Strategies for Caring for Preschool and School-Age Children with Challenging Behaviors

Script

Introduction

Welcome to **"Strategies for Caring for Preschool and School-Age Children with Challenging Behaviors."** This 2-hour course is part of a series of online trainings designed to help you, as child care providers and directors, to gain a better understanding of how to create an inclusive child care environment for all children. During today's training, we will learn why boys and girls use challenging behavior, what we as caregivers can do to prevent this behavior, and how to effectively respond when prevention isn't enough. We will also talk specifically about challenging behavior in children with special needs, and how caregivers can respond appropriately and effectively. In essence, this course is designed to give you the tools needed to understand, recognize, and respond to challenging behavior.

Learning Objectives

When you have completed this course, you should be able to:

- Define and identify different kinds of challenging behavior,
- Discuss typical behavior in preschoolers and school-age children,
- Identify several common childhood disabilities,
- Understand the role that communication and special needs play in challenging behavior,
- Use several prevention strategies in your daily classroom routine,
- List several techniques that may manage and reduce challenging behavior in children with special needs, and
- Create and implement an effective behavior plan.

What is Inclusive Child Care?

As we begin this course, it is important to understand what we mean by "inclusive child care." The National Association for the Education of Young Children (NAEYC) and the Division for Early Childhood of the Council for Exceptional Children (DEC) created this joint statement regarding the definition of early childhood inclusion:

"Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential."

While this definition was crafted with infant, toddler, and preschool programs in mind, the same principles apply in inclusive school-age care programs. In their publication *Inclusion in School-Age Care: Guidelines for SAC Providers in Caring for Children with Special Needs* (2008), the Center for Inclusive Child Care says, "'Inclusion' is characterized by a feeling of belonging, not by mere proximity…Inclusion is children of all abilities learning, playing, and working together.

With successful inclusion, all children are actively involved, physically accessing play and work locations, and have options from which they can choose personally. Inclusion is a process, not a placement. No one person is responsible to make it work; it takes group effort. There is not one perfect way. The inclusion process needs to be tailored to meet the needs of each child as well as the program."

Defining Challenging Behavior

Let's now turn our attention to children's challenging behavior. Before we can appropriately respond to and prevent challenging behavior in our classrooms and home environments, we must understand what challenging behavior is and why children of all ages use it. Take a second and think about what comes to mind when I say the words "challenging behavior." What did you think about? Many people associate challenging behavior with children screaming in a restaurant, or throwing toys in a store. What about a three-year-old girl crying loudly and persistently while being held by her caregiver? Or a ten-year-old boy withdrawing from new activities in his after-school program? Do you consider these scenarios to reflect "challenging behavior"?

During today's training, we will focus on the behavior of children ages three years and older. We will discuss how the added component of a suspected or diagnosed disability can affect behavior and how we can seek outside help for children when needed. We will talk about what behaviors, though sometimes seen as challenging, are typical during a child's developmental stage. We will also talk about those behaviors that may indicate the need for intervention and outside support. To get today's discussion started, let's define the term "challenging behavior."

The Center on the Social and Emotional Foundations for Early Learning is a project that was developed to provide outreach and training to caregivers of children to improve the social and emotional outcomes of children. While the project focuses on infants, toddlers, and preschoolers, we will also apply their definition of challenging behavior to our school-age children.

CSEFEL Definition

The Center on the Social and Emotional Foundations for Early Learning's definition of challenging behavior for children is:

- Any repeated pattern of behavior that interferes with learning or engagement in pro-social interactions with peers and adults, and
- Behaviors that are not responsive to the use of developmentally appropriate guidance procedures.

Please note that for the purposes of today's training, the behavior we're discussing is both ongoing and has not significantly improved with typical caregiver responses.

Now that we've defined challenging behavior, let's look at how that definition applies to preschoolers, including those with special needs.

Preschoolers: What Is Typical Behavior and What Is Not

If you have ever worked with preschoolers, you are probably aware that there is a "wide range of normal" in their development. Meaning, some three-year-olds are very independent and demonstrate many self-help skills like using the bathroom and dressing themselves. However, other three-year-olds may not be ready for independent toileting or putting on an outfit each morning. As we discuss "typical" behavior, keep in mind that these are qualities that *most* children demonstrate. A child's unique personality, also called temperament, along with her developmental stage, should always be the primary focus when observing behavior. Look at what is typical for that specific child before making any final judgments. That said, let's look at some typical behaviors for preschoolers by age.

