Completed needs assessment
June 2019	Began discussing with partners
July 2019	Contacted project partners
July 2019	Set up regular meetings with Stakeholders
August 2019	Set up regular meeting with DNP Chair
September 2019	Began meeting with team members
October 2019	Began meeting with educational staff
November 2019	Began meeting with organization Director
December 2019	Continued meeting with stakeholders
January 2020	Continued working on plan of action
February 2020	Collaborated with DNP Chair to finalize project plan
March 2020	
April 2020	Continued working on literature
May 2020	
June 2020	Continued meeting with stakeholders
July 2020	Collaborated with team members
	Continued to work with team members
	Continued working on literature
August 2020	Created pre and post surveys
September 2020	Began working with manager to prepare for training sessions


September 2020	Created educational materials
October 2020	Institutional Review Board approval
November 2020	Continued meeting with facility manager, educators, and support staff
November 2020	Project implementation
November 2020	Post-implementation data collection
November 2020	Completion of DNP Project
Data Collection	Tools used will include pre and post surveys. Analysis of data will be done using 2 sample t-Test
Evaluation Plan	The DNP Project will include an educational, pre and post training survey evaluation design. The pre and post training survey will request information on how participants felt their knowledge and skills level were prior to and after the training. Descriptive statistics will be used to determine whether there is a significant difference between their skills before and after the training sessions. The response from the pre and post survey data will be compared.
Ethical and Protective Consideration	Institutional Review Board approval will be applied for at the University. After approval, the Project Leader will keep all information confidential with no identifying data on forms, surveys, or results. The DNP Project Leader will ensure all paperwork remains in a locked file in her office until completion of the project.

**Gantt Chart
Appendix B**

DNP Project Timeline



Appendix C: Pre/Post Survey



HEAD START
Regional T/TA Network

Region 4
 OMB #0970-0401
 Expiration Date: 07/31/2021

Training Topic:
Equipping Early Childhood Educators to Manage Behaviors that Challenge in the Early Childhood Years

Date:

Please rate the trainer(s). Circle the appropriate numbers. Provide any additional feedback in the **comments** section.

RATING SCALE: 1 = Low 2 = Fair 3 = Good 4 = High

Trainer Name(s)	Topic Expertise				Clarity				Time Management				Responsiveness			
Shanna Scott	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Alexis Tarbin	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Please review the following list of training objectives. Circle the number that best represents your knowledge and skills **before** then **after** this training.

RATING SCALE: 1 = Low 4 = High

Before Training				Self-assessment of knowledge and skills related to:	After Training			
1	2	3	4	Identify effective practices for implementing techniques to handle behaviors that challenge	1	2	3	4
1	2	3	4	Identify redirecting skills and practices important for positive child outcomes	1	2	3	4
1	2	3	4	Increase their understanding of the importance of the meaning of behavior	1	2	3	4

RATING SCALE: 1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

Please mark a check (✓) to rate your impressions of the items listed below.					1	2	3	4	Not applicable
1. The information and materials are relevant to my work.									
2. A variety of modalities (visual, hands-on, auditory) were used to support learning.									
3. There were opportunities for practice, discussion and feedback.									
4. The session enhanced my knowledge and/or skills.									

Two strategies or resources I will put into practice or share with others are:

I am specifically interested in the following topics/areas:

Additional Comments:

These materials were developed for DHS/Regional TTA Network.

Paperwork Reduction Act Burden Statement: This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Informed Consent Appendix D

Title of Study

Equipping Early Childhood Educators to Manage “Behaviors that Challenge in the Early Childhood Years”.

Researcher

Shanna Scott, MS Ed, RN

DNP Candidate at Gardner-Webb University

Purpose

The purpose of this project is to educate early childhood educators, working in a federally funded Head Start program, on best practice strategies when working with children with “behaviors that challenge”.

The expected outcomes of the project are:

1. Increased knowledge and skills of “behaviors that challenge” and the meaning behind the behaviors.
2. How to implement strategies to redirect behaviors that challenge.

Procedure**What you will do in the study:**

As a participant in this study, you will attend the required classroom training sessions and participate/view all educational materials. You have the option to complete pre/post-training surveys to measure the effectiveness of the training content. You will remain anonymous to maintain confidentiality.

Time Required

It is anticipated that the project will require approximately 10 hours spread over 5 weeks. Participants will be required to watch (4) 15 minutes suites (videos on content materials) as a group on the first day of training. The classroom training sessions will be 60 minutes twice a week for 4 weeks. The pre/post surveys will require approximately 10 minutes on the first and last day of training. The additional time will be utilized for all feedback, questions, or concerns.

Voluntary Participation

Participation in the training is required by your employer; however, participation in the pre/post surveys are voluntary. You have the right to withdraw from the research study at any time prior to submission of the survey without penalty. You also have the right to refuse to answer any question(s) for any reason without penalty. All individuals will be asked to submit their pre/post survey into an envelope at the front of the classroom regardless if you completed it or not.

Confidentiality

Pre/Post surveys do not collect any confidential information or identifiers. Completed surveys will be stored in a locked file cabinet in the DNP Project student’s office during this study. Upon completion of the project, collected data and results will be retained by the Hunt School of Nursing for three years and then destroyed.

Anonymous Data

The information that you give in the study will be handled confidentially. Your data will be anonymous which means that no identifiers will not be collected or linked to the data.

Risks

There are no anticipated risks in this study. Institutional Review Board at Gardner-Webb University has determined that participation in this study poses minimal risk to participants.

Benefits

There are no direct benefits associated with participation in this study.

Payment

You will receive no payment for participating in the study.

Right to Withdraw From the Study

You have the right to withdraw from the study at any time prior to submission of the pre/post survey without penalty.

How to Withdraw From the Study

If you want to withdraw from the study, there is no penalty for withdrawing. If you would like to withdraw, please do so prior to completing the surveys. Once the survey is collected and submitted, it cannot be withdrawn, as all data is submitted in a de-identified state.

If you have questions about the study, contact the following individuals.

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If you have concerns about your rights or how you are being treated, please contact the IRB Institutional Administrator listed below.

Dr. Sydney K. Brown
IRB Institutional Administrator
Gardner-Webb University
Telephone: 704-406-3019

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Logic Model

Appendix E

Logic Model: Manage Behaviors That Challenge

