



CONCEPT PAPER

Identification of and Intervention with Challenging Behavior

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DEC strongly believes that the early identification of children with serious challenging behavior is critical to providing effective interventions that will decrease the likelihood of poor academic and social outcomes in elementary school and beyond.

Many young children engage in challenging behavior during the course of early development. Often this behavior is short-term and decreases with the use of developmentally appropriate guidance strategies (Berskon & Tupa, 2000). However, some children's challenging behavior is more intense, ongoing, and problematic. For these children, their behavior may result in injury to themselves or others, result in the application of inappropriate punishment procedures, cause damage to the physical environment, interfere with the acquisition of new skills, interfere with the development of social relationships and interactions with family members and peers and/or socially isolate the child. These behaviors are not likely to be resolved without systematic, ongoing interventions.

There is growing evidence that young children who engage in chronic problem behaviors, especially those that are aggressive in nature, proceed through a predictable course of ever-escalating challenging behaviors. These challenging behaviors can lead to both short- and long-term negative consequences for the child and family. There is mounting evidence that these children are more likely to experience early and persistent peer rejection, more punitive interactions with adults and to experience problems in school (Horner, Carr, Strain, Todd, & Reed, 2002; Kern & Dunlap, 1999; Kurtz, et al., 2003; Strain & Hemmeter, 1997). It has also been well documented that social emotional competence during the early childhood years is predictive of their positive social and school outcomes in elementary school and beyond. Children who can communicate their needs and emotions in appropriate ways, form relationships with peers and adults, solve social problems, and control their emotions are more likely to be successful in school (Raver, 2002; Raver & Knitzer, 2002).

Taken together, this research suggests the need for a range of strategies and services for preventing and addressing challenging behavior including developmentally appropriate environments and teaching approaches that promote children's social emotional and communication development and decrease the likelihood of challenging behavior as well as more intensive, individualized interventions for children whose behavior is persistent, intensive, and unresponsive to typical guidance and teaching practices (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). While developmentally appropriate guidance will be adequate for addressing many challenging behaviors, there is a critical need to ensure that children with chronic problem behavior are identified early in order to increase the likelihood of school success and decrease the trajectory toward more severe challenging behavior and associated social and academic problems.

In order to accurately identify these children early, comprehensive assessment approaches are needed. First, screening and assessment should be conducted in a variety of settings in which young children spend time including child care, Head Start, and public schools. In addition, community mental health providers, pediatricians, foster care administrators, and other child welfare agencies should be equipped to screen and assess children for challenging behavior and social emotional and mental health needs. Second, assessment approaches should be comprehensive and include not only reliable and valid measures but also observations of children in their natural environments. Assessment approaches that can be used to develop effective intervention approaches for addressing challenging behavior should be included. Third, parents and other family members should be integrally involved in the screening and assessment process. Care must be taken to ensure that family, cultural, and community beliefs about behavior

are considered in the assessment and identification process. Fourth, there should be a clear link between assessment information and intervention strategies. Finally, a team-based process for both assessment and intervention planning will be critical. Given the complex nature of problem behavior, the multitude of environmental factors that affect children's behavior, and the need for comprehensive interventions and approaches, the input of professionals from a variety of disciplines as well as family members will be critical.

DEC strongly believes that partnerships between families, service providers, and caregivers, in which each family's unique strengths, concerns, and responsibilities are fully recognized, are critical to the design and implementation of interventions to prevent and remediate challenging behavior and to support appropriate behavior.

Often challenging behavior occurs across different places, people, and time. For example, a child may tantrum when he is at home with his parents, at preschool with his teacher and therapist, and at child care with his caregivers. It is also possible that some children might engage in problem behavior in one setting but not the other. In all cases, each of the individuals in these different settings should be involved as members of the assessment and intervention team.

Effective partnerships involve all team members in assessment and the development of an intervention plan and then provide support to team members as they implement intervention strategies. DEC believes that early educators¹, families, and other team members² must carefully evaluate a child's behavior in order to determine the variables that trigger and maintain children's challenging behavior. The goal of intervention must be to prevent and remediate challenging behavior and to support the use of more appropriate behaviors.

1 The term "early educator" refers to individuals who provide services to children and families, and includes early childhood educators, early childhood special educators, early intervention personnel, therapists, caregivers, social workers, and behavior specialists.