Three

"I can do it by myself" is the motto of a typical three-year-old. She is becoming independent in her thoughts, opinions, and actions. Some parents and caregivers may mistake this independence as challenging behavior. While hearing the words "no," "stop," and "I can do it!" over and over again may most certainly feel challenging to adults, rest assured that children this age are showing the world, and themselves, their unique personalities. When working with a child with special needs, some of her abilities to do things or express herself may be different, but remember to focus on finding developmentally-appropriate ways to let her independence shine.

Here are some ways that a three-year-old may express individuality:

- Pulls zippers and unbuttons clothing,
- Puts shoes on, often on the wrong foot or facing the wrong way and doesn't care,
- Loves to say "I can do it!" but may cry easily when needing help,
- Wants to help parents and caregivers,
- May refuse to hold mom or dad's hand, even when necessary,
- Develops fears and phobias,
- Doesn't want to take a nap even though she needs one,
- Can control bladder and bowel functions, but frequent accidents may happen,
- Goes through whiney stages,
- May stutter when excited, upset, or nervous,
- Nose-picking and thumb-sucking are common,
- Likes to boss caregivers and parents around, giving directives like "don't laugh at that!" and "stop talking!" and
- Imaginary friends become regular playmates.

(Adapted from Gibson, 2014)

Parents and some child care providers may see children who are very outspoken during this age as having behavior concerns. Be careful to not put children that you care for in this category too quickly. Provide gentle correction when a child becomes rude or bossy to others, but allow her to make as many daily routine choices as safety allows. Also keep in mind that children this age are still *really* young, so while they may seem strong and independent, they always need constant supervision and guidance. Punishing a young child does not teach her what she should do next time. Treat behavior mistakes as just that: mistakes. Use calm, clear words that describe what behaviors are expected from them and why. Just be prepared for lots of questions!

Four

"I know it all" is the motto of a typical four-year-old. He has mastered many of his daily life skills and defiance has now joined independence in the personality traits he shows the world. Let's look at some common qualities of a typical four-year-old. Remember, while a child with special needs may not be showing many, if any, of these traits, it's important to watch for ways you can help encourage their growing independence.

- Dressing and undressing require little assistance,
- Lying becomes common, especially to get out of trouble or going to bed,
- Imaginary life and reality are often confused,
- Often tell parents and caregivers "no" and will refuse to do certain things,
- Nightmares become common, but they are able to calm down and go back to sleep with parent or caregiver assistance,
- "Why" now becomes a word used to argue,
- Exploring her own and others' body parts becomes interesting, thus needing guidance about safe and acceptable body touching, and
- Anxiety or stress may cause toilet learning setbacks and stomachaches.

(Adapted from Gibson, 2014)

Because this age group has such a strong streak of independence and a constant need to be right, it's best not to argue during times of conflict. Calmly explain what the child did that was wrong and what a better choice for next time is. Use a sense of humor, but do not mock or shame. Consequences work well for this age, so use them often and consistently. Helping children understand consequences will set the foundation for making positive choices throughout their lives.

Five

As a child enters her fifth year of age, watch for her inner scientist and detective to begin to shine through. It's usually not enough to see an airplane in the sky – she will want to know exactly how an airplane gets in the air and why it flies. Fives are typically investigating everything in their environment. While an encouraging parent and caregiver will set up areas to allow for safe and interesting exploration, it's important to remember to never leave children this age and younger alone. They are usually fast, have good fine motor skills, and can reach high and low

spaces. Even in a room or outdoor space we may consider to be safe, danger lurks where adult eyes may not see.

Some behavior characteristics of a typical five-year-old include:

- Using the bathroom with little assistance,
- Putting on shirts, pants, and sometimes tying shoes,
- Helping with household chores, including sweeping, dusting, and setting the table,
- Extremely curious about everything, including fire,
- Eating different types of food,
- Making rules while playing and getting angry if rules aren't followed,
- Needing lots of physical play,
- Loving positive attention and encouragement,
- Understanding a few simple household and classroom rules, and
- Accepting appropriate consequences without long tantrums.

