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# **HARVEST**

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# HARVEST

# The Institutional Research Publication of Baliuag University

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#### A PRESCHOOLER'S POSITIVE BEHAVIOR SUPPORT PLAN

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#### **Abstract**

Addressing the challenging behavior of a preschooler is a tough job for parents and teachers. Thus, this case study aims to come up with a model that could be used by the Center for Career, Counseling, and Student Welfare to help lessen the challenging behavior of any preschooler in the university. The researcher tried to examine the behavior of a preschooler who has been reported by her parent and teacher to have a challenging behavior inside the classroom. A functional assessment interview was conducted in order to get a multiple baseline of facts. Likewise, a 10-s continuous partial interval system recording was used. Finally, to make sure that the case study is wholistic, a psychodiagnostic assessment was employed to look for the mental status and personality dynamics of the preschooler. Based on the assessments done, a positive behavior support plan had been drawn: (1) practicing consistent discipline (2) offering choices on activities and materials, (3) using visual cues or modeling to teach the preschooler to engage in a structured activity, (4) observing constant routine at home and at school to minimize restlessness, (5) providing tutorial sessions that focus on developing basic skills, and (6) consulting a psychologist/therapist to deal with some behavioral and psychological concerns. Implementing the proposed model with the same subject is highly recommended to find out if it is an effective intervention for a child with a challenging behavior.

*Keywords:* positive behavior support, case study, challenging behavior, psychodiagnostic assessment

Challenging behavior in the preschool years is clearly evident (Feil et al., 2014 & Coleman et al., 2013). It is a persistent behavior that causes difficulties in the life of an individual which limits one to have a good life (Sigelman & Rider, 2012). It can be in a form of maladaptive behavior such as leaving a seat or designated area without the teacher's permission, walking around the room without engaging in activities, ignoring teacher's requests, or refusing to comply with directions (Blair et al., 2010). Some may act out in a physically aggressive manner such as kicking, hitting, or biting (Nungesser & Watkins, 2005).

The behavior is challenging not problematic, because it challenges everyone who supports the person to understand the nature of the behavior, find out why it is happening, and work with someone to find a solution or intervention. Consequently, failure to address it may have a long-term effect for children who manifest these kinds of behaviors such as higher rates of peer rejection and negative interactions with adults (Dunlap et al., 2006) and a greater risk for school failure or delinquency (Webster-Stratton & Taylor, 2001). It could influence the child's development and social competencies negatively (Blair et al., 2010).

A challenging behavior is manifested not only at home, but more so inside the classroom as observed and perceived by preschool teachers (Nungesser & Watkins, 2005). The problem is, if not properly addressed, that challenging behavior would continue and could influence the child's development and social competencies negatively (Blair et al., 2010). Therefore, the researcher got interested in finding out how to address the challenging behavior of one of the preschoolers of Baliuag University. The said preschooler has been reported by the parent and teacher to have a maladaptive behavior inside the classroom. It was difficult for them to decide on what particular intervention they should employ; hence the use of the Positive Behavior Support (PBS).

Positive Behavior Support is an assessment-based behavior support plan for the individualized intervention of persistent challenging behavior (Blair et al., 2010). It is widely accepted as an effective intervention for making a functional behavioural assessment (FBA) and to develop behavior support plans, appropriate for implementation by the parents, caregivers, and teachers within the natural context of a particular child (Conroy et al., 2005). All the more, the main goal of this PBS is to lessen the challenging behavior and teach the child to acquire new skills and lifestyle changes.

This study is part of the services of the Center for Career, Counseling, and Student Welfare (CCCSW) of Baliuag University, particularly Consultation and Coordination, as well as Research and Evaluation Services. It is worth conducting since the positive behavior support plan gives the support and the strategies to be implemented by both the preschool teacher and the parents to reduce the occurrence of maladaptive behavior of this preschooler. Hence, the results of this study could be part of the CCCSW's program especially in dealing with such type of students. The Center for Career, Counseling, and Student Welfare (CCCSW) could provide a specific plan designed just for a particular preschooler. It can specify how the school and the parents/caregivers could help this preschooler cope with his/her everyday life and to acquire a new set of skills and behaviors.

