

ADDRESSING CHALLENGING BEHAVIORS AND MENTAL HEALTH ISSUES IN EARLY CHILDHOOD

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COUNCIL FOR
EXCEPTIONAL CHILDREN
SAMPLE

PREFACE

My motivation for writing this book was a course titled Understanding Children's Behavior, which I designed and have taught in the Early Childhood Education Program at DePaul University in Chicago for the past eight years. Each of my students, who are undergraduate- and graduate-level early childhood teacher candidates, is required to work with a child with challenging behaviors over a period of time to support the child and address those behaviors. Teacher candidates are required to design a behavior intervention plan using techniques and methods that I teach in the course for this purpose. At the end of the term, students showcase their behavior intervention plans along with the results of their interventions.

After the first couple of years of teaching this course, the overwhelming success of my students' interventions became obvious, and their own expressed amazement of their success convinced me that the simple strategies I teach might be a great support to teachers in the field. I have taught the course as an in-service training for teachers in the field and found similar results. To make sure of the efficacy of the techniques, I conducted two survey studies. The result of my surveys confirmed my students' report, in that there was a clear reduction and/or elimination of challenging behaviors in a great number (about 93.1 percent) of all children whom my students worked with after using the taught strategies. In the last survey of in-service training participants, about 94.4 percent of teachers who took the course reported having successfully addressed the challenging behaviors of children they worked with after they had utilized those techniques. Thus, the course became the inspiration for writing this book. Though this is not a step-by-step guide for implementing a series of techniques, it does provide a basic framework for practice, as well as key strategies that my students used in the field. In particular, Chapters 7 and 9 of this book focus on these techniques.

My goal is that this book will be able to fill in an existing literature gap and provide needed support for educators in terms of addressing behavioral and mental

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CHILDREN WITH CHALLENGING BEHAVIORS AND THEIR EARLY EDUCATION

I am at an impasse with Jacob. He is aggressive toward other children and doesn't get along. Jacob does not listen to me and throws tantrums if he doesn't get his way. I am always putting out fires with him. I have tried everything, but nothing works. Jacob takes all of my time and attention away from other children. I really don't know what to do with him. Can you give me some ideas about how to work with him?

This is a common story I hear in my work with teachers. Teachers are usually very stressed and desperately seeking solutions to help them work successfully with children who display challenging behaviors in their classrooms. Many teachers have the common belief that a solution is simple, easy, and fast. They may think that perhaps they can learn some useful behavior guidance strategies during a conversation, in an one-hour workshop, or via an email from an expert. Indeed, they ask if I can help them find easy and quick solutions to work with what many have, unfortunately, come to term as the "problem child." I cannot answer this question without raising others. Who are children with challenging behaviors? And why do they resort to these behaviors? In this chapter I will define challenging behaviors, and present issues related to early education and intervention for children with challenging behaviors.

A Historical Reflection

Young children with challenging behaviors were not the focus of scholarly attention until the last two decades. Instead, it was adolescents with challenging behaviors who typically captured the interest of scholars. For example, John Bowlby, whose groundbreaking work on attachment (1969, 1973, 1980) changed our understanding of children's emotional development, attributed the reason for his choice of career

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EARLY RELATIONSHIPS

Foundations of Early Childhood Mental Health

In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling place. The baby makes his own imperative claim upon parental love, and ... the bonds of love protect the child and his parents against the intruders, the malevolent ghosts.

(Fraiberg, Adelson, & Shapiro, 1975, p. 387)

This quote from Fraiberg's seminal and well-known work, *Ghosts in the Nursery*, began the first chapter in infant mental health. In fact, the term *infant mental health (IMH)* is attributed to Fraiberg, who along with her colleagues – a group of social workers and psychologists – established a clinical program called the Child Development Project, for parents and children from birth to age 3 in Ann Arbor, Michigan in the 1970s. Fraiberg's clinic was unique for its time, as specialists in her project worked with parents and infants together in the infant's home in order to understand the relationship dynamics between the parent and the child, and the capacities of the family (Weatherston, 2000). This kind of home visit/therapy session had never been done. Along with earlier research by Bowlby (1969) and Ainsworth (1979), Fraiberg's clinical work drew attention to two important factors: 1) an infant's development is influenced by early relationships that are formed between the primary caregiver and the child, and 2) the caregiver's behaviors toward the child (which might be influenced by the caregiver's own mental health status) is the catalyst for the quality of that relationship, which in turn shapes and influences the child's own mental health.

