

Position Statement on Challenging Behavior and Young Children



Division for
Early
Childhood

of the Council for Exceptional Children





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Division for Early Childhood (DEC)

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Introduction



The early childhood period from birth to age 8 is an exciting one for growth, development, and learning. It is when children begin to develop social-emotional competence, and it is also a time when children's emerging skills may result in behaviors adults and peers find challenging. It is important that adults who care for and teach young children be prepared to address challenging behavior in positive and instructive ways. Positive approaches to preventing and addressing challenging behavior go beyond only reacting in the moment and instead aim to address the underlying cause of the behavior and teach the child needed social-emotional or communication skills. In this statement, we define "challenging behavior" and "social-emotional competence," provide a summary of DEC's position on the identification of and intervention with challenging behavior, and offer recommendations to the early childhood special education and early care and education fields about positive approaches to preventing and addressing challenging behavior. In so doing, DEC reaffirms its commitment to the healthy social-emotional development of all children and provides guidance to professionals and families in preventing and addressing challenging behaviors.

"Challenging behavior" is defined as "any repeated pattern of behavior...that interferes with or is at risk of interfering with the child's optimal learning or engagement in pro-social interactions with peers and adults" (Smith & Fox, 2003, p. 6). Although there are some behaviors that most or all people can agree are challenging (e.g., self-injury, physical aggression), there also are several key issues with defining challenging behavior. First, challenging behavior is defined by its effect (or possible effect). Adults decide (a) what learning and engagement look like in a setting and (b) when a child's behavior is interfering with learning and engagement. This means that an adult's own culture, beliefs, and biases, particularly around race and gender, highly influence whether they consider a behavior "challenging" (Gilliam, Maupin, Reyes, Accavitti, & Shic, 2016). It can also be short-term or ongoing, frequent or infrequent, more or less intense, and internalizing or externalizing. Internalizing challenging behavior is more difficult to observe because it is often directed inward and includes behaviors such as difficulty concentrating, persistent avoidance of activities, social withdrawal, crying, or hiding. Externalizing challenging behavior is directed outward and includes behaviors such as hitting, spitting, property destruction, running away, and screaming (Achenbach, 1978; Eisenberg, Valiente, & Eggum, 2010). Whatever the form, frequency, duration, or intensity of challenging behavior, it can potentially affect a child's development, learning, and relationships and can be difficult for families, caregivers, and educators to remedy.

When defining challenging behavior, it is important to understand how this behavior and early childhood mental health might intersect. Mental health is defined as "the developing capacity of the child... to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture" (Zero to Three, 2016). In early childhood, mental health and social-emotional competence are typically viewed as the same construct (Sheridan, Clarke, & Ihlo, 2015). Specific skills that all young children should develop include the ability to recognize,



express, and regulate emotions; identify and solve social problems; and engage in positive interactions with others (Denham, 2006; Webster-Stratton & Reid, 2004; Domitrovich, Cortes, & Greenberg, 2007). Challenging behavior often can interfere with the development of social-emotional competence. Conversely, children with low social-emotional competence may develop challenging behavior as a way to communicate their needs.

Young children's behavior must be viewed in the context of their relationships and is influenced by multiple factors: (a) children's development, (b) children's temperament, (c) environmental factors, and (d) socio-cultural factors. These factors frequently interact with one another. Challenging behavior is a common experience across the early childhood years as children explore relationships and test their emerging skills. For example, it is not uncommon for toddlers, whose verbal communication and social-emotional skills are emerging, to use biting to communicate frustration or anger. Temperament is also a factor, as it may influence emotional intensity, activity level, frustration tolerance, reaction to people, and reaction to change (Rettew & McKee, 2005; Rudasill, Niehaus, Buhs, & White, 2013; Sanson, Hemphill, & Smart, 2004; Zero to Three, 2010). Challenging behavior also is influenced by a child's environment. For example, food insecurity, homelessness, exposure to violence, or abuse and neglect may lead to toxic stress, which can affect a child's social-emotional development and contribute to both internalizing (e.g., being secretive or self-conscious, socially withdrawing, experiencing aches and pains, talking about feeling anxious, fearful, or sad) and externalizing challenging behaviors (e.g., exaggerated startle responses, aggression, bullying, fighting) (Achenbach & Rescorla, 2000; Shonkoff et al., 2012; McEwen, 2003).

