

The Behavioral Patterns and Social Skills of Young Children with/without Disabilities at Home and at School*

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To cite this article:

Melekoglu, M. (2021). The behavioral patterns and social skills of young children with/without disabilities at home and at school. *Journal of Qualitative Research in Education*, 27, 74-102. doi:10.14689/enad.27.5

Abstract: Children with/without disabilities who are in early childhood display specific behavior or social skills depending on their age development. Most children display problem behavior and poor social skills. It is very important to examine the behavior patterns of children for planning early prevention interventions. This study aims to evaluate the problem behavior and social skills level of young children with/without disabilities based on the thoughts of first caregivers, teachers and staff. This research is phenomenological research which is one of the qualitative research method designs. 27 first caregivers, 12 teachers and seven staff participated in the study. This study was conducted at a state kindergarten where inclusive education was implemented. The data were collected using semi-structured individual and focus group interviews. The data were analysed using the descriptive analysis technique. The findings obtained in this study showed that children displayed similar problem behaviors in home and school settings. To the participants, children had many problem behaviors and inadequate social skills in early childhood. These problem behaviors were regarding externalizing, internalizing and antisocial behaviors. As a conclusion, permanent prevention studies are suggested considering the problems which were experienced with the children with/without disabilities in this study.

Keywords: Early childhood, problem behavior, social skills

Article Info

Received: 02 Apr. 2020
Revised: 16 Sep. 2020
Accepted: 12 Dec. 2020

Article Type

Research

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* This study contains the pre-test qualitative findings of the doctoral dissertation "The Effectiveness of School Wide Positive Behavior Support Model in Early Childhood". The dissertation was supported by TUBITAK 2214-A program and by BAP project numbered 1409E382 and was accepted by Anadolu University research commission.

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Declaration of Conflicts of Interests: None

Introduction

Early childhood refers to ages 0-8 of an individual (United Nations Children Fund [UNICEF], 2001). The Ministry of National Education (MoNE) stated in Pre-school Education Program (2013) that the pre-school period comprises children of ages 0-6. The early childhood period is the most critical period in the life cycle of an individual since the intellectual, language, sexual, psychomotor, physical, moral, emotional and social development start in this period. When the individual completes these developmental periods healthily, this directly influences the latter developmental processes of the individual. For instance, a child who does not experience a healthy social-emotional development may be unhappy and restless and may pose a risk for problem behaviors. Problem behaviors may prevent an individual from having appropriate communication with people in their environment and developing appropriate social skills (Melekoglu, 2017). When the pre-school program of MoNE (2013) is analyzed, it is observed that the expected learning outcomes for children 36-72 months are a total of 17 learning outcomes, such as self-recognition, self-confidence, being respectful, fulfilling responsibilities, obeying rules and solving problems. Teaching these learning outcomes to children is of critical importance (Young et al., 2012). According to Dereli-Iman (2013), children who have good problem-solving skills display prosocial skills. On the other hand, children who cannot cope with difficulties may display antisocial behavior, such as temperament and aggression (Melekoglu, 2017).

Teachers in Turkey and other countries encounter various problem behaviors in children. It is observed that researchers (Golly et al., 1998) have tried to draw attention to problem behavior, and have focused on studies on problem behavior since following the 1990s and onwards there has been an increase in problem behavior at schools (Alisinanoglu et al., 2012; Sugai and Horner, 1999). Johnson and Monn (2015) have expressed that there is still a great amount of problem behavior at schools and that there is a need for intervention to prevent and reduce problem behavior.

According to the conclusive report of MoNE and UNICEF (2013) on the research entitled "The Reasons for Grade Repetition and School Drop Out in High School " and "Identifying the Qualities, Educational Backgrounds, Employment and Needs of Children Aged 14-18 Who Are Exclusive of Formal Education: the average age of children who had repetitive grade in the educational year is 16,3. The majority of these children are males. According to the statistical reports of 2010-2011, grade repetition is mainly observed in ninth grade (14,1%). The same report states the reasons for grade repetition as reasons related to school, domestic reasons, personal reasons, the previous school experience of the child and the child's readiness level for secondary school. The children have described the main reasons for drop out as not liking school, failing in classes, not having a habit of studying regularly, not being able to make friends and failing to adapt to the new environment. Based on the results of these studies, it is necessary to start preventative systematic intervention to problem behavior in early childhood (Melekoglu, 2017). Faul and colleagues (2012) have emphasised that it is a must to intervene with problem behavior until the end of third grade in primary school using evidence-based practices. When there is a lack of early intervention to

problem behavior, the problem worsens, intervention takes a much longer time, and a need for stronger intervention arises (Golly et al. 1998). Interventions in early childhood are preventive, whereas interventions in later stages may have therapeutic purposes and may require interdisciplinary approaches. Thus, it is vital to study in detail and analyse the problem behavior and social disabilities displayed by children in early childhood to specify the causes of such behavior to develop appropriate intervention (Melekoglu, 2017). Identifying the problem behavior and social skills of children from early ages onwards provides an indirect positive achievement in social and environmental conditions. Problem behavior initially affects the individual and his/her family. Later on, the problem behavior affects the immediate environment of the individual and the state in terms of time, money and psychology (Golly et al., 1998; Melekoglu, 2017). Research shows that meaningful and desired results can be achieved with problematic children only if there is evidence-based systematic applications which is based on the cooperation of people and institutions who are effective in the life of the individual (Faul et al., 2012; Golly et al., 1998). Park and Lynch (2014) emphasized that it is important that the problem behavior displayed by the children do not continue in the following years and that there is intervention before starting school. Problem behavior which is observed at younger ages change dimension over time, and become a chronic disease. Thus, it is vital to identify and teach behavioral expectations and social skills appropriate to the ages of the children by having cooperation between the home and the school systems. It is emphasized that the social-emotional development of pre-school children is vital for the future life of the individual, and that most small children have problems with social adaptation skills; for this reason, teachers and researchers should place emphasis on the teaching of pre-school behavior and social skills (Algozzine et al., 2010).

According to related literature, there is research on the problem behaviors and social skills of children aged 0-6 (e.g., Akcinar and Baydar, 2018; Isik, 2021,) but these studies usually aim to identify situations using quantitative methods. However, to develop evidence-based early intervention programs, in addition to identifying the level of problem behavior, there must be in-depth research on the causes of problem behavior and lack of social skills as well as studies with qualitative approaches to analyse the problem (Tomris, 2012). To our knowledge, in the literature, there are no studies in which the problem behavior and social skills of children with/without disabilities at home and school environments, are studied in detail, and in which data have been obtained from different target audiences and compiled. However, there is limited research in which the problem behavior of the children was tried to be identified by collecting separate data from mothers and teachers of specific groups (Yagan Guder et al., 2018).