(Adapted from Gibson, 2014)

ACTIVITY: Typical Behavior vs. Atypical Behavior

Annabelle is a four-year-old girl in your preschool room. She has been in your room for six months and is usually a very active child. You have had to work with her to stop taking toys from friends, as she has a hard time waiting for her turn to play with her favorite toys and materials. A couple of weeks ago, Annabelle's mother came to you and explained that she and Annabelle's father are divorcing. You have recently observed Annabelle crying more at drop-off and using more aggression when interacting with her friends. What, if any, of Annabelle's behaviors would you consider to be concerning? Make two columns on a scrap piece of paper labeled "Typical" and "Concerning" and make a list of some of Annabelle's behaviors under each heading.

What did you think about Annabelle? Remember that she is four years old, and her assertiveness with her friends may be age-appropriate and part of her learning process about sharing and respect for others' belongings. However, it is probably a good idea to list Annabelle's increased crying and aggressiveness as concerning, as she is experiencing a major life change with her parents divorcing. By providing more positive attention immediately after Annabelle's good choices with her friends and being extra loving in the mornings, Annabelle will most likely feel more comfortable in her classroom environment and decrease her use of aggression. However, if Annabelle's behavior continues to show cause for concern, we will talk later about some strategies and resources her teachers can use.

How Disabilities Affect Behavior

We have discussed many traits that are common in typically developing preschoolers. But what if the child in your program has a significant disability? How can you tell the difference between challenging behavior that may need outside intervention and behavior that may be due to a

disability? And does that matter? Let's talk about what research indicates about children with special needs and their behavior.

Just as we talked earlier about the wide range of "typical" in preschoolers' behavior, the same applies for preschoolers with disabilities. Think about a teacher in a three-year-old room who has taught five children with autism spectrum disorder over the course of seven years. Do you think her experiences with those five children have been the same? Absolutely not! Autism spectrum disorders look different in every single child, as do other childhood disabilities. A child's temperament, level of disability, home environment, diet, and overall health all affect behavior. It is crucial to not label a child by his disability, even if you have worked with other children with the same condition. Always see the child as *that* child – not by what you may or may not know about her abilities.

The more we know about a child's disability, the more we can effectively care for that child. Over the next few minutes, we will discuss several common childhood disabilities you may see in your preschool or home. Research indicates that the more support and encouragement a child with a disability receives both in and out of his home, the chances of developing mental health difficulties decrease (Dix, K.L., et al, 2010). However, if a child with a disability is surrounded by caregivers who do not provide additional developmental support, research shows that a greater chance of developing mental health problems exists for that child (Dix, K.L., et al 2010). Sometimes a disability may limit a child's interactions with his peers or outside environments. As we discuss each disability, think about ways that a child with that condition may experience limitations in a non-inclusive classroom and what you would do differently to increase social and emotional learning experiences. Don't get overwhelmed as you think about your inclusive environment. We'll talk later about resources and supports that are available to assist you. Remember that caring for a child, regardless of ability, is a team sport! You are not expected to know and do everything.

Autism

The term "autism spectrum disorder" includes a "range of neurological disorders that affect a child's ability to communicate, relate to others, and understand or respond to sensory input" and the cause is not widely agreed upon (Gense & Gense, 2005). As we discussed earlier, autism spectrum disorders affect children in different ways, ranging from mild to severe. Some children with an autism spectrum disorder, including Asperger's Syndrome, may be considered gifted, while others may be severely cognitively impaired (Gense & Gense, 2005).

In order to understand some common signs of autism spectrum disorders in preschool-aged children, let's look at three categories: social, communication, and behaviors (Mayo Clinic, 2014). It is very important to remember that we as child care providers never diagnose disabilities or conditions based on a child's actions. Educating ourselves on what *can* be typical for a child will help us understand what behaviors we may observe and assist us with individualizing care and activities.

Some social signs of autism spectrum in preschoolers include:
- Not responding to her name,

- Lack of smiling, and
- Lack of affection and cuddling.

Some communication signs include:
- Not using words or sign language,
- Not starting conversations, and
- Repeating words with no understanding of what they mean.