Socio-cultural factors such as teacher or caregiver expectations also influence challenging behavior. For example, increased academic demands in early grades may lead some adults to interpret age-appropriate behaviors, such as fidgeting or talking out of turn, as challenging behavior. Differing expectations might also occur when a child moves across settings (home, child care, school, etc.). Additionally adults sometimes respond to children's challenging behavior in ways that unintentionally reinforce that behavior (e.g., giving a child attention only when the child is using challenging behavior). There is also evidence that adults' interpretations of children's behavior contribute to whether that behavior is considered challenging, and such interpretations are often influenced by racial and cultural expectations (Okonofu & Eberhardt, 2015; Gilliam et al., 2016). This is particularly of concern when the cultural background of the adult and child differ. Interventions to address children's challenging behavior must consider development, temperament, environment, and socio-cultural context. Although challenging behavior may be influenced by these factors, the prevention and intervention strategies described in this statement are effective for supporting all children's development and behavior. Understanding these factors will contribute to a more accurate and nuanced picture of a child's behavior and needs, which will allow for more appropriate assessment and intervention design and implementation.

Rationale for Promoting Social-emotional Competence



Social-emotional competencies developed from birth to age 8 set the stage for school readiness and lifelong success (National Scientific Council on the Developing Child [NSCDC], 2008/2012; Raver & Knitzer, 2002; Zins, Bloodworth, Weissberg, & Walberg, 2004). Children who have strong social-emotional skills have higher achievement throughout the school years, are more likely to stay in school, and have stronger economic and educational outcomes in adulthood (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Jones, Greenberg, & Crowley, 2015). Therefore, promoting social-emotional development is critical during the early childhood period.



Emphasizing social-emotional competence also helps support the inclusion of all children. Teaching social-emotional skills to children with and without disabilities in inclusive settings supports children's emotional literacy, encourages friendships, facilitates problem-solving skills, helps children navigate the expectations of different environments, and builds community—all of which help children be more successful (Holahan & Costenbader, 2000; Henninger & Gupta, 2014). Children with disabilities who receive high-quality, inclusive instruction have stronger social skills, have more friends, and are better adjusted to school climates (Guralnick, 2001; Odom, Buysse, & Soukakou, 2011; Rafferty & Griffin, 2005; Holahan & Costenbader, 2000; Strain, Bovey, Wilson, & Roybal, 2009; Banda, Hart, & Liu-Gitz, 2010).

When there are concerns about a child's social-emotional competence in early childhood, a number of negative consequences may follow. Low social-emotional competence may hinder a child's cognitive development and impact the child's relationships with family members (Howe, 2006; Jones et al., 2015; NSCDC, 2004). Low social-emotional competence or social disengagement also is associated with higher rates of delinquency later in life (Heckman, 2006; Hirschfield & Gasper, 2011; Moffitt, 2011; NSCDC, 2008/2012). Young children who are socially rejected by their peers are more likely to experience poor outcomes in school (Shonkoff & Phillips, 2000; Jones et al., 2015) and face lifelong mental health concerns (Bornstein, Hahn, & Haynes, 2010; Shonkoff et al., 2012). In the absence of support and intervention, children who experience early emotional or social difficulties can develop more serious mental health disorders over time (NSCDC, 2004).

Enacting DEC's Vision



DEC strongly believes that the field must have a clear vision for how to promote social-emotional competence and fully address the needs of children with challenging behavior and their families. Commitment is required at all levels of prevention and intervention to ensure the success of young children with challenging behavior in schools, homes, and communities (DEC RP L5)¹. Our vision includes a commitment to family-focused practices, inclusion of all children, culturally responsive and equitable practices, collaboration, comprehensive screening and assessment, evidence-based interventions, and program-wide, multi-tiered systems of support.