Based on the reasons stated above, this study aims to evaluate the problem behavior patterns and social skills of children with/without disabilities at home and at school, from the point of first caregivers, teachers and staff. Thus, answers were sought to the following research questions:

1. What are the thoughts of teachers and staff on the problem behaviors of children at school?

2. What are the thoughts of first caregivers on the problem behaviors of children at home?
3. What are the thoughts of teachers and staff on the social skills of children at school?
4. What are the thoughts of first caregivers on the social skills of children at home?

Method

For this study, the phenomenological research approach, which is a qualitative research method, was used (Ersoy, 2019; Yıldırım and Simsek, 2013). During the research process, semi-structured individual and focus group interviews were conducted to collect in-depth data on the same topic concerning the experience and the observations of the multiple participant groups. As the interview questions consisted of multiple questions and sub-questions, the data were analysed using the descriptive analysis technique to conduct an appropriate and easier analysis.

Participants

Children

This study included all the children who aged 3-6 (36-66 months) enrolled at morning and afternoon groups in a public kindergarten school in a central borough of Eskisehir in 2015-2016. Eighty-five children were enrolled in the morning group and 161 children were enrolled in the afternoon group.

Teachers of nine classes participated in this study. Participation permission forms were sent to the first caregivers of all the children who were enrolled in the classes of teachers participating in this study. The first caregivers filled in these forms and sent them back to the researcher. Four morning groups and five afternoon groups were included in this study. The first caregivers of 152 children let their children participate in this study. Permission for this research was requested from the ethics committee of a university and the Provincial Directorate of National Education. The teachers and staff shared their thoughts by taking all the children into consideration. However, only the information on children who had a voluntary participation form is presented in Table 1.

When Table 1 was analyzed, it was observed that 84% of the children live with their parents, whereas 16% lived either with their mothers or their fathers. 16% of the children experienced problems with eating. Children experienced eating problems, such as not wanting to eat by themselves, choosy eating, wanting to eat while walking around or being busy with a technological device (such as watching TV or drawing attention to something else).

Table 1.*The Demographic Information of Children*

The Characteristics of the Participants	N
Gender	
Female	41
Male	74
Age group	
Three years	20
Four years	49
Five and six years*	76
Birth Order	
1.child	96
2. child	41
3. child	5
4. child	2
Number of siblings	
One sibling	42
Two siblings	36
Three siblings	5
No siblings	61
First caregivers	
Mother	109
Father	5
Close relative	25
Caregiver	2
Number of years at the institution	
Two months	72
1 year	23
2 years	48
Types of disabilities	
Needs diagnosis for**	8
Down syndrome + language and speech disabilities	1
Autism spectrum disorder (ASD)	5
Cerebral palsy	1
Language and speech disabilities	4
Intellectual disabilities + language and speech disabilities	1
Family members	
Mother and father together	123
Mother and father separated	12
Lives with mother	6
Lives with father	3
Mother or father deceased	1
The eating habits of children at school	
Eating the food appropriately	121
Having problems eating	24

* Mainly children aged five (60-66 months) enroll for this group. However, there are six six-year-old children in this group.

** Children who have a medical report or have received a recommendation from a specialist (e.g., doctor, psychologist) to undergo special education but do not have a formal medical or educational diagnosis

Teachers

There is information about the characteristics of teachers in Table 2. All of the teachers participating in this study were females and graduates of the department of Pre-school Teaching. As shown in Table 2, 80% of the teachers were aged between 25 and 36. There was at least one child with disability in each class.

Table 2.*The Characteristics of Teachers*

Participants	N
Age group	
25-30 ages	3
31-36 ages	5
37-49 ages	5
Educational background	
Bachelor's degree	6
Open education	5
Professional experience	
1-5 years	4
6-9 years	2
10-20 years	5
The age group of children	
Children 36-47 months	2
Children 48-59 months	2
Children 60-66 months	5
Children with disabilities in class	
Yes	9

First Caregivers

First caregivers referred to the people who were responsible for the first care of the child. The first caregivers to be interviewed were determined by the mixed sampling method. The following criteria was used for choosing the sample: (a) People who the researcher could easily have access; (b) people who made a personal application to the researcher for an interview; (c) people who contacted the researcher with the guidance of the school administration and the teachers; (d) people with whom the researcher had contact during the opening and closing hours of the school and agreed for an interview. In addition, the following criteria were considered:

1. Conducting an interview with at least two first caregivers in each class
2. Conducting interviews with families who were willing
3. Conducting interviews, especially with the families of children with disabilities
4. Conducting interviews with first caregivers whose children displayed problem behaviors or whose children had insufficient or no social development.

There is information about the characteristics of first caregivers in Table 3. To the Table 3, the majority of mothers were 30 to 40 years old and housewives. 47% of mothers were graduates of either high school or secondary school, whereas 45% had Associate's Degree or upper degrees. Although the education levels of mothers participating in the study were quite high, most of them do not work. Especially the mothers of children with disabilities were not working. When we looked at the fathers' information in detail, it was seen that most of them are 30 to 40 years old and had high school degrees. It was also observed that most of them were workers or self-employed.

Table 3.*The Characteristics of the Mothers and Fathers*

Participants	N	%
The Mother's Age		
25-29 years	32	22,5
30-39 years	95	66,9
40-49 years	15	10,6
The Father's Age		
25-29 years	12	8,3
30-39 years	97	67,4
40-49 years	28	19,4
50-59 years	7	4,9
Academic Degrees of Mothers		
Primary school	17	12
High school	50	35,2
Associate's Degree	16	11,3
Bachelor's degree	52	36,6
Graduate	7	4,9
Academic Degrees of Fathers		
Primary School	11	7,6
High School	51	35,4
Associate's Degree	30	20,8
Bachelor's degree	36	25
Graduate	16	11,1
Mother's Profession		
Housewife	60	42,3
Teacher	18	12,7
Other	46	32,2
Father's Profession		
Worker	30	20,8
Self-employed	34	23,6
Teacher	12	8,3
Artisan	9	6,3
Other	32	23,1

Staff

There were nine school staff. One of them was the cook, two of them were the assistant teachers in the classrooms and the others were the doorkeeper. Most of the staff was 35 years old or over and worked full time. The findings showed that most of the staff had been working at the institution for at least five months full time. During the study, data were collected from the staff by a focus group interview.

Data Collection Procedure

The data were collected using semi-structured focus group and individual interviews. Semi-structured individual interviews were conducted with 10 teachers and 24 first caregivers. A semi-structured focus group interview was conducted with seven staff. A report writer was accompanied by the researcher during the semi-structured focus group interview.

In this research, the researcher prepared semi-structured open-ended interview questions to obtain the thoughts and suggestions of teachers, staff and first caregivers on the problem behaviors and social skills of the children with/without disabilities. The researcher prepared 10 to 12 open-ended draft interview questions and sub-questions related to these for each

participant group. In addition to the interview questions, nine interview themes were prepared to create interview coding keys within the context of the purpose of research questions and draft interview questions as the qualitative data would be analysed using the descriptive analysis technique. As the second step, the researcher sent these draft semi-structure interview questions and the draft interview coding key to 14 expert researchers, which were eight researchers from special education, one researcher from pre-school education, three of them from psychological consultancy and guidance, and two researchers who were experts in qualitative research to get the views of other researchers. All experts gave feedback to draft interview questions and draft interview coding keys.

