DEC CONCEPT PAPER ON THE IDENTIFICATION OF AND INTERVENTION WITH CHALLENGING BEHAVIOR

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Many young children engage in challenging behavior in the course of early development. The majority of these children respond to developmentally appropriate management techniques.

Many young children, including children with disabilities, engage in behavior that is labeled by adults as "challenging". Sometimes, this behavior is short-term and decreases with age and use of appropriate guidance strategies. Additionally, what is "challenging" to one person may not be to another. It is critical for professionals to be aware of and sensitive to how families, cultural groups and communities define appropriate and inappropriate behavior in young children. Different communities have varying expectations for child behavior. Professionals must respect family, cultural and community expectations in identifying problems and designing interventions. However, sometimes families or professionals may have inappropriate expectations for young children's behavior. It is important to understand what behaviors are typically associated with particular age groups. For instance, adults need to understand that young children engage in behaviors that older children do not, such as throwing toys or sitting for only short periods of time. With guidance and instruction most children will learn appropriate alternative behavior. Adults must also explore their own beliefs and emotions about certain behaviors (e.g., cursing or hurting others) in order to respond objectively to children. In summary, care must be taken to consider cultural and community beliefs, developmentally appropriate expectations and one's own beliefs about behavior, in the identification of children's behavior as "challenging".

Regrettably, some children's challenging behaviors are not effectively addressed by adult vigilance and use of appropriate guidance strategies. For these children, the challenging behavior may result in injury to themselves or others, cause damage to the physical environment, interfere with the acquisition of new skills, and/or socially isolate the child (Doss & Reichle, 1989; Kaiser & Rasminsky, 1999). It is clear that challenging behaviors such as these seldom resolve themselves without systematic intervention (Kazdin, 1987; Olweus, 1979; Wahler & Dumas, 1986). Relatedly, there is growing evidence that many young children who engage in chronic, highly challenging behaviors proceed through a predictable course of ever-escalating challenging behaviors (Patterson & Bank, 1989; Reid, 1993). What intervention efforts are available for a child who engages in serious challenging behavior?

DEC believes strongly that many types of services and intervention strategies are available to address challenging behavior.

Children may well engage in challenging behavior that quite often can be eliminated by a change in adult behavior. It is possible that the child is reacting to adult behaviors such as lack of attention or unrealistic expectations. By changing adult behavior, we may prevent a child's need to engage in challenging behavior. Prevention is the best form of intervention (Poulsen, 1993; Zirpoli & Melloy, 1993). It is time and cost-efficient, and appears to be a major avenue by which to eliminate, not merely reduce, the incidence of challenging behaviors (Strain, Steele, Ellis, & Timm, 1982). Prevention means that the important adults in the child's life

have to look at their behavior in the classroom, home or community setting that might be maintaining the child's challenging behaviors (McEvoy, Fox & Rosenberg, 1991; Strain & Hemmeter, 1997). For example, are toddlers expected to sit through a 30-minute circle time? Is a child getting a cookie when he screams? Effective prevention strategies that have been applied to the challenging behaviors of young children have included systematic efforts to teach parents to use child behavior management skills (Timm, 1993) and efforts to teach alternative, appropriate behaviors that are coordinated between programs and home (Walker, Stiller, & Golly, 1998).

Given the nature of most challenging behavior, we believe that there is a vast array of supplemental services that can be added to the home and early education environment to increase the likelihood that children will learn appropriate behavior. A variety of intervention strategies can be implemented with either formal or informal support. Services and strategies could include, but are not limited to: (a) designing environments and activities to prevent challenging behavior and to help all children develop appropriate behavior; (b) utilizing effective behavioral interventions that are positive and address both the form and function of a young child's challenging behavior; (c) adopting curricular modification and accommodation strategies designed to help young children learn behaviors appropriate to their settings; and (d) providing external consultation and technical assistance or additional staff support, e.g. with appropriately trained early childhood special educators. In addition, all professionals who work with children in implementing individualized education programs (IEPs) or individualized family service plans (IFSPs) must have opportunities to acquire knowledge and skills necessary for effective implementation of prevention and intervention programs.

Family members and professionals should work together to identify the challenging behavior, assess it in the settings where it occurs, and design interventions that are realistic to implement and empirically sound.