Family-focused practices



DEC strongly believes that families are essential to promoting social-emotional competence and addressing challenging behavior. Early caregiving relationships have a profound influence on children's development and behavior, as young children develop in the context of relationships with others. The secure attachments young children develop with parents and primary caregivers help them gradually build self-regulation capacities (Shonkoff & Phillips, 2000). In addition to understanding and valuing the role of early caregiving relationships, it is important to engage in specific family-focused practices that promote social-emotional development and address challenging behavior. These include: (a) respecting families, (b) having conversations with families about their strengths, (c) sharing information with families, (d) being flexible and responsive to families' needs and choices, and (e) collaborating with families to design and implement interventions and supports (Powell & Dunlap, 2010; Dempsey & Keen, 2008; Dunst, Trivette, & Hamby, 2008) (DEC RP F1). Family members are integral and equal partners in their child's education, and educators must build respectful and reciprocal relationships with families

¹ Throughout the position statement, this notation will be used to highlight specific, related DEC Recommended Practices. The full list of Recommended Practices can be accessed at <http://www.dec-sped.org/recommendedpractices>



from their earliest interactions (i.e., upon enrollment in a program or during initial home visits). Relationships may also include trusted, important people in a family's life such as healthcare providers, spiritual leaders, or extended family members. When there are strong relationships, family and professional teams are better able to understand the child's behavior across contexts and successfully implement interventions (Sheridan & Kratochwill, 2007; Garrison & Reynolds, 2006; Cox, 2005) (DEC RP F4).

Eliminate Punitive Responses to Challenging Behavior



DEC strongly believes that positive approaches should be used to prevent and address challenging behavior. Although caregivers and educators sometimes use punitive responses (e.g., reprimanding, threatening, taking away recess) to challenging behavior, such responses rarely result in long-term behavior change and do nothing to teach children the social and communication skills they need to succeed. In the extreme, punitive practices such as corporal punishment, suspension, and expulsion of children due to challenging behavior can be counterproductive and harmful to a child's development. Not only do such practices fail to teach children new skills, they prevent children from accessing educational opportunities. Children with challenging behavior are suspended and expelled from early care settings at an alarming rate (Gilliam, 2005; Gilliam et al., 2016). These exclusionary practices disproportionately affect young children of color, especially young African-American boys (Office of Civil Rights, 2016). In alignment with the federal policy statement concerning suspension and expulsion (U.S. Departments of Health and Human Services and Education, 2015a), we believe programs should be thoughtful and intentional in crafting program-level policy statements that specifically describe inclusive, positive guidance and discipline approaches that eliminate suspension and expulsion (DEC RP L7). Caregivers and teachers also should be supported in eliminating the use of punitive strategies in classrooms, homes, and communities.

Building Capacity in Systems and Programs



DEC strongly believes that professional development and technical assistance are essential to ensuring meaningful inclusion and implementation of evidence-based practices for children with challenging behavior. Federal, state, and local governments should enact policies and provide funding to support social-emotional, mental health, and behavioral services for children, families, staff, and programs across the diverse systems and settings that serve children birth to age 8 and their families (DEC RP L8). Systems and programs must commit to providing the training, coaching, and support teachers and caregivers need to implement such practices with fidelity and to individualize to meet children's needs (Mincic, Smith, & Strain, 2009) (DEC RP L7). A system of supports is needed which may include training on evidence-based practices for educators and caregivers, ongoing coaching around those practices, and consultation with behavior specialists and/or mental health consultants (DEC RP L9). High-quality training includes defining the practice, discussing the theory or research behind it, demonstrating the practice, and providing opportunities for practice with feedback (Joyce & Showers, 2002). Coaching or consultation in the classroom or home helps ensure the practices learned in training are used in everyday settings (DEC RP INS13). Coaches help set goals, encourage reflection, observe practices in context, provide feedback, and facilitate discussions that enhance implementation of the behavior support or social-emotional teaching practices (Snyder, Hemmeter, & Fox, 2015). Finally, individuals with expertise in social-emotional development and behavior may facilitate individualized behavior support planning and implementation for the classroom or home (U.S. Department of Health and Human Services, 2015b).



There also is emerging evidence that teacher and caregiver well-being is an important factor in implementation of evidence-based practices (Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009; Whitaker, Dearth-Wesley, & Gooze, 2015). Therefore, program administrators should attend to the workplace factors that may influence wellness. This includes putting systems and policies in place to ensure that class size and teacher-child ratios are appropriate, staff have reasonable work hours, staff have support for challenges they may experience, and a supportive staff culture is cultivated (Barnett, Schulman, & Shore, 2004; Jennings & Greenberg, 2009; Schachner et al., 2016).