As the third step, some changes were made in the expressions in the interview questions within the framework of the feedback received from researchers, questions that were thought to be similar were eliminated from the interview form, and sub-questions were added to some questions. The same corrections were made in the interview coding key.

Data Collection Process

All of the interviews were conducted by the researcher. The interviews were mainly conducted in a research room which was allocated to the researcher in the practice school. The interviews were conducted at times and in places which were suitable for the participants using appointments according to the details presented by the participants themselves. During the interviews, 'Agreement Forms' and 'Personal Information Forms' and a digital voice recorder were used.

'Agreement Forms' were presented to the participants before the interviews to be read and signed. Following that, data on the interview and 'Personal Details Form' were filled in by the interviewer. The researcher informed the participant about the research process and the purpose of this study. Upon the completion of these steps, voice recording was initiated. When the voice recording was initiated, the researcher also received verbal approval from the participant and started the interview. Before the focus group interview, each participant was given a coded name as 'Participant 1, Participant 2' and a name tag was pinned to each participant. During the interview, an academician was accompanied by the researcher as a report writer.

Data Analysis and Reliability

Data entry. During this process, the recordings of the interviews were transcribed as word documents without making any changes. Following that, the data which were documented were filed systematically. 30% of the total data were selected and were handed in to another researcher not participating in this study. In this way, reliability was ensured while documenting the data obtained in the voice recordings. During the process of correcting the documents, corrections, such as the date of the data, the codings for the interviewees and names, duration of the interview and spelling mistakes were made. As a result, it was observed that the voice recordings were documented 100% correctly. The names of each participant were coded as

teachers, T1, T2, T3; first caregivers FCG1, FCG2; staff S1, S2; Coded names were used for children who were mentioned in this study.

Creating interview coding keys. To create the interview coding key, the researcher created the general framework/main themes of the qualitative data based on the interview questions, sub-questions and the conceptual framework of this study. A coding form was created for the data obtained from the teachers and staff and a separate coding form was created for the data obtained from first caregivers.

Entering the data into the coding key. The data on the interview forms were read and written under the related code using pen and paper. The same procedure was conducted for all data. When the data were written under the main codes, data on similar topics were grouped in sub-themes under the main heading. While the sub-themes for the data on the problem behaviors and social skills of the children were being created, the sub-themes of Preschool and Kindergarten Behavior Scales- PKBS-2 adapted to Turkey by Alisinanoglu and Ozbey (2009) were considered.

The inter-reliability of coders. After the coding keys were filled in by the researcher for each interviewee, the inter-reliability of coding was made. To select the data with which the coding reliability would be made, the researcher numbered each data separately. For the reliability data, 30% of each interview group was selected using a simple random sampling method. Before the coding process, the researcher informed the other researchers on how she used the descriptive analysis technique, and the coding keys. A sample coding was carried out. Following that, the other researchers read the data independently and coded the appropriate themes for the interview coding keys. No comments were made during the coding procedure. For any theme that did not fit into any coding, another theme called 'other' was created, and the codings were made under this theme.

To calculate agreement percentage, the sub-themes and the related items under each main theme which were coded by the researcher and another researcher were controlled. The agreement percentage was determined by coding 'Agreement' and 'Disagreement' by the other researchers. If the researcher and the other researchers coded the same theme under the related main theme, this was considered to be 'agreement among researchers'; if the researcher and other researchers coded different themes, the coding made by the researcher was taken as reference, and this was considered to be a 'disagreement'. The calculation for the agreement percentage was carried out separately for each interview group, of whom 30% were selected. The result of this formula must show a reliability percentage of at least 80% (Miles and Huberman, 1994). For this research, the coding reliability among other researchers was determined as at least 80%. The coding reliability of the first researcher was 89,78%, and the coding reliability of the second researcher was 80,91%.

Findings

The findings were presented as the findings from teachers, first caregivers and staff respectively. In this study, there were several sub-themes under each theme. Thus, to present these themes to the reader in an organised and meaningful way, the Scale for

Kindergarten Behavior and the behavioral descriptions of these factors were considered. The scale consists of two independent scales as *Social Skills Scales and Problem Behavior Scales*. The problem behavior scale consists of four factors: Extrovert, Introvert, Anti-social and Self-centred; The Social Skills Scale consists of three factors: Social Cooperation Skills, Social Independence and Social Acceptance Skills and Social Interaction Skills (Alisinanoglu and Ozbey, 2009).

The Thoughts of Teachers on Children' Behavior at School

The thoughts of teachers on children' behavior at school were shown in Table 4 and according to Tablo 4, there were two sub-themes under the main theme, "problem behavior of children in the classroom and at school". A majority of teachers stated that children display problem behavior in the classroom and at school. To this study, the class in which the most problem behavior was observed was the class of the teacher coded T9. T9 expressed the problem behavior in her class as follows:

There are 22 children in my classroom. When we accept three of them to be really problematic, there are 19 children left. With these three children, the problem behavior is really serious and this disturbs the whole class (T9).

Table 4.

The Behavior Definitions of Children from the Point of Teachers

Problem Behavior observed in the Classroom and at School
Yes, (There is problem behavior.)
No, (There is no problem behavior.)
Problem Behavior observed in the Classroom
Displaying extrovert behavior
Self-centred behavior
Displaying anti-social behavior
Problem behavior observed in school dining room and restrooms
Displaying extrovert behavior
Problems related to eating habits
Problem behavior observed in the school playground
Displaying extrovert behavior
Self-centred behavior
Displaying introvert behavior
Other problem situations
Problems related to self-care
Lack of academic skills
Linguistic, speech and communication problems
Attention Deficiency
Factors that trigger problem behavior
Factors related to the child
Factors related to the school
Factors related to parents

When Tablo 4 was analyzed, three sub-themes were created under the main theme, "problems encountered in the classroom". These sub-themes are "extrovert behavior, self-centred behavior and anti-social behavior". According to the teachers, the children mainly displayed extrovert and self-centred behavior. The sub-theme displaying extrovert behavior

includes *“refraining from group activities, not wanting to obey rules, talking loudly, spitting, fighting, giving harm to friends and objects and not sharing things with others”*; the sub-theme *displaying self-centred behavior* includes *“expecting attention and affection all the time, asking people to do things by crying”*; the sub-theme *displaying anti-social behavior* includes; *not wanting to go to school or kindergarten, trying to run away from school and being restless*. The teachers stated the problem behavior they had observed in the children was as follows:

I do not want violence. This has been my biggest challenge so far. Yes, they do resort to violence. I mean, what makes me really sad is that they use violence even when they are playing. Now, they would do that in their free time (T10).