## **Background of the Case Study**

The child under study is named BCP. She is the youngest child, a wanted, expected pregnancy. Labor was easy, delivered via caesarean method, as recommended by her obstetrician-gynaecologist. As an infant, her mother did not notice any unusual behavior. Before BCP was ten months old, she was able to recognize people close to her. She could react to people's faces and she would smile back when smiled at. In her first two years, BCP was able to respond to names being called, she could babble, she spoke her first words, sat unsupported, grasped and dropped objects, stood alone, and walked unassisted. At the age of three and four, she could speak in phrases and in simple sentences (Tagalog and English). She scribbled using her right hand, and could eat with a spoon unassisted. During those years, BCP experienced separation from her father because he was an Overseas Contract Worker (OCW). At the age of 5, she could understand one-to three-step instructions and could brush her teeth without help.

At the time of the study, according to her mother, BCP had difficulty in dressing herself and had not been properly toilet trained. She was active and happy, but not very responsive. There were occasions where the mother needed to go to BCP's classroom just to assist her in her toilet thing. Also, there were delayed developments when it came to BCP's physical coordination, awareness of self, and ability to adjust.

In relation to academic performance, BCP's areas of difficulties are reading writing, arithmetic, spelling, and comprehension. She seems unable to follow instructions, lacks interest or motivation in accomplishing school tasks.

#### **Operational Framework**

Given the facts and information of the case, a positive behavioral support plan was initiated for BCP's challenging behavior to be reduced. Figure 1 shows the operational framework of BCP's case. For the conduct of this case study, a functional assessment interview was done in order for the researcher to get a multiple baseline of facts. Interview with BCP's mother and BCP's teacher are essential for the development of this PBS plan. BCP's mother provided information regarding her behavior inside the home and the results of the psychodiagnostic test. It is worthy to note that the assessment was done before the conduct of this case study. Likewise, the teacher also presented and discussed about BCP's behavioral information inside the classroom and school. Moreover, an interview was conducted with the consulting psychologist, particularly developmental psychologist, who provided information regarding developmental issues and concerns in the particular stage of the lifespan that BCP belongs. A career and counseling officer was also considered part of the team, being the case manager and the one who monitored BCP's development. Finally, the principal was also asked most especially in the academic output and supervisory part of the school.

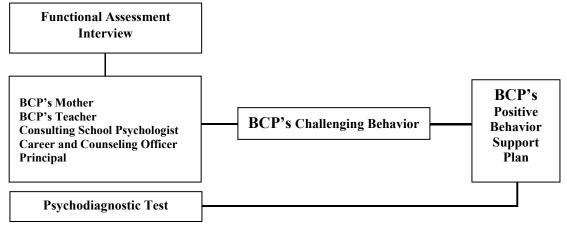


Figure 1. BCP's PBS plan.

#### Theoretical Framework

According to Conroy et al., (2005), the Positive Behavior Support Model is a model created to help understand and support children, as well as adults, who have learning disabilities and display behavior that others find challenging. This is an appropriate intervention given by the parents, caregivers, and teachers within the natural context of a particular individual. The main goal of this model is to lessen the challenging behavior and to adopt the behavioral and lifestyle changes of an individual who has maladaptive behavior.

The planned behavior theory of Ajzen and Fishbein (1975) suggests that the behavior of an individual could be planned, hence it could also predict deliberate behavior. Likewise, the adaption of a new behavior is determined by the individual's intention to participate in it. This theory also explains that before an individual acts, one is guided with three types of considerations: the behavioral belief, which is the consequence of the adopted behavior; normative belief, which is a belief that there is a support and expectation from other people; and the control belief, which is a belief about the presence of factors, such as behavioral plans, that may enable or obstruct the performance of the behavior.