There are literally dozens of empirically validated interventions designed to decrease the challenging behaviors of young children. Effective interventions include the following features:

Comprehensive – it is seldom the case that one intervention strategy will be sufficiently powerful to yield a satisfactory change in challenging behaviors. Therefore, a comprehensive approach is highly recommended. For example, a preschool teacher may find that a comprehensive intervention package comprised of the following strategies for teaching children to share will yield far more favorable outcomes than any one strategy used in isolation: a) Adaptations to activities – a part of opening circle and storytime is devoted to teaching sharing skills; b) Rehearsal of class rules – sharing is added to class rules and children are reminded of all rules prior to each class transition; c) Role-playing alternative behaviors – from a prevention perspective, all children are given opportunities to practice sharing and other class rules at the end of opening circle and at the beginning of storytime. From an intervention perspective, squabbles over toys and materials are responded to by having the parties practice appropriate sharing; d) Arranging for peer models/reinforcing desirable behaviors – many times throughout the day, all children could be found following all class rules, including sharing. When sharing is observed, the teacher communicates in a very positive and public fashion about who is sharing and how they are sharing.

Individualized – Like all other areas of intervention programming, individualization is key to success with challenging behaviors. While there is great appeal to the simple formula approach to challenging behaviors (e.g., if Sally does this behavior, you do this), it is a formula doomed to failure. There is overwhelming evidence that children do the same challenging behaviors (e.g., screaming) for fundamentally different reasons and that they may also engage in completely different

challenging behaviors (e.g., running away; hitting peers) for the same reason (Carr & Durand, 1985). Therefore, it is imperative to know, at the individual child and specific behavior level, the probable motivations or functions for the challenging acts. For example, a child may scream and cry because she wants more attention, or because she does not want to do something asked of her. The "form" of the behavior is crying. But there are two "functions" described above (attention and escape) that would require different interventions. When choosing an intervention it is critical to assess both what (form) the behavior is and why (function) the child is exhibiting the behavior [see O'Neill, Horner, Albin, Storey, & Sprague (1990) for in-depth descriptions of methods used to identify the specific communicative intent or function of challenging behaviors]. Once this assessment process is complete, an individualized set of strategies can be developed and implemented.

Positive Programming – Because many challenging behaviors elicit such strong emotional responses and at times poor behavior choices by caregivers and teachers, it is essential to focus on the positive aspects of programming (Neilson, Olive, Donovan & McEvoy, 1998). Positive programming refers to: (a) teaching appropriate social skills (e.g., entering play groups), (b) teaching children to self-evaluate and self-monitor their behavior (e.g., am I saying nice things?), and (c) teaching specific communicative alternatives to challenging behaviors (teaching a child who tantrums at clean up time to sign or say "more"). This positive, teaching focus also reflects the now accepted and empirically-validated notion that many challenging behaviors stem directly from lack of skill in the social and communicative domains.

Multi-Disciplinary – It is also the case that the challenging behaviors of some children clearly demand the input and expertise of multiple disciplines. Early childhood special educators, early childhood educators and psychologists are typical members of a team. Pediatricians, neurologists, and child psychiatrists, for example, can also play useful roles in those complex instances where the child's challenging behaviors have a known or suspected neurobiological basis (Hirshberg, 1997/1998). The speech therapist is an essential member of the intervention team when the behavior may be a result of frustration with speech/language difficulties. The role of a team approach is crucial. Just as it is unlikely that a singular educational intervention will be sufficient to manage serious challenging behaviors, it is also unlikely that a biomedical or pharmacological or some other intervention alone will be sufficient.

Data-based – A reliable, viable, and useful system of data collection is essential to the success of any intervention plan (Kaiser & Rasminsky, 1999). Data collection can serve many purposes specifically related to challenging behavior. As we indicated above, challenging behaviors often elicit strong, emotional responses from the adults in a child's life. These responses make it difficult for us to be objective about the severity or frequency of a challenging behavior and also can prevent us from recognizing a child's progress related to the challenging behavior. For example, a teacher or parent may be struggling to reduce the spitting behavior of a young boy. The child spits when apparently happy, upset, angry, when hugged, when scolded. When the behavioral consultant asks how often the child spits, the answer is "all the time". In fact, the child is observed to spit 70 to 100 times per day, or put differently, he spits for less than 2 minutes in the four-hour data collection period. To adults this level of spitting indeed feels like "all the time". However, the data collection details the actual frequency as well as other important facts. Data collection can assist us in identifying the frequency of the challenging behavior, contextual variables that may be supporting the child's challenging behavior, and changes that may be needed in the environment to reduce the occurrences of the challenging behavior. In addition, data collection can be used to determine the extent to which an intervention or change in the environment is having a positive effect on the child's behavior. Finally, a

data collection system, if designed correctly, increases the likelihood that the adults across the child's environments are addressing the challenging behavior in a consistent way.