I mean, I do not want to categorise the children as children who obey the rules and children who disobey the rules. However, the problem children do not understand instructions, they do not obey rules, and they become aggressive as they can not share. And their actions turn into harmful ones (T12).

The teachers believed that the children displayed behavior similar behavior outside of class to the problem behavior they displayed in the classroom. As can be seen in Table 4, most of the children displayed behavior, such as ‘not wanting to eat, finishing the meal in a long time, not wanting to eat and choosy eating’ under the main theme of *“displaying extrovert behavior in the cafeteria and the restrooms”*. The sub-theme *‘displaying extrovert behavior’* included behavior, such as *“playing with one’s nose, being aggressive, not listening to instructions, ignoring teachers and not washing hands appropriately”*. Some teachers stated the problem behaviors displayed by children in the dining room as follows:

...some of my children have problems with using spoons and forks. ...I warn them by saying something like hold the spoons with three fingers (T12).

...Problem behavior I have observed in my children about eating habits... I have children who are picky about food at home; their parents cook whatever they want. Similarly, they do not want to eat at school, they cry when they do not want to eat, they do not want to come to school (T4).

As shown in Table 4, under the main theme, *“problem behavior encountered in the school playground’*, the sub-theme *‘displaying extrovert behavior includes’*; *“throwing away toys, not playing appropriately with the toys, not showing respect to different teachers, using force to get objects from friends, not being able to generalise rules”*; the sub-theme *‘displaying self-centred problem behavior’* includes; *“jealousy, complaining about others all the time, showing reaction to rules (crying, stamping), having a tantrum when warned”*; the sub-theme *‘displaying introvert behavior’* was identified as *“fear of becoming separated from parents”*. For instance, the teachers stated the problem behavior generally displayed by children on their school guard duty days:

If you are on guard duty at school, the children do not usually listen to teachers of other classes. They listen to their own class teachers. For some behavior, their own class teacher may have to attend to them. Like they can not tie their shoelaces, the other children falls on him/her, we try to get them in line on the school bus (T10).

Another teacher said: There is big trouble on school buses. Some children are in the mood for being aggressive and harming others. They were using the sharp points of their water bottles to harm each other. We have such files...(T12).

When the teachers were evaluating the problem behavior of children during the interviews, they did not only reflect on their problem behavior; they talked about all the problems they experienced with the children. When the data were analysed, if the problems encountered by teachers in the classroom or at school did not fit into the category of problem behavior, such data were named as the main theme 'other situations'. The sub-themes "experiencing difficulties with self-care, academic skills, linguistic skills and communication skills, and attention deficit" were created within the context of other problem situations encountered by teachers. According to the children, the average attention span of children on an activity is 15 minutes.

According to this study, the sub-theme speaking and communication problems included "falling behind in language use, having a limited vocabulary", and "the childish talk of children in the lower age groups, and the children not being able to articulate some words and phonemes"; the sub-theme lack of self-care skills included the problems "not being sufficient in dressing oneself, not recognising objects belonging to oneself, not willing to feed himself/herself"; the sub-theme for experiencing a deficiency in academic skills includes the problems "not being able to understand and follow the instructions of the teacher, needing individual support for preparatory reading-writing activities".

According to the literature, there are some factors related to school or the home that trigger the problem behavior of the children. As shown in Table 4, the main theme, "the factors that trigger problem behavior" consists of three sub-themes which are "problems related to the child, problems related to the school, and problems related to the family". The teachers have emphasized that the cause of problem behavior in children is related to the individual characteristics of the child. 92% of the teachers believe that most of the problem behavior stems from the child itself. The sub-themes factors related to the child include the factors "the children acting impulsively, their being in the environment for the first time, the children being selfish, the individual characteristics of the children, being advanced or behind in some developmental areas, being too young or old, or having disabilities".

The participants stated that the factors that triggered the problem behavior of the children were not always the same and were not caused by only one factor. In this respect, another significant factor that caused the children to display problem behavior was factors related to school. The sub-theme factors related to school includes "factors related to the physical conditions of the school and the classroom (crowded classes, not having assistant teachers in class, inappropriate classroom settings) and factors related to in-class practices (the activities being too high or too low for the level of the class, an insufficient collaboration between the family and the school)".

Another factor that increased the frequency and the intensity of children' problem behavior was the sub-theme "factors related to the family". This sub-theme included the factors "lack of rules at home, the family not providing sufficient opportunities to the children, the parents being too busy, lack of affection, bringing up the children as over-sensitive individuals,

differences in the attitudes of parents". Some teachers had clearly stated the factors that triggered problem behavior:

I cannot understand if it is instinctive, or what the child experiences at home or the behavior at home. I mean, what are the causes of these. Maybe, the child is trying to say something. It is obvious that there is a problem. Maybe, the children do not know how to express themselves (T4).

Can is autistic; I mean, he is an inclusive children. If there was something that he did not like, he did not use to eat it. I told his mum to put something that he liked in his bag. His mum used to put things like milk and cake (T12).

To this study, patterns of children's problem behaviors were mostly similar at home and school settings and teachers thoughts about the behavioral patterns of children showed in Table 5. To the Table 5, there are three main themes about children problem behaviors.

Table 5.

The Behavioral Patterns of Children According to the Teachers

The Activities that more Problematic Behavior Observed
Preparatory reading-writing activities
Turkish language activities
Free time activities
The Times that More Problem Behavior Observed
The first and last days of the week
Return from holidays
Entrance and exit times at school
Collective celebrations
The Intensity of Problem Behavior
Children who are in the age three group and the 5-6 age group display more problem behavior.
Boys have more tendencies for violence.
Interventions do not affect the behavior.
Most of the children who do not obey class rules do not obey school rules and rules at home, either.

There were different daily activities in preschool institutions. As shown in Table 5, the main theme, "the activities that more problem behavior observed," included three sub-themes: preparatory reading-writing activities, Turkish language activities and free-time activities. Teachers stated that during the preparatory reading-writing activities, some children had problems understanding the instructions; some were not interested in the activities, while the activities were very easy for some children. In general, the children had a short attention span. The teachers also said that the children did not want to sit during Turkish language activities, started to display problem behavior shortly after the activity started, whereas some children with disabilities had difficulty keeping up with the activities. The activity with which nearly all of the teachers experienced more problems was mostly the free-time activity. The free-time activity was usually the first activity of the day. Children who came to class during this hour played games in the learning center or in the classroom on their own will or with the directive of the teacher. They played either on their own or with their friends. According to the observations of the researcher in the classroom and the data obtained from the teachers, during the free-time activity, the children played out of control. When the free-time activity was over, the toys were scattered all over the place. The teachers stated that the children did not want to share

toys during free-time activities, they did harm to the toys and their friends, they spoke really loudly in class, and those specific children played hyperactive games and always played in the same centre. More than that, the children did not want to tidy up the classroom after this activity. The teachers also stated that they could not show sufficient individual interest in the children during reading-writing, Turkish language activities and other group activities as the classes were really crowded and that they could not have individualization in education. T4 described the problem related to the activities as follows:

...I wonder why we experience more problems with mostly reading- writing activities I mean books and reading and writing stories, what causes that? They have difficulty understanding instructions (T4).