#### Method

#### Research Design

The study used the qualitative research design wherein the researcher tries to gain insights into people's attitudes, behaviors, values systems, concerns, contexts, and lifestyle (Portus et al., 2018). It is a data generation method that explores and analyzes the life of a person or a social unit, a group, or cultural group (Portus et al., 2018 & Creswell, 2013).

## Data Gathering Procedure

A 10-s continuous partial interval system recording was used. An interval recording strategy involves observing whether a behavior occurs or does not occur during specified time periods. Once the length of an observation session is identified, the time is broken down into smaller intervals that are all equal in length (Blair et al., 2010). The researcher and the previous significant persons, the principal, BCP's mother, BCP's teacher, developmental psychologist, and the career and counseling officer, observed BCP in her classroom using the Challenging Behavior Checklist. This instrument was adopted and modified from the study of Blair et al., (2010). At the end of the observation, the researcher analyzed the observation using the frequency and percentage treatment and got the top three challenging behavior of BCP. Finally, to make sure that the case study is wholistic, a psycho-diagnostic assessment was employed to look for the mental status and personality dynamics of BCP.

#### **Ethical Considerations**

In the conduct of this case study, the researcher strictly observed the established standards and ethical compliance to protect the rights and privacy of this particular preschooler throughout the study. The principal of the Basic Education Department was properly informed about the nature and conduct of the study. The researcher also sought the approval and consent of the parents. The parents, especially the mother, were properly oriented and informed about the nature of the case study, which is beneficial to the said preschooler. Finally, the disclosed responses of the significant persons involved were limited to the researchers and the participant, and were solely used for research purposes.

#### **Results**

### Functional Assessment Interview

As an initial report by her mother, in their home setting, BCP was living with her mother, older sister (8 years old), and a house helper (60 years old). Significantly, BCP was raised through the help of different nannies (from birth to 3 years old). According to her mother, it was difficult to maintain a stay-in house helper that time. BCP is close to her sibling, and her mother spends much time with them during weekends and in the evening after work. On weekdays, her uncle picks her up after school, brings her to her maternal grandmother's house and in the afternoon, her uncle brings her to the tutorial center. When she got good grades, prizes are usually in the form of praise and food (candies and cookies).

According to BCP's mother, during one summer class (before the Kindergarten proper), it was reported that BCP did not cooperate during their seatworks. Her mother also shared that there were social behavior misconducts stated by her teacher and classmates. Likewise, in social gatherings, BCP was observed to be hyperactive, not listening to her. But on ordinary days, she can behave well, obeys instructions, especially when given positive reinforcement/ consequences.

Behaviorally, she has been reported to be irritable, untidy, aggressive, nail bites, disorganized, does not finish activities on time, and has often been distracted. Similarly, in some instances, she tends to ignore the teacher's requests and their different structured activities. She always wanted to walk around the room. According to the developmental psychologist and career and counseling officer during the observation, BCP also engaged in any verbal or motor activity not directly related to the activity or task at hand. She always left her seat as she wanted to, aggressive when having fun, and hated being told to wait.

#### Interobserver Results

Table 1 shows the frequency and percentage of BCP's challenging behavior during the class observation period. To establish the reliability of the observation and to rule out any form of biases, the key persons were not the people who handled BCP in a daily transaction inside the classroom. Specifically, the observers were the Principal and the Career and Counseling Officer of the Basic Education Department, the Consulting Psychologist, and the Researcher.

Table 1	Challenging	hehavior	during BCP's	class hour
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Challenging Behavior	F (per 10 seconds)	%
Ignoring teacher's requests or refusing to comply with the directions	17	57%
Walking around the room without engaging in activities.	10	33%
Leaving seat or designated without teacher's permission to be out of activity.	6	20%

Collectively, BCP was observed within 5 minutes across the Interobserver. The result shows that the highest challenging behavior of BCP during her class hour is ignoring teacher's requests or refusing to comply with the directions (*F*=17, 57%) followed by walking around the room without engaging in activities (F=10, 33%) and leaving her designated seat without the teacher's permission (F=6, 20%). This shows that BCP has difficulty in figuring out social and verbal cues. This was also shared by the teacher during the functional assessment interview.