2 There is increasing evidence that some young children experience mental health disorders that may be identified after careful examination of response to interventions (U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General, 1999*). In such cases, it is important to include medical and mental health professionals in the team planning.

Clearly, families are essential members of the assessment and intervention team. DEC understands that a young child's challenging behavior may have a substantial impact on the entire family. Families of young children with serious challenging behavior are often affected by repeated disruption of daily routines, relentless demands on time and energy, escalating conflict within the home, unsolicited advice and criticism from others when challenging behavior occurs, reduced participation in community activities, and increased social isolation (Early, Gregoire & McDonald, 2002; Fox, Vaughn, Wyatte, & Dunlap, 2002). It is imperative that the impact of challenging behavior on the family system is carefully considered in all intervention planning and implementation efforts.

Given the family-focused nature of early childhood education, DEC acknowledges the central role that families play in evaluating and addressing challenging behavior. Families may be able to share information about strategies that have been tried in the past, how their child's behavior varies across settings, the impact of challenging behavior on the family, and family goals for their child's behavior. In addition, they can implement interventions in the home and other community or natural environments. Several studies have documented the effectiveness of intervention when family members are included as members of the assessment and intervention team (e.g., Dunlap & Fox, 1996; Fox, Benito, & Dunlap, Kaiser, Hancock, & Nietfeld, 2000; Scandariato, 2002). The level and type of family involvement should be determined by the family, based on family priorities, rather than prescribed by professionals or programs (Chandler & Dahlquist, 2005). All decisions regarding the identification and assessment of challenging behavior, potential interventions, and evaluation of the effectiveness of interventions must be made in accordance with the family through the Individualized Education Plan or Individualized Family Service Plan if the child has one, or if not, through some other team decision-making processes.

A coordinated effort between family members and early educators is needed to ensure that intervention plans are acceptable to all team members, are feasible to implement within different settings, and that they effectively address challenging behavior and provide support for appropriate behavior. A coordinated effort also facilitates shared

understanding among families, early educators, and other team members concerning why challenging behavior is occurring and what interventions will be implemented. Sometimes when the intervention plan requires team members to change their behavior, routines, or teaching strategies, they feel as if they are being blamed for causing and maintaining the child's challenging behavior. Effective partnerships do not blame team members; rather, the focus is on identifying strategies that match the needs of the child and that provide support for appropriate behavior. Effective partnerships also focus on developing strategies that build on the strengths and effective practices of team members and provide support to families, early educators, and caregivers so that they implement interventions appropriately and consistently. Support may be offered in a variety of ways, including written descriptions of intervention strategies, modeling, skill building and coaching, ongoing communication and team meetings, and revisions to interventions as needed (Chandler, Dahlquist, Repp, & Feltz, 1999; Lucyshyn, Blumberg, & Kayser, 2000).

In developing intervention plans, team members should consider the family's cultural beliefs and values, their concerns and goals for the child, and the family's strengths and resources. The team also must consider the child's strengths and needs, the beliefs and values of team members and the community developmentally appropriate expectations, and the type of educational and developmental practices that are employed across settings and team members. Effective interventions fit the skills, schedules, resources, and beliefs and values of team members who implement them (Horner, 1994).

DEC believes strongly that there are effective intervention approaches that may be used to address challenging behavior and support the development of young children's social emotional competence and communication skills. These interventions range from universal interventions designed to promote children's development to tertiary, individualized interventions.

There are a variety of factors that may relate to young children's challenging behavior, including biological, developmental, and environmental factors. These events result in delays or disruptions in a child's development of effective communication skills, social and emotional competence, or adaptive behavior. When children have delays or disruptions in communication, social development or adaptive behavior, they may engage in challenging behavior that gets their needs met or that expresses their wants or desires. In this manner, challenging behavior can be viewed as a skill deficit or development issue. When challenging behavior is viewed as a problem in skill development, early educators and families can identify a variety of interventions and supports that can help children develop appropriate alternative skills that will diminish their use of challenging behavior within interactions with others (Nielsen, Olive, Donovan, & McEvoy, 1999).