As shown in Table 5, the main theme “the time that more problem behavior observed” consists of the sub-themes: “the first and last days of the week, return from holidays, the entrance and exit times of school and collective celebrations”. Teachers mentioned that children displayed more problem behavior during specific times. T9 described the moment during which she observed the most problem behavior as follows:

...While we are waiting for the school bus, we gather in that corridor. I think that place is not enough, what should I say that it gets bored the children. They put on their shoes and we make them wait there, that makes them bored (T9).

As can be seen in Table 5, the main theme “the Intensity of problem behavior” consisted of four sub-themes. The teachers stated that younger and older age groups displayed more problem behavior compared to four-year-olds. They stated that the three-year-old group mainly had problems adapting to school life and displayed selfish and introvert behavior, whereas the five-year old group displayed intensive extrovert behavior. T9 explained the problem behavior she observed in her class as:

...The third one does not listen to me at all. They are all boys, I talked to their mothers, but they do not accept that their child is problematic, that their children display problem behavior. I mean, maybe I should not say the child is problematic. The child is actually good, but although it is his third year, he has difficulty recognising colors and shapes.

The Teachers’ Thoughts on the Social Skills of the Children

The data obtained from participants on the social skills of the children were created as sub-themes by considering the factors of the PKBS scale under the heading research question on social skills. The information was shown about the social skills of the children and inclusive education practices in Table 6.

When Table 6 was analyzed, there were three sub-themes under the main theme, “the social skills levels of the children”. The children were quite insufficient in especially “social independence and social acceptance skills”. The sub-theme disabilities in social acceptance and social independence skills include the following situations according to the ages of the children: “not being able to eat on his/her own, not being able to dress and undress, having difficulty in recognising personal belongings, not being able to carry out tasks on their own, lack of self-confidence, not having a complete sense of trust, not being able to defend

oneself, fear of different social environments, having difficulty in adapting to different social environments, preferring to play alone, not wanting to join a group, not behaving in accordance with the rules of the group, fear of separation, and extreme dependence on the mother and the father”.

Table 6.

The Social Skills of the Children and Inclusive Education Practices According to Teachers

The Social Skills of the Children
Lack of social independence and acceptance skills
Lack of social communication and interaction skills
Lack of social cooperation skills
Inclusive Education Practices
Teachers and other staff being incompetent in special education practices
Problems encounter in inclusive education practices
Social adaptation and acceptance are sufficient in schools
Lack of social skills of children with disabilities
There are assistant teachers
Behavioral problems in children with disabilities
Lack of academic skills of children with disabilities
Lack of self-care skills of children with disabilities

The sub-theme social communication and interaction skills included skills, such as *“avoiding communication with and talking to others, not being able to use eye contact, not being able to show empathy, not greeting others”*. Problems with social communication and interaction were mostly observed in children with disabilities. The sub-theme social cooperation skills included behavior, such as *“not wanting to share, not wanting to get in line, not waiting appropriately when one has to wait, problems with obeying rules”*. A teacher explained that:

There are children who are really good, quite advanced; there are ones who are average, they have no social communication with friends, I mean I sometimes suspect that they are children with disabilities. They also do not respond, there is no reaction when I talk to them, and when I call up to them, there is no response. They act as if there is nobody there (T2).

As shown in Table 6, there were six sub-themes under the main theme, *“inclusive education practices”*. Two of these sub-themes were positive, whereas the other themes included negative situations about inclusive education practices. Children with disabilities were socially accepted by others. However, all of the teachers were incompetent in special education and inclusive education practices, and various problems were experienced at the school concerning this situation. The sub-theme problems experienced in relation to inclusive education practices included, *“the class is not arranged according to the legal procedures of inclusive education practices in pre-school institutions, the number of children with/without disabilities in a class is quite high, there is lack of cooperation between the other institutions at which the children receive education and the Research Centre (RAM) where the children were diagnosed”*. Special arrangements were made so that children with disabilities could come to school about 30-60 minutes later and leave earlier than the other children. In addition, the first caregivers of the children were guided to hire an assistant teacher to help the teacher and the child when the child was at school, and many first caregivers hired assistant teachers for their children. The teachers stated that some children with disabilities were not suitable for

group education and displayed problem behavior, and they had insufficient social, academic and self-care skills. Some children with ASD have higher academic skills in comparison to their peers. Most of the children with disabilities had communication and interaction problems and experience problems speaking the language. All of the children with disabilities were not able to eat, dress and undress independently like their peers without disabilities.

When the thoughts and demographic information of the teachers were analyzed, it was observed that teachers who graduated from open education faculty experience more problems with inclusive education practices. There was at least one child with a disability in eight of the classes. The thoughts of teachers on inclusive education were as follows:

...There are special education children in our classrooms. In fact, it is a good thing for my children, for myself, and for my own children. They also need a different child. I mean, I believe I am insufficient about this, special education- there are 18 children, two with disabilities, there are ones who have not been diagnosed but might be (T2).

I mean, how I should approach these children? For example, concerning autism, I suspected one of my children, they say such things, what is it. I searched on the net, I bought books. For instance, I had a hyperactive children for the first time this year, and how should I approach that child. I asked an instructor at university, he said that I had to use imperative sentences. Can sit here? It was very difficult for me because I had never used imperative sentences in my life. I had to talk like a commander (T11).

The Thoughts of the Staff on the Problem Behavior and Social Skills of Children at School

The thoughts of the staff on the problem behavior of the children at school were the same as the thoughts of the teachers. The staff also believed that the children display problem behavior at the dining room, in the restrooms, and in the playground. S1 said that:

Well... when they obtain permission from the teacher to go to the restroom, they run around in the corridor. They run to the restroom. I think that this is also a problem because they may slip and fall (S1).

According to the staff, the age group which displayed the most problem behavior are the three-year-olds and the five-year-olds, and the interventions to the problem behavior of these children were not very effective. According to the staff, problem behavior increased as the children become older. S2 described this as follows:

I think that the five-year-old group is very active. Some time ago, a child bumped into me. I found myself by the wall. I wonder what would happen if that child crashed into a smaller child (S2).

In addition to this, the children displayed problems with social skills about using the right tone of voice, getting in line, and having the right communication with friends. The children tend to disobey rules and the assistant staff had difficulty controlling their behavior. S4 says:

Well, the children talk too loudly. Do you mean their daily speech when you say they talk loudly? I mean when they are playing they scream (S4).