#### Psychodiagnostic Tests

Last June 22, 2018, BCP underwent psychodiagnostic tests to evaluate her mental functioning and personality dynamics. This psychodiagnostic test was done before the conduct of the case study as recommended by the school and the career and counselling officer. This is to ensure that the assessment for BCP's behavior support plan is holistic and empirically-based.

Three tools were used. Wechsler Preschool and Primary Scale of Intelligence—Revised (WPPSI-R) is an intelligence test designed for children ages 2 years to 7 years. Bender Visual Motor Gestalt Test is a psychological test used by mental health practitioners that assesses visual-motor functioning, developmental disorders, and neurological impairments in children ages 3 and older and adults. The Learning Access Mode is visual and kinaesthetic which measures the child's learning style. The psychological assessment was done to make sure that the whole well-being of BCP is properly assessed before the conduct of the positive behavioral support plan.

**Table 2**. Degree of mental ability

Skills	Score	Description
Nonverbal Skill	80	Low Average
Verbal Skills	55	Mild Intellectual Disability

For the findings, Table 2 shows the degree of BCP's mental ability. A closer look at the results reveals a wide discrepancy between the verbal (VIQ: 55, Mild Intellectual Disability), and performance (PIQ: 80, Low Average) in favor of nonverbal tasks.

**Table 3.** Neurobehavioral problem/s

Component	Description
Autism	Not Reported
Tantrums	Reported
Seizure Episode	Not Reported
Language Delays	Suggested

Table 3 shows the neurobehavioral problems of BCP. It was revealed that BCP was reported to have tantrums, while there were suggested language delays.

Overall, the results of the WPPSI-R suggest that BCP's current cognitive potentials are developing at a slow pace. Nevertheless, she is trainable, can learn with supervision and consistent repetition, including rudimentary self-help

skills. The verbal subtests of the WPSSI-R provide measure of the development of verbal attention, comprehension, memory, and vocabulary skills. BCP's scores suggest that she has underdeveloped attention to verbal cues, which may occasionally affect persistence and performance on given tasks; distracted concentration may also affect retention of information as well as the learning process; underdeveloped word knowledge and fluency. At present, BCP's approach to language is literal and concrete; and occasional tendency to be overwhelmed by tone, pitch, volume, and manner of verbal delivery that may sometimes alter her understanding of what she hears.

On the other hand, BCP's performance on the nonverbal tasks suggests that she has the ability to grasp part-whole relationship and can integrate parts of an object to a workable whole; underdeveloped capacity to attend to visual cues and eye-hand motor coordination which negatively impacts copying and drawing; and underdeveloped ability to retain perceptual images which can impact capacity to distinguish essential from nonessential details.

Likewise, according to the results, BCP can accomplish simple age-appropriate tasks, likes identifying colors, shapes, and familiar objects; and can copy simple figures with adequate results. Although she can hold the pencil in tripod-like grip, the quality of strokes and directionality of lines in writing or copying shapes and simple designs are still occasionally unstable. She cannot write letters and numbers.

When it comes to the emotional or interpersonal characteristics, according to the results, BCP perceives the world to revolve around her. She prefers immediate, superficial activities, likes to be the center of attention. She has learned to use strategies or charm to draw attention to herself. Inclined to be gullible, impressionable, she may not readily grasp social cues and verbal nuances (tone, pitch volume) which could alter her interpretation of and response to statements. Instead, she can be reactive, prone to impulsive behavior when overwhelmed by the situation. The world revolves around her and as such, it may get her frustrated when prevented from doing what she wants.

# BCP's Positive Behavior Support Plan

Based on the functional assessment interview, interobservation process, and psychodiagnostic test results, a positive support plan had been drawn: (1) practicing consistent discipline; (2) offering choices of activities and materials; (3) using visual cues or modelling to teach her to engage in a structured activity; (4) observing constant routine at home and at school to minimize restlessness; (5) giving tutorial sessions that focus on developing basic skills; and (6) consulting a psychologist/therapist to deal with some behavioral and psychological concerns.