Culturally Sustaining and Equitable Practices



DEC strongly believes that culturally sustaining practices—those that acknowledge, value, and support children’s home cultures and help children develop a healthy identity—are essential to healthy child development. Culturally sustaining practices seek to bridge the diverse cultures that children are immersed in, with the goal of helping them be engaged and successful in all settings (Paris, 2012). Examples of culturally sustaining practices for the teacher or caregiver include becoming aware of one’s own implicit biases, being motivated to change these biases, and reducing the influence of biases in decision making. Another example involves being aware of children’s families and cultures and incorporating that knowledge into practice (Kalyanpur & Harry, 2012) (DEC RP F1). In classroom settings, this should involve making sure each child’s family and culture is represented meaningfully and deeply in the curriculum and classroom. Educators must commit to learning about equitable practices and develop, implement, and evaluate policies that support equity (Allen & Steed, 2016; Paris, 2012; Price & Steed, 2016). An awareness of and commitment to overcoming implicit bias and an understanding of culture may prevent educators from making decisions about how to address challenging behavior that are influenced by sex, race/ethnicity, or other cultural differences. A culturally sustaining approach will help prevent such biased disciplinary actions by better equipping early care providers to critically examine their own practices and to fairly assess and address challenging behavior.

Collaborative Practices



DEC strongly believes that collaboration is essential to promoting social-emotional competence and addressing challenging behavior. Young children often receive services and support across different systems or settings and therefore interact with a variety of adults. Because challenging behavior often occurs across settings and people, collaboration between all adults in these settings is essential to addressing challenging behavior (DEC RP L13). Incorporating various perspectives-- with the aim of establishing and delivering a consistent intervention plan-- increases the likelihood that plans will be effective and sustainable (DEC RP TC1 and TC2). Additionally, professionals with specific expertise can contribute to assessment and intervention planning. The specific people involved will vary based on the child’s needs, the setting, and the child’s age (infant, toddler, preschool, early elementary). This collaboration could include other professionals such as early educators, behavior specialists, psychologists, speech-language pathologists, primary health care providers, and early childhood mental health consultants.

Collaboration is also essential when children are transitioning between programs (i.e., early intervention to preschool; preschool to kindergarten). Collaboration between programs should always involve families and could include sharing assessment information and making a plan for continuing to use successful interventions in the new setting to address challenging behavior



(DEC RP TR1 and TR2). Both Part C and Part B 619 of IDEA provide for children to receive services when a social-emotional delay is present; however, this domain is sometimes one where our youngest children and families face barriers in eligibility and access to services (Cooper, Masi, & Vick, 2009). There is a need for specialists (e.g., early intervention, early childhood special education) to collaborate with communities and caregivers to ensure children who need and qualify for additional mental health and behavioral services receive them, in accordance with IDEA regulations.

Comprehensive Screening and Assessment



We strongly believe that a comprehensive assessment process is needed for children starting from infancy through early elementary years, and this process should begin with universal screening for social-emotional competencies, mental health, and challenging behavior (DEC RP A4). This process involves screening all children to determine whether further, more intensive social-emotional or mental health assessments are needed (NAEYC, 2009; DEC 2007). Screening may occur in collaboration with public health agencies or at the program level (DEC RP L14). Programs should engage families as partners in the screening and assessment process (DEC RP A2). When selecting screening or assessment tools, programs should carefully evaluate the tools to ensure they are culturally and linguistically appropriate and valid and reliable for the purpose for which they will be used. The ultimate goal of the screening process is to identify children who need additional support and services (DEC RP A4). Then ongoing progress monitoring and data-based decision making are used to help ensure services are effective (DEC RP A9 and INS3). Assessment should include, as needed, functional assessment of children's challenging behavior that focuses on understanding what a child is communicating with his or her behavior (DEC RP INS9). This process should be facilitated by qualified personnel and emphasize observing children in their natural environments (e.g., home, child care, schools, and community settings) (DEC RP A6 and A7).

The assessment process should be team-based and involve the family, caregivers, and relevant professionals (DEC RP A2). At all times, care must be taken to ensure that family, cultural, and community beliefs about behavior are considered and that the family is an integral member of the assessment team. In addition to families, professionals from a variety of disciplines can offer insight into the child's behavior and needs (DEC RP A8). Professionals and program leaders should partner with community mental health care providers, pediatricians, child welfare agencies, and other entities that interact with families and children to screen for social-emotional competencies, challenging behavior, and mental health needs (DEC RP L6). With input from all parties, the team can feel more confident that the information gathered fully represents the child and family.