The staff mainly deal with the problems in self-care in children and the problems experienced in the dining room. According to the staff, the children did not want to do what they had to do independently. The children were quite insufficient in skills, such as eating, getting dressed, getting undressed and recognising their belongings. Some first caregivers expected staff to do what the children should do themselves. S2 believes,

The children do not recognize their own shoes. The families could tell them about this or maybe the children do not know their shoes because the families send different shoes every day. They forget where they have put the shoes. I mean, they should put on their shoes themselves. I think that the staff should not help the children put on their shoes.

The Thoughts of First Caregivers on the Problem Behavior of Children at Home

During the research process, the first caregivers were asked to evaluate the behavior of the children at home. According to the data obtained from the interviews with the first caregivers, the behavior of the children was grouped as appropriate behavior and problem behavior. Thoughts of first caregivers about problem behaviors of their children were shown in Table 7.

Table 7.

The Behavioral Descriptions of the Children According to the First Caregivers

The Appropriate Behavior of the Children at Home
Being competent in social interaction and communication skills
Adapting to rules in the family
Displaying social cooperation skills
No positive behavior was stated.
The problem behavior of children at home
Displaying extrovert behavior
Behaving egoistically
Displaying antisocial behavior
The appropriate behavior at school according
Having good social cooperation skills
Having good academic skills
Having good psychomotor skills
The problem behavior of the children at school
Displaying extrovert behavior
Disability in social independence and social acceptance skills
Disability in social communication and interaction skills
Acting egoistically
Displaying antisocial behavior
Displaying introvert behavior
Other skills that need to be developed in the children
Academic skills
Self-care and psychomotor skills
Language and speaking skills
The behavior patterns of the children
The problem behavior is mainly related to self-care skills
The child is more dominant in the family
The interventions for coping with problem behavior are insufficient and ineffective

Most of the first caregivers gave brief information on the appropriate behavior of the children and mainly expressed their thoughts on the problem behavior of their children. Nine of the interviewees did not present suitable behavior of the children, and made

explanations on their children's problem behavior. A first caregiver who participated in this study explained that:

He is very merciful. Never hurts people. In addition, he is very helpful. He likes to study, very skilled with his hands. There are so many things I like about him, but he is very stubborn, so there are also things that I do not like (FCG8).

As stated above, some first caregivers briefly mentioned some positive things about their children. First, caregivers who mentioned positive characteristics about their children during the interviews thought for a long time while listing positive things about their children.

As shown in Table 7, three sub-themes were created for the main theme, "the problem behavior of the children at home". Most of the first caregivers stated that the children mainly displayed extrovert and self-centred behavior at home, whereas nine of the first caregivers stated that their children displayed antisocial behavior. According to first caregivers, some children display three types of problem behavior while some only display one type of problem behavior. The sub-theme extrovert behavior included the descriptive analysis findings, such as *"aggressiveness, doing harm to people and things around, hitting the first caregiver, stubbornness, not listening, not obeying rules, not knowing how to play with others, not being able to carry out tasks on one's own, being jealous of siblings, not eating appropriately, irregular sleep, hyperactivity, not wanting to sleep in one's own room, throwing things when angry, and too much interest in technology"*. The sub-theme the egoistical behavior of the children included behavior, such as *"expressing their needs by crying, intervention to private lives of the family members, getting bored easily; whereas the sub-theme antisocial behavior includes stubbornness, being insistent on what he/she wants, objecting and constantly crying, being unwilling to go to school, acting confusedly and slowly, running away from school/ home"*. As shown in Table 7, it was observed that first caregivers tried to cope with the similar and shared problem behavior of their children. All of the first caregivers stated that their children had problems with eating and obstinacy. Some descriptions of the first caregivers for the problem behavior of their children were as follows:

They may have behavior that we do not like or some obsessions; for example, now he is obsessed with going up and down the stairs and playing in the lift. If we do not let him play, he has a tantrum. But once he does it, he comes back inside (FCG20).

What I do not like, I mean he hits us sometimes when he wants to do something, I mean, he does what he wants (FCG11).

First, let me tell you the behavior I do not like. He is really stubborn. When he wants something done, he cries and shouts until it is done. He shouts a lot, I mean he throws things around, he has such habits (FCG14).

It would be a lie if I said that I had found a solution for this. I mean, he plays, but I let it go and I thought he would give it up. Because we bought it a short time ago. The other one was out of order, it wasn't repaired for some time, but he started to use our phones. Now he downloads games on our phones all the time. He spends about 3-4 hours with technological games. He has been playing for like one and a half years or two years (FCG7).

As shown in Table 7, six sub-themes were created under the main theme, “the problem behavior of children at school”. Most of the first caregivers who evaluated the behavior and social development of their children at school based on the information they received from the teachers stated that their children displayed extrovert behavior at school and had insufficient social independence, social acceptance, social communication and interaction skills. On the other hand, some first caregivers stated that their children displayed egocentric, antisocial and introvert behavior at school. Four of the first caregivers participating in this study stated that they had not yet talked to the teachers concerning the behavior and social development of their children at school and explained that the teachers primarily had interviews with the first caregivers of children who displayed problem behavior at school. Some first caregivers stated that:

Last year it was the three-year-olds, this year it is the four-year-olds group. We had some problems last year, they had the habit of screaming, I know something as the age three syndrome, I mean they are really ill-tempered. Difficult to take control of (FCG7).

We had two interviews at school about his disobeying rules at school. He says that he does not obey rules. He has problems with adapting to rules (FCG4).

I mean I do not pull his collar and go slap slap slap. I only slap him on his bums. Once I was really shocked, he was holding his sibling with both hands and trying to strangle him. I mean I do not know where he learnt that from. If he were to learn from me, I have never done such a thing (FCG25).

Under the main theme, “other skills that need to be developed in children,” there were three sub-themes which were “academic skills, self-care skills and language and communication skills”. According to 32% of first caregivers, in addition to the behavioral and social developments of the children, they also needed support in academic skills, self-care skills, psychomotor skills and language and communication skills. First caregivers stated that the children fell behind their peers academically, did not understand some instructions, they did not have proper eating habits in relation to self-care, were unwilling to do tasks, had weak hand muscles, and that some children experienced difficulties expressing themselves using language.

The findings showed that 76 % of the participants stated that their children had eating problems. These eating problems were stated as being choosy, not wanting to eat the food by oneself, not eating enough, not eating appropriately (for instance, walking around while eating, eating while watching TV or being busy with other things while eating). 36% of the participants stated that their children had some sleeping problems. These problems did not want to sleep in their own bed, wake up at night and sleep with the parents, not sleep at all, or sleep very late.

There were three sub-themes under the main theme “the behavioral patterns of the children” .First caregivers mentioned that the majority of the problems they experienced with the children were related to the behavioral expectations concerning self-care skills. The main theme ‘the behavioral patterns of the children included the descriptive analysis findings which were “the children refusing to sleep early, the children not eating by themselves, the children being choosy about food, not eating enough, not tidying up their belongings, not being able to dress

and undress on their own, and not wanting to sleep in their own bed". A first caregiver said, "They solve one problem but when the problem is over, another one emerges" (FCG20).