Some behaviors include:
- Repetitive movements, including rocking and hand-flapping,
- Obsessive routines like handwashing or sorting,
- Self-harming, including head-banging and hair-pulling, and
- Spurts of screaming.

(Adapted from Mayo Clinic, 2014).

If you are caring for a child with an autism spectrum disorder, remember that these signs and others are part of that child's "normal." Punishing or providing non-therapeutic consequences will not help the behaviors, and in fact, may make the behaviors worse.

Visual and Hearing Impairments

Children can have a visual impairment, a hearing impairment, be deaf, blind, or a combination of any of those. By the time a child is in preschool, he has hopefully had many screenings for vision and hearing impairments. However, it's important for child care providers to recognize symptoms of both visual and hearing conditions, just in case the child's parents or medical professional has not yet identified a problem. It's also important to know that sometimes vision and hearing loss can be confused by caregivers as challenging behavior. As with any suspected disability or special need, always talk to the child's parents in a timely and respectful manner about your observations.

Here are some common signs of visual impairment or loss in preschoolers (Nemours Foundation, 2013):

- Constantly rubbing eyes,
- Chronic red eyes,
- Noticeable and frequent sensitivity to light,
- Squinting or closing one eye to focus,
- Inability to see objects at a distance,
- Trouble reading a whiteboard or dark-colored board, and
- Difficulty following objects.

Now let's talk about some signs of hearing impairment. They include:

- Responding inappropriately to questions,

- Not replying when name is called,
- Watching playmates to imitate an activity,
- Exhibiting speech and language delays,
- Complaining of earaches or headaches, and
- Having trouble understanding what caregivers are saying or asking.

(Palo Alto Medical Foundation, 2015)

When a child has a hearing or visual impairment, or even both, the manner in which she experiences her environment is different than her typically developing peers. Think about your learning environment. How many materials and centers do you have that focus on the senses of sight and sound? Probably a lot! Think about a child who is unable to hear the clean-up song, a friend come up behind him, or a bird chirping on the playground. Now think about another child, or even the same child, who is unable to see the new classroom puppets or fingerpaint colors. Expect that a child in preschool will have some difficulty adjusting to his learning environment as well as feel angry, sad, jealous, and maybe embarrassed about her differences. When we talk about why a child uses challenging behavior, we know that the behavior is always used as a way to communicate a feeling (CSEFEL, 2013). It is importantfor a high-quality inclusive child care program to constantly make sure that a child with any special need is given lots of emotional and physical support while in his new environment.

Intellectual Disabilities

An intellectual disability refers to a slower or limited way of learning for a child compared to that of her peers. A child with an intellectual disability has trouble learning life skills that include communication, self-help, social and emotional expressions, and personal safety (Women's and Children's Health Network, 2014). Intellectual disabilities can be harder to recognize in children under the age of three, but in a preschool environment, child care providers are usually able to notice the learning differences. Here are some signs of an intellectual disability in a preschooler:

- A short attention span compared to children of the same age,
- Difficulty following directions,
- Trouble identifying letters, numbers, shapes, or sounds,
- Poor hand-eye or motor coordination,
- Inappropriate reactions to daily events,
- Hard to discipline,
- Difficulty with transitions, and
- Delayed or immature speech.

(The Learning Disabilities Association of America, 2015)

Think about those characteristics for a minute. How many children with learning disabilities have been punished or given consequences for exhibiting one or more of those signs before a diagnosis was made? And even when a learning disability has been identified, many children continue to be disciplined. Caregivers would most likely not discipline a child with a visual

impairment because she needed help walking down the hall, but often we see children with learning differences punished because they don't operate in the same way as their peers.

Speech and Language Impairments

Speech and language delays or impairments are the most common childhood disabilities, affecting approximately five to eight percent of preschoolers (Prelock, Hutchins, & Glascoe, 2008). While some caregivers may not think that speech or language impairments lead to behavior problems like some of the other disabilities we've discussed today, research shows that "speech-language problems are significant and lead to behavioral challenges, mental health problems, reading difficulties, and academic failure" (Shonkoff & Phillips, 2000). Obviously, when untreated, speech and language impairments can lead to some pretty severe consequences for a child. Let's look at some behaviors associated with speech and language delays and impairments. Typically, speech-language impairments are grouped into two categories: receptive language and expressive language.