From the 1980s until the present, the field of IMH has attracted attention from psychoanalyst scholars and practitioners, and more recently from neuroscientists (neurobiologists and neuropsychologists in particular) – and has grown to a prominent

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CHILDHOOD TRAUMA AND ITS INFLUENCES ON PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH

Young children are expected to develop and grow typically when caregivers provide physically and emotionally protective environments for them. However, sometimes this protection may be violated due to a variety of reasons and circumstances. Disruption of safe and nurturing caregiving experiences creates stressful situations for children. Repeated and prolonged stressful conditions, in which a safe and positive caregiving relationship and protection are disrupted, are traumatic for children and can corrupt the architecture of their young brains. This corruption may continue to affect their development well into the third and fourth decades of their lives (Delima & Vimpani, 2011; Ford et al., 2013). Since the widespread availability of brain imaging, we have known that traumatic experiences during early childhood may lead not only to a range of neurological problems, including such issues as problems in cognitive, emotional, behavioral, and social development, but also traumatic experiences can lead to a range of physical and health problems (Belsky & de Haan, 2011; Shonkoff, Boyce, & McEwen, 2009). Effects of exposure to trauma are different in children depending on the age when they experience the event, as well as the severity of the trauma and if the traumatic experience is chronic. Young children have an additional disadvantage of not being able to express verbally how they feel when they are threatened or feel anxious or helpless. In this chapter, I will examine sources of trauma in children, and the influence of trauma in early childhood on a child's mental health and development throughout the lifecycle.

Trauma in Childhood

Sources of trauma in childhood are varied, and can be from experiencing some personal negative emotional and physical effects, to witnessing an unusual or a violent event. Trauma can also result from experiencing a stressful situation related

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CHALLENGING BEHAVIORS RELATED TO DEVELOPMENTAL AND OTHER DISORDERS IN CHILDREN

This chapter features a discussion of developmental, neurological, and social-emotional disorders that may lead to or accompany challenging behaviors, as well as the behavioral characteristics which present as challenging during early childhood. I examine diagnostic categories and classifications of such disorders and explain some basic features associated with them. My goal is to provide correct and up-to-date information about the behavioral characteristics of these disorders. I believe such knowledge may help teachers and parents understand behaviors of children with special needs and help them to identify appropriate ways of supporting social-emotional and behavioral aspects of the children's development from the onset of the appearance of the behavioral characteristics.

In learning about children who have developmental or emotional and behavioral health issues, it is important to keep several points in mind:

1. Typical development of young children, particularly from infancy through age five, undergoes a series of changes. Regardless of risks or established conditions, these changes may differ from child to child qualitatively (severity of a symptom) and quantitatively (number of presentations of the symptom). This variability is primarily due to unique differences in genetic predispositions, physical capabilities, environmental and cultural factors, and early experiences as well as child-rearing practices. Therefore, diagnoses of specific developmental disorders must be viewed in light of these dynamic phenomena. This also means that a diagnosis itself can be viewed as a tentative process, one that may change depending on the child's age, and social and emotional experiences, as well as a child's individual progression in the developmental process.
2. As discussed in previous chapters, an infant's early social experiences have direct consequences for neural and physiological development. When these

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PREVENTION

Curricular Approaches That Promote Social-Emotional Competence and Appropriate Behaviors in Children

In this chapter I will discuss research and evidence-based strategies that are used to prevent challenging behaviors from occurring and to promote social-emotional health and competence in children. I will first describe the concepts of risk vs. resilience and the research related to these concepts. Then, I will recommend practical strategies, which are most likely to build the process of resilience in children, as well as to promote social emotional well-being and health in children.

Risks vs. Resilience Approaches in Child Development

As much as we may wish for everything to go positively in a child's life, adverse events do happen and are thought to be typical throughout every stage of a person's life cycle. Negative events that occur during early childhood undoubtedly place stress on a child, which in turn can alter the course of the child's development. Previously, I explained such risk factors as negative early relationships, maltreatment, trauma, and neurodevelopmental problems. I argued how these issues may have long-lasting effects on a child's growth and mental health development. There are, of course, multitudes of other factors that I did not discuss. These factors are environmental, familial, or situational events that serve as risks for the development of individual children. They include, but are not limited to, poverty, limited parental education, parental mental health problems, parental substance abuse, unsafe and violent communities or living conditions, and negative school and peer experiences. The constellations of factors interact with children and families in various ways and child outcomes are shaped accordingly.