To this study, there are some factors trigger the problem behaviors of the children. According to the first caregivers mostly characteristics of children and attitudes of relatives effect negatively children's behaviors. Information about triggers the problem behaviors of the children were shown in Table 8.

Table 8.

The Factors that Trigger the Problem Behavior of the Children according to the First Caregivers

The Factors that Trigger the Problem Behavior of Children at Home
Factors related to the first caregiver
Factors related to the child
Factors related to the relatives
The Factors that Trigger the Problem Behavior of the Children at School
Factors related to the child
Factors related to school
I have no idea
Factors related to the first caregiver

As shown in Table 8, first caregivers mentioned that there were many factors that triggered the problem behavior of children. According to this, under the main heading "the factors that trigger the problem behavior of children at home" there were three sub-themes which were; "factors related to the first caregiver, factors related to the child, and factors related to the relatives". When the descriptive analysis findings for these sub-themes were analyzed, the sub-theme 'factors related to family' included the following findings; "inconsistency in the attitudes of the mother and father, the mother's health problems, the parents having a busy work life, and the parents not having sufficient knowledge on child education". The factors related to the child includes the factors; "the child's health problems, having a difficult pregnancy, being a child with disabilities, the gender of the child, being a single child, being the youngest child, being the first grandchild, and not liking the smell of some food".

The sub-theme factors related to relatives described negative behavior, such as how the grandparents treat the child, and a cousin or sibling of the child displaying negative behavior. The descriptive analysis findings for these factors were; "the life-style of the family, the family's culture (living without a plan), living in a crowded family, the behavior and guidance of relatives, a small age difference between the siblings, the grandparents doing whatever the child wants and interfering with what the parents want to do". The sub-theme factors related to school included the descriptive analysis findings; "being in a crowded classroom, and the teacher being inadequate". 28% of first caregivers stated that they had no ideas on this topic.

The Thoughts of the First Caregivers on the Social Skills of the Children

When the data from the first caregivers on the social skills of the children were evaluated, the same procedures used when reporting and defining the data from other participants were used. Thoughts of first caregivers about the social skills of the children were shown in Table 9.

Table 9.

The Social Skills of the Children According to First Caregivers

The Social Incompetence of the Children
Disability in social independence and acceptance skills
Disability in social communication and interaction skills
Disability in social cooperation skills

As shown in Table 9, there were three sub-themes under the main theme “the social disabilities of the children”. Half of the first caregivers stated that their children had disabilities in social independence and acceptance skills while some of them stated that their children had deficiency in social communication and interaction, and other participants said their children had deficiency in social cooperation skills. The first caregivers explained that:

Social development is our problem. His social and language skills developed very slowly. For the last 6-8 months our problem is to hear normal sentences (FCG20).

During the research process, data were also collected from the first caregivers of children with disabilities. Thus, interviews were conducted with the first caregivers of four children with disabilities. During the interviews, the participants were asked questions about “what the children with disabilities generally did at home or at school, what their disabilities were, which schools they attended, and general information on the process of diagnosis”. The findings about the problem situations of children with disabilities were shown in Table 10.

Table 10.

The Thoughts of First Caregivers of Children with Disabilities

The general condition of children with disabilities
There is a medical diagnosis
The first caregiver does not wish to have diagnosis
Directed to evaluation
Displays disabilities in language and speech
Attends special education institutions in addition to inclusive education
Receives help from assistant teacher
Lack in academic skills
Displays attention deficit and hyperactivity
Experiences problems with social interaction and communication

As shown in Table 10, there were nine sub-themes for the main theme, “the general condition of the children with disabilities”. Three of the children had formal medical and educational diagnosis. One child (Cem) had a medical report but did not have an educational report. This child displayed symptoms of ASD. The first caregivers of this child did not want the child to have a formal educational diagnosis because they did not want their child to get affected. According to the reports of the first caregivers, the teachers of the five children guided them

to have a specialist's evaluation. The topics that the teachers wished to be evaluated were the behavioural, social, language, academic and motor skills of the children.

Last of all, most of the children with/without disabilities had incompetence in language skills and communication skills. In addition to this, a child with disability received education in an inclusive environment, a special rehabilitation centre or the special education unit of a university. Also, some first caregivers received support from private tutors to take care of the child. The thoughts of the first caregivers of Cem, on special education were as follows:

That day we took him home helter –skelter. We locked the door on him. At the beginning, he used to cry like an hour in such situations, and had a tantrum. We tried to ignore him, and showed no interest in him. Then, it got better (FCG20).

We said that Bekir was a different child. When he was like one or two years old, I associated it with autism but of course my husband was not happy about that. He said you think he has autism. I am a mother after all and had heard about some differences from others... When I listened to advice and searched the internet some things overlapped. I went to a psychiatrist to make this clear, but could not complete that (FCG23).

In conclusion, when the behavioral patterns of 3-6 year olds at school and home, and their social skills were investigated, these children displayed problem at school and home environments due to similar reasons. In this respect, it was vital to promote the appropriate behavior and social skills in these children.

Discussion and Suggestions

Discussion

It is believed that in this study, relevant knowledge has been gained on the behavior of children in different situations and their social skills concerning various resources on pre-school age children. According to the findings obtained in this study, children who displayed problem behavior at school similarly displayed the same behavior at home. It has been emphasized that a behavior to be considered a problem behavior, that specific behavior has to be observed in different environments and times as well (Ozyurek, 2013; Vuran, 2010). Consequently, the findings of this study consistent with the literature. The findings obtained in this study showed that in addition to low social skills, the children had academic, self-care and lack of language skills as well as extreme attention deficiency. According to teachers and first caregivers, the children focused on an activity and work on it for a maximum of 10 to 15 minutes. Teachers mentioned that the children displayed problem behavior in the classroom on academic activities, such as "Turkish grammar teaching and preparatory reading-writing activities". In fact, when the presentation of activities in the classroom and the problem behavior of children were analysed, it was seen that some practices increase the frequency of problem behavior in the classroom. For instance, teachers ask four-year- old children to carry out addition and subtraction at school and at home using numbers. As these skills expected of four-year-olds are not appropriate for their levels, the children do not want to carry out these activities and

display various problem behaviors to skip these activities. Thus, the children may experience difficulties keeping up with these activities as the teachers do not plan the activities in accordance with the learning outcomes stated by MoNE (2013) for pre-school education and concerning the individual differences of the children. Similarly, physical conditions of the classroom, the planning of activities and the ability of the teachers to handle problem behavior may also trigger problem behavior in children. In this study, it was observed that the classroom environment which triggered problem behavior did not comply with the regulations of MoNE (2012) although learning center practices directly affect the children's ability to learn appropriate behavior and gain social skills.