Tiers of Evidence-based Practices



DEC strongly believes high-quality early childhood programs and services are crucial to promoting social-emotional development and meaningfully impacting the lives of young children (Shonkoff & Phillips, 2000; Center on the Developing Child at Harvard University, 2016; Gilliam, 2009; Pianta, Barnett, Burchinal, & Thornburg, 2009). There is a need for a range of practices and services to prevent and address internalizing and externalizing challenging behavior, and the selection of practices and interventions should include careful consideration of the research



supporting the practice. This range includes three tiers of practice: universal (nurturing and responsive relationships, supportive environments, and developmentally appropriate teaching practices), secondary (social skills teaching), and tertiary (intensive, function-based individualized interventions for children whose challenging behavior is persistent, intensive, and unresponsive to typical guidance and teaching practices) (DEC/NAEYC/NHSA, 2013; Dunlap & Fox, 2015; Dunlap, Wilson, Strain, & Lee, 2013; Fox & Hemmeter, 2009; Fox & Hemmeter, 2014; U.S. Departments of Health and Human Services and Education, 2015a).

The universal tier focuses on strategies to promote healthy relationships and social-emotional development and prevent challenging behavior. This tier is built upon nurturing, responsive relationships with caring adults and peers from infancy through school age. It is rooted in a deep knowledge of child development and the interplay between culture and expectations for children's behavior in homes and early care and education programs. Young children who experience a pattern of responsive care come to expect comfort when in distress and eventually learn to regulate their emotions and interactions (Maguire-Fong, 2015). In contrast, children who have not experienced such consistent caregiving may develop challenging behaviors as a way to express fear, sadness, rejection, or anger in the face of unpredictable adult responses (Maguire-Fong, 2015). Practices at the universal tier are designed to provide nurturing care to promote all young children's potential, help them feel safe and secure, and prevent the likelihood of challenging behavior occurring (Britto et al., 2017).

Specific examples of practices at the universal tier include: responding to children's subtle cues (NSCDC, 2017), focusing on joint attention, observing children's preferences, learning about and getting to know the family, engaging children in meaningful conversations (Sabol & Pianta, 2012), providing a rich and culturally responsive curriculum (Copple & Bredekamp, 2009), noticing and commenting positively on appropriate behaviors (Evertson, Emmer, & Worsham, 2003), creating developmentally appropriate, culturally sensitive expectations (Carter & Doyle, 2006), and providing adequate materials, developmentally appropriate schedules and routines (Harms, Clifford, & Cryer, 2015), and structured transitions (Carter & Doyle, 2006) (DEC RP INT1). Caregivers should make modifications within the universal tier to ensure children with disabilities are able to access the curriculum, communicate, and thrive (Fox, Carta, Dunlap, Strain, & Hemmeter, 2010; Sandall & Schwartz, 2013). The universal tier also reflects the knowledge that all caregivers and family members have their own values, beliefs, and assumptions about child rearing and development. Successful implementation of universal practices is built upon an understanding of the interplay between home and program expectations, the impact of implicit biases, and cultural similarities and differences (Allen & Steed, 2016).

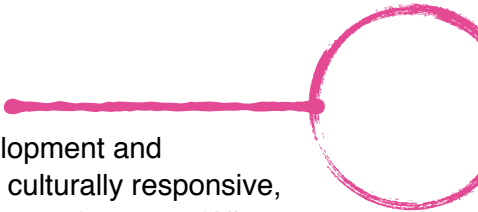
At the secondary tier, caregivers use ongoing assessment data to identify children who may benefit from more intensive instruction around social, emotional, and communication skills than is provided at the universal tier. Interventions in this tier may include: talking with family members about their expectations for behavior and providing family members and other caregivers with instruction and strategies on culturally appropriate caregiving and behavior management skills, supporting co-regulation for infants and toddlers, teaching children social-emotional regulation skills and appropriate communication skills, providing intentional opportunities to practice new skills, and supporting children's peer relationships (Barton et al., 2014; Cairone & Mackraine, 2012; Hyson, 2004; 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-emotional skills (Joseph & Strain, 2003). For infants and toddlers, this instruction is woven into individualized daily caregiving routines. For children in preschool and the early elementary grades, instruction focuses on social problem solving, friendship development, emotional literacy, emotional regulation skills, and the ability to use communication and language to solve problems, resolve conflict, and express needs without using challenging behavior (DEC RP INT2 and INT5). When teaching social-emotional skills in the secondary tier, interventions should be designed to reflect the diverse cultural values and backgrounds of the children and families (Allen & Steed, 2016).