Since the 1960s, research on the topic of early childhood risks ranged from effects of environmental risks on a child's overall development, to the risks as they influence a child's behavior, school and academic success or failure, and work and career

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PLAY THERAPY

An Intervention for Addressing Challenging Behaviors and Mental Health Issues in Children

In this chapter I introduce *play therapy*, an intervention that facilitates development of children with a variety of behavioral and mental health issues. Play therapy can be employed with children as young as toddlers or preschoolers and as old as twelve-year-olds. When I refer to *play*, I am referring to the child's actions. "In order for an activity to be considered 'play,' it must be voluntary and *intrinsically motivating* to the child – that is, the child must find play enjoyable without any need for external rewards or motivation to engage in it. By watching children at play, teachers (and other professionals) can gain insight into specific developmental competencies of infants, toddlers, and young children. Play is systematically related to areas of development and learning" (Mindes & Jung, 2015, p. 124; see also Linder, 2008; Widerstrom, 2005).

Mental health professionals choose play therapy as a treatment of choice for children because play is considered as a natural mode of communication and self-expression (Kottman, 2003; Landreth, 2012). Play gives children an opportunity to playact their feelings, thoughts, events, and their emotional challenges the same way as adults can talk about their problems in therapy (Axline, 1974). In this chapter, I describe the use of play in therapy, examine the development and history of play therapy, and discuss intervention techniques.

What is Play Therapy?

Play therapy is a dynamic interpersonal relationship between a child and a therapist who provides selected toys and facilitates the development of a safe relationship in which the child explores and expresses self, thoughts, and emotions through play (Landreth, 2012). The Association for Play Therapy (Association for Play Therapy-APT, 2014) defines play therapy as the systematic use of a theoretical model to

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ADDRESSING CHALLENGING BEHAVIORS VIA POSITIVE BEHAVIOR SUPPORT (PBS)

Positive behavior support (PBS), also known as positive behavioral interventions and supports (PBIS), emerged in the late 1980s as a reaction against the use of aversive behavior management (punishment procedures), which existed in applied behavior analysis (ABA) approaches. ABA is a behavioral analytical approach established in the 1960s as a treatment method for children and youths with various forms of neurodevelopmental disorders. A body of research on ABA and its efficacy with children with Autism Spectrum Disorder led to the popularity of ABA use, and establishing it as an effective intervention treatment for childhood (or children with) autism and those with challenging and self-injurious behaviors. However, some of the techniques used in ABA, such as the use of aversives (a term used by behaviorists to describe a punishing stimulus) came under heavy criticism from scholars and educators. Therefore, at the beginning of the 1990s, PBS was proposed as an alternative and effective behavioral approach to challenging behaviors, leading to PBS as the focus of attention in the education of children and those with special needs and challenging behavior.

In this chapter, I will describe the development of PBS through an examination of the history of ABA, since ABA principles form the foundations of a PBS framework. I will then describe central concepts in both approaches and point to the distinguishing features of each.

The Origins of Behavioral Approaches in the Education of Children with Special Needs

Over 100 years' worth of empirical research anchors behaviorism in general, and over 50 years of research on behavioral analytic interventions for children with various forms of special needs exists. Behavioral analysis and intervention methods are solidly rooted in experimental research psychology methods and design.

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CURRENT DISCIPLINE PRACTICES IN EARLY CHILDHOOD PROGRAMS AND SCHOOLS

Issues, Problems, and Alternatives

A recent U.S. Department of Education Report on *Guiding principles: A resource guide for improving school climate and discipline* (2014) shows that, annually, a significant number of students are disciplined, i.e. expelled or suspended, in schools for small infractions of school or classroom rules. African-American children and children with disabilities are three times more likely to be the subject of school and classroom discipline as compared to other children (U.S. Department of Education, 2014). According to the same report, in one state,¹ about 95 percent of out-of-school suspensions were for very minor disruptions, such as speaking out of turn, in the classroom.

Although not all schools employ discipline strategies that are problematic, some strategies are so excessive that they often produce the opposite of the intended effect; the strategies create unsafe and anxiety-producing environments for children and inadvertently promote negative and ineffective approaches as models to problem solving. For this reason, the topic of discipline in schools is controversial for both families and educators. Suffice it to say there is an array of classroom and school-wide discipline strategies that schools use, and states differ in approved levels and forms of disciplinary procedures. For example, while one state's highest level of school discipline might be expulsion, another state might allow the use of corporal punishment by teachers and school personnel, as well as expulsion.