According to this study, teachers and staff stated the causes of problem behavior in children as "factors related to children, factors related to school, and factors related to families", whereas the first caregivers identified them as "factors related to family, factors related to children, and factors related to relatives". In addition, the participants believe that the main reasons for problem behavior are related to the general characteristics of the children as well as the attitudes and behavior of first caregivers. According to the ecological approach, the main factors that trigger problem behavior in children are home, school, society and other systems (Ozdemir, 2015; Yurtal and Yasar, 2008). In fact, it is seen that a majority of the children whose problem behavior has been studied in the research attended the same school after the age of three. Thus, as stated, although the basic causes of problem behavior are related to the first caregivers and the children themselves, the school system is expected to control the problem behavior, and support the social skills of the children. The majority of the children who display problem behavior at school are three- year-olds and five- six year-olds. While the problem behavior displayed by three-year-olds is usually difficulty to adapt to school and the environment, the problem behavior of five-six-year-olds is mainly extrovert behavior.

During this study, the inclusive education problems at the school were also analysed in addition to the study of the problem behavior and social skills of the children, and it was observed that the school experienced various problems related to inclusive education. Some of these problems were:

1. The number of children in classes were not organised in compliance with the regulations for pre-school education and primary education (MoNE), 2014).
2. The teachers did not have enough knowledge on special education and inclusive education.
3. There were children with disabilities in the classes and children without disabilities but need to be diagnosed. Children with disabilities did not have special education plans, and thus, the teaching-learning process could not be adapted for children with disabilities.

Another problem that the teachers experienced with inclusive education was the lack of a specialist, such as a consultant or a special education teacher that the teachers could consult at school. The teachers emphasized that when there is a consultant teacher at pre-school institutions, intervention to problem behavior and inclusive education

practices are more systematic and planned. At that time there wasn't consultant teacher at the school. The cause of so many problems related to inclusive education in a research school is related to the lack of required legal arrangements.

The finding of the study which draws the most attention is that there are problems related to self-care, academic skills and language skills. Teachers and first caregivers have stated that children display problem behavior due to deficiencies in these skills. In fact, according to the learning outcomes in the pre-school education stated by MoNE (2013) children who are three to six years of age are expected to display these skills independently. Thus, this shows that the children have difficulty displaying these skills as they are not exposed to sufficient learning. As the lack of self-care skills in children affect the first caregiver-child relationship and communication skills negatively, this situation gradually leads to problem behavior. It was found out that the children went to sleep at around 10 or 10.30 pm, and the child slept with the parents instead of sleeping in his/her own bed. The eating and sleeping habits of the children are not appropriate for healthy upbringing. The children may be displaying problem behavior due to lack of sleep and nutrition. They may be affected negatively as they share the same bed with their parents.

A lot of first caregivers have stated that they do not exactly know which responsibilities are expected of children at different ages, and thus they do not give too many responsibilities to their children about self-care. Especially first caregivers stated that the children did not listen to them, and they did not have specific rules that they obeyed in the family. It was also found out that the children spent time at home by playing with electronic tools, such as computer and cell phone. It was revealed that some children spent more than five hours using electronic tools. Given that children lack appropriate daily skills is related to environmental factors. When the age groups of the children are considered, they are at appropriate ages for certain skills given that they are provided appropriate learning environments at home and at school (MoNE, 2013). However, as some families have also stated, the children were not provided with an environment with specific discipline and teaching. According to literature, the amount of time spent by pre-school children on technology-based tool is not appropriate for their intellectual, social-emotional, psycho-motor, language and personal development (Kelleci, 2008). Literature suggests that the use of technological tools should be as follows: (a) none for children under two; (b) 60 minutes for children in the 3-5 age group, and (c) two hours for children between six and 18 (Gundogdu et al. 2016). Another deficiency observed in children is related to language and communication skills. Children's over-exposure to technology and lack of high-quality time with others may have affected their language development negatively.

When the findings on problems related to the academic skills of the children are analyzed, teachers have stated that they experience too many problems with pre-reading and pre-writing activities, and that some children were more advanced than their peers while others were slow learners. In addition, the children were unwilling to do in-class activities and homework related to these activities. The mathematical activities which were used at school as pre-writing and pre-reading activities are observed to be more advanced than the levels of the children. For instance, the four-year-old group is taught basic addition and subtraction activities, and the children are asked to find the solutions in a limited time (Melekoglu,

2017). In addition, as children with ASD have higher academic skills compared to their peers; they complete assigned tasks in a very short time, and get bored and display problem behavior as a result. Based on all these findings, it may be said that the teachers do not take the ages and individual differences of children into account when preparing teaching materials, and that this may trigger problem behavior in children.

Another finding of this study is related to teaching social skills to children. The teachers have stated that the children lack some social skills, such as sharing, self-confidence, responsibility, showing respect, expressing oneself and that they give some roles to the children in the classroom to develop their social skills. When the teachers were asked whether they had specific activities to develop children's social skills, they expressed that they did not have a special program. In fact, various social activities are organised in pre-school, such as celebrating national and religious holidays, carrying out projects, conducting projects with families, going to the cinema and the theatre, and going on for a picnic. The teachers have stated that they organise the specified activities with the participation of the children, but they do not have a specific purpose to support the social skills of children while planning and implementing these activities. Some teachers have even stated that they have difficulty understanding which skills the concept of social skills comprise. When the children do not develop sufficient social skills, they may experience problems with social adaptation skills, and have problems solving these problems (Dereli-İman, 2013; MoNE, 2013; Young et al., 2012).

In conclusion, the findings obtained in the study from different participants overlap with each other, and support each other. According to this, it was observed that the attitudes and behavior of the first caregivers and the teachers, and the educational system directly affected how the children develop appropriate behavior and social skills. When these factors are negative, an increase in the problem behavior of children will be inevitable.

Suggestions

This study focused on the problem behavior and social skills of children with/without disabilities. However, during this study, it was found out that children also experienced problems related to academic, language and psycho-motor skills and self-care. Thus, further studies may be conducted on the mentioned development areas.

In Turkey, education is managed using a central system. The positive aspect of this system is that although there are differences in implementation, there is unity and cooperation, and it offers education in the same standard. The negative aspect is that it prevents teachers from thinking individually, and there are difficulties in having access to the opportunities provided by the central system due to life conditions in different geographical regions. Various systematic problems exist in pre-schools concerning inclusive education. The teachers who participated in this study stated that the consultant teachers at their school supported them considerably. Thus, MoNE should resume having consultant teachers at schools for preventative special education services.



According to this study, the pre-school is unable to organise classroom size in accordance with the present regulations. In such a case, the classroom size may be arranged according to the age group or there may be more than one teacher in a class, such as main teacher and assistant teacher. MoNE (2012) has started learning center implementation to use classrooms better. MoNE may study how this is carried out and make it more widespread. Last of all, this study highlights that it is necessary to identify problem behavior as early as possible, and take preventative and treatment measures. Thus, evidence-based studies having the necessary transition skills may be planned to teach appropriate behavior and social skills to younger groups.

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