Practicing consistent discipline. The Filipino term *disiplina* is a parental duty necessary to bend the young in the right decision. In the childrearing attitudes of Filipino parents, it can be described as authoritarian, which highlights strictness, respect for authority, and obedience (Alampay, 2014). All the more, such obedience shapes the strategies and interactions of parents with their children. In the case of BCP, the mother employed the authoritarian style of parenting, but it should be consistent. It was narrated by the mother that after school BCP stays in her Lola's house. Therefore, the authoritarian style of parenting should continue even if the mother is not around to avoid inconsistency and to avoid confusion on the part of BCP. Physical punishment likewise must be reduced, because it would give a bad signal to BCP. It was stated in the psychodiagnostic assessment that BCP is prone to impulsive behavior when overwhelmed by the situation.

Offering choices of activities and materials. It was stated in the assessment that BCP has the ability to grasp and perform nonverbal tasks. Her ability to visualize and construct from its parts is her highest nonverbal skill. During spare time, BCP enjoys painting scribbles, clay baking, and playing with other kids. Thus, offering choices of activities and materials makes her productive which could lessen her challenging behavior. In Erikson's psychosocial development, BCP is in the play stage wherein preschool-age children are developing locomotion, language skills, curiosity, imagination, and the ability to set goals (Feist et al., 2018). Although BCP has a challenging behavior, it gives her a sense of purpose if she manipulates her choice of activities and materials. She could set her own goals and pursue them with a purpose. According to Erikson (1968), knowing the purpose makes one happy and be able to enclose one's behavior.

Using visual cues or modelling to teach her to engage in a structured activity. According to the assessment, BCP can accomplish simple age-appropriate tasks such as identifying colors, shapes, familiar objects and can copy simple figures with satisfactory results. However, she has difficulty when the activity is structured. Therefore, one of the remedies for that is thru modeling. Modeling is the core of the observational learning (Feist et al., 2018) as proposed by Bandura (1986). According to him, learning through modelling involves adding and subtracting from observed behavior and generalizing from one observation to another. In other words, it involves not only mimicry or imitation, but it is more than matching the actions of the other with the cognitive process. It involves symbolically representing information and storing it for future use (Bandura, 1994). BCP could be productive in her activity if there is another person to guide her by means of helping her what to do especially during contact hours. Parents and teachers could be the significant others to be considered.

Observing constant routine at home and at school to minimize restlessness. Although home-school partnership is universally accepted, it is not always easy to promote or maintain it (Kieff & Wellhousen, 2000). In the case of BCP, there should be a strong monitoring between the teacher and the mother. This monitoring helps her to really focus on her goal and to avoid maladaptive behavior. The consistency of the monitoring is one of the key factors in BCP's challenging behavior. Likewise, the parents should always involve themselves in the academic life of BCP because it could help the teacher maximize her potential and motivate her on how to manage BCP. In relation to this, a study conducted by Moran and Hoy (2007) suggests that involvement allows parents to monitor the school and classroom activities of their children. It encourages acceptable classroom behavior, ensures that the child completes her school work, and positively affects teacher's self-perception and job satisfaction.

Giving tutorial sessions that focus on developing basic skills. It is recommended by the psychodiagnostic assessment that BCP should take tutorial sessions that focus on developing skills such as writing, reading, comprehension, and developing oral and written communication skills. Although the assessment revealed that BCP is developing at a slow pace, nevertheless, she is trainable and can learn with the supervision of other people which, in the words of Vygotsky, is called assisted learning. Assisted learning or guided participation in the classroom requires scaffolding, giving information, prompts, reminders, and encouragement at the right time and in the right amount, and then gradually allowing the person to do more and more on her own (Woolfolk, 2006). Because the tutor guides BCP, it helps BCP to find solutions to her difficulties. This process is called zone of proximal development; it is the area where BCP cannot solve a problem alone, but she can be successful under adult guidance such as her tutor, teacher, mother, or in collaboration with a more advanced classmate (Woolfolk, 2006).