The range of interventions and supports that are effective in addressing challenging behavior is best conceptualized using the public health model of prevention and intervention approaches (Gordon, 1983, 1987; Simeonsson, 1991). The public health model provides a three-tiered approach that includes universal practices designed to promote the development of all children, secondary interventions that target children at risk of developing challenging behavior, and tertiary interventions for children who engage in persistent challenging behavior (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). At each level of this model, there are a host of evidence-based practices that may be used.

Universal Practices. Universal intervention strategies are essential and foundational to the development of a young child's communication skills, appropriate behaviors, and social competence. At the core of these strategies is the importance of establishing a positive relationship with the child (Bronson, 2000; Landy, 2002). Intervention practices at the universal intervention level may include: providing family members with supports and strategies that are focused on enhancing sensitivity to children's behavior (Dunst & Kassow, 2004); teaching family members and other caregivers strategies for teaching young children social-emotional, communication, and other skills; and ensuring that children have access to high-quality early education and care experiences (Burchinal, Peisner-Feinberg, Bryant, & Clifford, 2000). In group early education and care environments, universal practices include: designing environments and activities to prevent challenging behavior; adoption of curricular modification and accommodation strategies that help young children learn appropriate behaviors; using positive reinforcement or specific encouragement to promote appropriate behavior; and using instructional techniques, environmental arrangements, and materials that promote child engagement and social skill development (Laus, Danko, Lawry, Strain, & Smith, 1999; Strain & Hemmeter, 1999).

Secondary Interventions. Secondary interventions include the targeted instruction of social and emotional skills and effective communication skills for children who are at risk for social-emotional delays or the development of challenging behavior. Interventions at this level may include: providing family members and other caregivers with instruction and strategies on behavior management skills; child guidance procedures; teaching children social and emotional regulation skills and appropriate communication skills; and supporting children's peer relationships (Webster-Stratton & Taylor, 2001). In group early education and care environments, interventions include the implementation of a focused and systematic approach to teaching children appropriate communication skills and targeted social and emotional skills (Joseph & Strain, 2003). This may include the instruction of social problem solving, friendship development, a feeling word vocabulary, emotional regulation skills, and the ability to use communication and language to problem solve, resolve conflict, and express their needs without using challenging behavior.

Tertiary Interventions. At the tertiary level, individualized interventions provide an effective approach to address concerns about challenging behavior that are persistently used by young children. When children persist in the use of challenging behavior, early educators and families must team together to develop an intervention plan that will be used in all environments by all team members. The development of an intervention plan for children at the tertiary level must include the following factors. First, an intervention plan must be based on an understanding of the behavior in the context where it occurs. A functional assessment process should be used that identifies the triggers maintaining consequences, and functions of the challenging behavior (Blair, Umbreit, & Bos, 1999; Harrower, Fox, Dunlap, & Kincaid, 2000). Second, the intervention plan must be tailored to fit the unique circumstances of the individual child and the child's family with a consideration of all variables in the child's ecology, including the unique culture of the family system (Lucyshyn, Dunlap, & Albin, 2002). Third, the intervention plan should include strategies for teaching the child new skills in addition to problem-behavior reduction and prevention strategies (Dunlap & Fox, 1999; Nielsen, Olive, Donovan, & McEvoy, 1999). Finally, the plan should be designed for implementation by family members and/or early educators in all relevant environments (Boulware, Schwartz, & McBride, 1999; Rao & Kalyanpur, 2002).

The three-tiered model of intervention provides early educators and families with a systematic approach to understanding and promoting children's social, emotional and communication development and adaptive behavior. At each of these levels, early educators, and other team members should have the skills necessary to identify the conditions that trigger challenging behavior and identify the supports that maintain challenging behavior in order to develop and implement interventions to address chronic challenging behavior (Carr et al, 2002; Neilsen et al., 1999). Moreover, early educators should identify evidence based approaches and instructional strategies to promote the development of children at each level of the model.

In summary, DEC believes that families and early educators must work together to address challenging behavior. This will involve: a) employing comprehensive assessment approaches that include screening and identification of the triggers, maintaining consequences, and the function of challenging behavior; b) implementing a variety of evidence-based strategies and services designed to prevent challenging behavior and to remediate chronic and intensive challenging behavior; c) implementing a variety of evidence-based strategies and services to teach and support social and emotional competence and appropriate communicative and adaptive behaviors; and d) providing support to team members as they develop and implement individualized intervention plans in natural environments.

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