In this chapter, I will discuss common strategies (from preschool through early elementary grades) that are used at the center, school, and/or classroom level to address challenging behaviors of children. I will explain why some of these strategies are at best ineffective and at worst unethical and abusive. I will present research relating to these strategies and suggest positive alternative approaches to be used.

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BEST PRACTICES

Practical Strategies for Addressing Challenging Behaviors of Children

In this chapter I will present specific recommendations and guidelines to design and implement effective behavior intervention plans that are most likely to promote emotional and behavioral health in children with challenging behaviors in the classroom. These strategies are grounded in research and related theoretical frameworks presented throughout this book. My approach is based on a developmental framework, which views children as capable and resilient. The methods described respect children's dignity, their individual needs and capabilities in their cultural and family contexts.

I hope that the information in this chapter will help early childhood professionals develop new, effective strategies and refine their own teaching practices to support children's mental and behavioral health. At the end of the chapter, I present a study of a child with a personalized behavior intervention plan. This study and other examples of children are real. The names of children, teachers, and other professionals involved are changed to protect their privacy.

Underlying Principles of my Approach and Philosophy

Being solidly grounded in a particular theoretical approach is important, whether for an educator or a mental health clinician. A theory provides consistency and predictability in one's practice and helps the child know what to expect from the professional. However, I also believe that a one-size approach does not fit all children or conditions. Given each child's unique neurobiological and physical makeup, family, and cultural background, I believe that solid knowledge of several theoretical approaches is required in order to address the various needs of children. Thus, designing a behavior intervention plan may sometimes involve using more than one intervention method. To reiterate, no matter which type of strategy I

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PARENTING, CULTURE, AND DISCIPLINE

Throughout this book, I have emphasized the important role parents and caregivers play in the emotional and behavioral health of children. Parenting involves a complex set of attitudes, skills, and behaviors. All of these behaviors are influenced by a multitude of factors, both individually related, such as a parent's health and developmental history, and environmentally-related, such as a parent's culture, education, and socio-economic status. Parenting is related also to the child's developmental and behavioral characteristics. Thus, parenting beliefs and practices vary among individuals and families in different social-cultural situations and personal histories.

Without question, in the last two decades there has been an unprecedented growth in the diversity – in ethnic and socio-economic backgrounds as well as family structures – of families. Children attending early childhood programs and schools in the USA reflect this diversity. Therefore, understanding parenting beliefs and behaviors can help professionals teach and relate to parents, caregivers, and children more effectively.

In this chapter, I will look at the history of parenting in the USA, and will describe the more dominant parenting beliefs and practices in a number of cultures represented extensively in the USA. I acknowledge, however, the danger of stereotyping a group's behaviors when describing their cultural practices. I respect the vast diversity and variations that exist within each culture, society, and group of people. Thus, I ask readers to keep in mind that my discussion of parenting practices is offered in the spirit of the belief that individuals in our society do not function in a static state. That is, people change with experience, age, geographic location, economic circumstances, and a host of other variables.

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EDUCATORS AND FAMILIES PARTNERING TOGETHER FOR CHILDREN

This chapter will focus on the issue of partnership between education professionals and families. Working and partnering with families has been the hallmark of best practices in early childhood education and special education. Early childhood education and special education have traditionally honored working with and supporting families as an important part of a young child's education. In fact, the guidelines for developmentally appropriate practices (DAP), published by National Association for the Education of Young Children (2009), requires establishing reciprocal relationships with families and involving them in the learning process as one of the necessary standards of early childhood professional practice in the field. Similarly, all amendments of U.S. special education laws (i.e. IDEA) mandate working with families as a necessary and important component of education of children with special needs. Just as in NAEYC's standards, the current ethical principles developed by the Council for Exceptional Children (2010) requires that special education professionals develop relationships with families that are based on mutual respect and actively involve families in the educational decision making of the child.

In this chapter, I will look at issues related to families, the tradition of partnering with them in early childhood education and special education, and recommend guidelines for working successfully with all families. Because this book has focused on children with challenging behaviors and mental health needs, it is particularly important that various aspects of working with families of these children are presented.

Role of Families in the Child's Education

There is little dispute about the important role of parents in the education and development of children. Statements such as "Parents are children's first teachers," or "Parents are the best role models for children," are not only common, but also in some