DEC believes strongly that families play a critical role in designing and carrying out effective interventions for challenging behavior.

Given the family-focused nature of early childhood education, we acknowledge the central role that families play in addressing challenging behavior. Often times, challenging behavior occurs across places, people and time; thus families are critical members of the intervention team. A coordinated effort between family members and professionals is needed to assure that interventions are effective and efficient and address both child and family needs and strengths. All decisions regarding the identification of a challenging behavior, possible interventions, placement, and ongoing evaluation must be made in accordance with the family through the IEP, IFSP, or other team decision-making processes.

Often, families are blamed for a child's problem behavior. In an extensive review of the literature concerning families of preschool children with conduct problems, Webster-Stratton (1997) confirmed that certain parental/family factors including depression, substance abuse, aggression, antisocial behavior, intense marital conflict, insularity, and ineffective parenting skills appear related to the presence of behavior problems for some children. However, a growing body of evidence was cited in which other factors such as child physiological/neurological/neuropsychological attributes, communication competence, child social problem-solving skill deficiencies, family poverty, and school setting characteristics also appear directly related to the presence or absence of challenging behavior in children. The most promising emerging perspective within this literature emphasizes the complex interplay among risk factors leading to the formation and perpetuation of problem behaviors.

While the family may or may not have contributed directly to the creation of the challenging behavior, family members are almost always significantly affected by the behavior. Webster-Stratton (1990) found that families of children with serious behavioral problems reported the presence of major stressors in their lives two to four times more frequently than did families with typically developing children. Family members are likely to receive unsolicited advice with every tantrum, outburst and misbehavior. Activities that other families seem to enjoy as a matter of course are unattainable or are in constant jeopardy. Isolation becomes a fact of life.

As described earlier, families of children with challenging behavior require access to a range of intervention services that are coordinated to meet their specific needs. Nicholas Hobbs (1982) observed that "The way one defines a problem will determine in substantial measure the strategies that can be used to solve it" (p. 182). Obviously, if a preponderance of researchers, policy-makers, and practitioners are convinced that families deserve blame for the existence of most challenging behavior, then available services will be structured accordingly. But even if the question of blame is eliminated, there is reason to be concerned that other differences in professional beliefs regarding challenging behavior can create comparable difficulties for families. Advocates of psychopharmacological versus behavioral interventions, homeopathic versus traditional medical treatments, family-centered versus child-centered approaches, or center-based versus home-based service delivery systems collectively produce a bewildering array of disjointed information and difficult choices. Many families of children with challenging behavior have astounding stories to tell regarding their journeys through this landscape of conflicting diagnoses, bickering professionals, and expensive mistakes. There are some children whose problematic behavior is controlled most immediately by physiological factors. There are some individuals who might benefit from appropriate psychopharmacological treatment in order to respond to complementary environmental, curricular, or behavioral

interventions. Therefore, as noted earlier, professionals must be aware of the various disciplines and services that might serve as appropriate resources to the family (Reichle, McEvoy, Davis, Feeley, Johnston & Wolff, 1996). All professionals have a fundamental obligation to provide accurate information and support to families as multiple approaches and options are considered.

Finally, families need partners. Dunst, Trivette, and Deal (1988) proposed that within the working relationship involving families and early intervention professionals "It is not simply a matter of whether family needs are met, but rather the manner in which needs are met that is likely to be both enabling and empowering" (p. 4). Parents of children with challenging behavior are often frustrated with the child, other family members, and themselves. The understanding and support of professionals can have a profound and positive impact. They need effective tools to use, appropriate resources for support, and assurance that they and their child are accepted.

Professionals and families must carefully evaluate a child's behavior. The focus must be on promoting positive behavior and preventing challenging behaviors. In the appropriate identification of challenging behaviors, consideration must be taken of cultural and community beliefs, developmentally appropriate expectations, and an examination of one's own belief about behavior. When intervention is needed, such interventions must be developmentally, individually and culturally appropriate. They should be comprehensive, individualized, positive, multi-disciplinary and consider families as integral to all decisions related to the planning and implementation of the strategies and services.

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