At the tertiary tier, individualized interventions are used to address persistent or severe challenging behavior. Early educators and families must work together to develop a function-based behavior support plan for use in all environments by all team members. An effective plan considers the child and family context and recognizes the importance of safe, stable, and nurturing relationships in a child's development (U.S. Centers for Disease Control and Prevention, 2016). A behavior support plan must include the following factors. First, it must be based on an understanding of the behavior in the context in which it occurs. The functional behavior assessment process is evidence-based (What Works Clearinghouse, 2016) and should be used to identify the triggers, maintaining consequences, and function(s) of the challenging behavior (Artman-Meeker & Hemmeter, 2014 ; Dunlap et al., 2013) (DEC RP INS9). Second, the intervention plan must be tailored to fit the unique circumstances of the individual child and the child's family. Teams must consider all variables in the child's ecology, including the culture of the family system (Allen & Steed, 2016; Lucyshyn, Dunlap, & Albin, 2002). Third, the behavior support plan should include strategies for (a) teaching the child new skills to communicate his or her needs in place of challenging behavior and (b) strategies adults use to prevent and respond to challenging behavior (Dunlap et al., 2013; Nielsen, Olive, Donovan, & McEvoy, 1999) (DEC RP INS2). Finally, the plan should be practical for family members and early educators to implement in all relevant environments (Fettig, Schultz, & Ostrosky, 2013; Rao & Kalyanpur, 2002). The three-tiered model of intervention provides early educators and families with a systematic approach to understanding, assessing, and promoting children's social-emotional competence, supporting mental health and family well-being, and addressing challenging behavior.

Program-wide, Multi-tiered Systems of Support

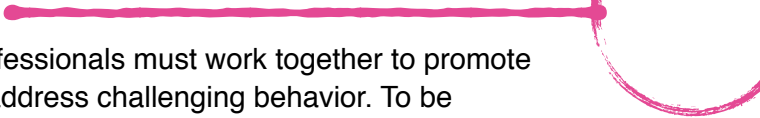


We strongly believe that to support young children's social-emotional development and effectively address challenging behavior, the field must promote the use of culturally responsive, evidence-based practices in the context of program-wide, multi-tiered systems of support (Allen & Steed, 2016; U.S. Departments of Health and Human Services and Education, 2015a). The implementation of a program-wide model offers a comprehensive system of supports designed to promote development across the age span and provide individualized support for young children and their families (Fox et al., 2010). A program-wide, multi-tiered system of support addresses leadership (policies, administrative practices, allocation of resources), relationships (with community partners, families, specialists), professional development (staff training, coaching, technical assistance), and high-quality teaching and child outcomes. Effective



program-wide practices involve data-based decision making to ensure teachers use evidence-based practices, interventions are delivered with fidelity, and issues of bias and disproportionality in discipline are recognized and addressed (Pyramid Equity Project, 2017) (DEC RP L12).

Conclusion & Recommendations



DEC believes that families, early educators, and professionals must work together to promote young children's social-emotional competence and address challenging behavior. To be effective, collaboration must occur across early care and education programs, schools, health care providers and other agencies serving families and young children. This will involve: (a) using family-focused practices, (b) committing to inclusion, (c) using a culturally sustaining and equitable approach, (d) maintaining collaborative practices, (e) employing comprehensive assessment that includes screening and identification of social-emotional needs, (f) implementing a tiered approach to evidence-based practices, and (g) adopting a program-wide multi-tiered system of support.

This position statement represents our commitment to the social-emotional development of all young children. It also reflects a deep commitment to serve, educate, and advocate on behalf of children, especially those whose behavior has historically presented a barrier to inclusion. All young children, including those with challenging behavior, social-emotional needs, or mental health concerns must be included and supported in their homes, early care settings, schools, and communities. The field must work together to ensure the social-emotional well-being of all young children and their families.



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