Consulting a psychologist/therapist to deal with some behavioral and psychological concerns. The last PBS plan for BCP is the consultation with the psychologist or therapist especially in dealing with behavioral and psychological concerns. It is good to understand that BCP has behavioral as well as psychological dynamics that need to be addressed, and professionals like counselors, therapists, or psychologists are in the right position to address those concerns. Before the conduct of this case study, the parents, especially the mother, did not hesitate to submit BCP for professional help.

#### **Discussion**

There are several key findings from this case study that are relevant in understanding the challenging behavior of BCP, and these findings could be adopted as a proposed BCP's behavior support plan. First is the psychological nature of being a child. BCP, who belongs to the play age or preschool years, manifested different psychological and behavioral dynamics that need to be understood. Her tendency to be the center of attention could be explained by Piaget's concept of egocentrism wherein a child tends to see the world and the experiences of others from her own point of view (Woolfolk, 2006). As Piaget intended, it does not mean being selfish; it simply means that children often assume that they share each other's feelings, reactions, and perspective. BCP's desire to do what she wants to do is not a maladaptive behavior; it simply means that she wants to do it. The problem is, if the caregivers or the teachers do not understand what she feels. Not understanding her behavior sometimes leads to confrontation, which, as a result, BCP may react aggressively and manifest a challenging behavior.

Second is the transitionary period of BCP from home to school. This is the first time that BCP faces different activities from one school to another, and from home to school, she faces different situations. In addition, her development is in a slow pace. This transition in the life of BCP is simply called identity crisis (Erikson, 1963), a turning point in one's life that may either strengthen or weaken the personality of an individual (Feist et al., 2018). It is a struggle on the part of BCP because she is always facing different turning points. Therefore, the best way to understand BCP's challenging behavior is by consistently applying rules and discipline for her to avoid confusion and struggles. Parents and teachers should have strong and positive interactions for the benefit of BCP's development.

Another key finding is the teacher's specialization. Early childhood education is far different from elementary education and secondary education. The teacher who handles the preschool should be equipped enough to manage preschoolers. Challenging behavior starts if one negative behavior in the classroom has not been addressed promptly. The teacher, as the experienced one, is at the child's zone of proximal development where she gives guidance inside the classroom. The number of teachers should also be considered. In the study of Blair et al. (2010), positive behavior support is executed if there is team teaching inside the preschool classroom. It must be composed of a lead teacher and an assistant teacher. As the lead teacher executes her lesson, the assistant teacher helps those preschoolers who have difficulty in their academic outputs.

Lastly is the openness of the parents to BCP's condition. This case study is not possible if the parents did not allow the researcher to conduct this study. Parents are the first role models of their children. They exert a strong influence which can make or break a child. The parental support given by BCP's parents somehow gave BCP hope for a successful life someday. According to Gibson (2004), a strong parental support makes a child successful in life but lack of it may mean a child's failure.

#### **Conclusions and Recommendations**

The positive behavior support (PBS) plan is one step further in trying to help children or learners with challenging behavior. Thus, this model should be employed with the preschooler in the next research cycle to investigate whether it will be an effective intervention plan or not. The plan should be executed and monitored by the Center for Career, Counseling, and Student Welfare that will lead and aid BCP to acquire new skills and lifestyle changes that she will use inside the classroom.

It is recommended that the significant others of BCP should understand the behavioral dynamics of the play-age stage where BCP belongs. A follow-up session with the therapist/psychologist should be made in order to understand the challenging behavior of BCP. Proper information and dissemination should also be given to the teacher who will handle BCP in the next grade level, and she should continue with her tutorial support (academic tutorials) to institute the basic learning skills that BCP needs. Finally, the study should be limited to the aspects of her challenging behavior, and that the results of this positive behavior support plan be kept for BCP alone.

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