When children have difficulty understanding someone talking, this is called receptive language delay (University of Rochester Medical Center, 2015). Some signs include:

- Difficulty understanding gestures,
- Not following directions,
- Refusing to answer questions,
- Confusion in identifying objects and pictures, and
- Talking over others or not participating in conversation.

Expressive language delays refer to having problems talking (University of Rochester Medical Center, 2015). Some signs of expressive language impairment include:
- Inability to name objects,
- Difficulty putting words together into sentences,
- Difficulty learning songs and rhymes, and
- Inability to start and maintain a simple conversation.

Emotional Disturbance and Mental Health Disorders

Disruptive behavior or emotional disturbance disorders are perhaps the easiest to identify out of the disabilities we've discussed today because of the signs associated with the disorders. Tantrums, aggression, non-stop arguing, defiance, and refusal to comply with an authority figure are usually first seen in child care or school-type settings (American Academy of Pediatrics, 2015). How do we know when a child's behavior falls under the "emotional disturbance" or "mental health disorder" category? Some signs to look for include:

- Hyperactivity and impulsiveness,
- Aggression or self-harming behavior,
- Withdrawal from peer or group activities,
- Inappropriate crying, tantrums, and inability to calm down,
- Learning difficulties,

- Distorted, confused thinking,
- Heightened anxiety, and
- Severe or unexplained mood swings.

(Early Childhood Learning and Knowledge Center, 2014)

Notice anything familiar about this list? We've linked several of these signs to other disabilities, like intellectual disabilities and autism spectrum disorder. With an emotional disorder, however, the child's behavior is the primary characteristic of the disorder, rather than a symptom. Like the previous disabilities, and every other disability and disorder, remember that the behavior is a form of communication and not primarily an attempt to defy a caregiver or "act out" at home or school.

Strategies for Preschoolers with Challenging Behavior

Now that we've talked about some common disabilities and disorders among preschoolers and the behaviors associated with them, let's talk about some strategies you can use to prevent and respond to those behaviors that are considered challenging. Remember that we are considering "challenging behaviors" to be ongoing and not significantly improving with typical caregiver responses, regardless of a child's abilities or diagnoses.

Prevention

"The single best way to address challenging behaviors in young children today is to take steps to make sure that they never occur" (TACSEI, 2015). The first step in prevention is understanding, at least in part, why a child is using challenging behavior. Sometimes, the behavior is simply age-appropriate, as we discussed in the first part of this training. Other times, the behavior is due to a diagnosed or suspected disability. And still other times, a child is using challenging behavior to signal stress in her life. All of these must be taken into account when preventing challenging behavior. Once you have an understanding of why the behavior is being used, here are three strategies that the Technical Assistance Center on Social Emotional Intervention (2015) recommends to prevent challenging behavior:

1. **Arranging of the Classroom Environment:** Make sure that each and every day your learning environment is well organized, developmentally appropriate, and accessible to all children in your group. Arrange the furniture and materials in your environment to allow for easy supervision of all children and promote engagement and independence. For example, arranging your writing center to include materials for children who are just beginning to hold crayons as well as more advanced writing tools like pencils and lined paper will decrease behaviors associated with boredom and frustration. Also, look at your classroom or space from a sensory perspective. Soft lighting, comfortable temperature, and minimal background noise will help calm children.

2. **Scheduling:** One of the most important qualities of a high-quality, inclusive learning environment is a predictable daily schedule! This is even more important for children with disabilities. Consistent schedules help children with transitions, new large and small

group activities, and decision-making. Implementing visual or picture schedules can help children prepare for upcoming activities. For children with visual impairments, child care providers can verbally prompt before each transition. For example, when your picture schedule let's your group know that it's time for lunch and the children know to get up and wash their hands, calmly tap your child with a visual impairment on his shoulder and state, "It's time to move to the sink area to wash hands, Michael." You probably won't have to do this often, but always make sure that your children with disabilities are fully aware of and helped during transitions and schedule changes.

3. **Implementing Rules, Rituals, and Routines:** Rules help preschoolers understand what is safe and acceptable in their learning environment. Keep rules simple: "We keep our friends safe, we keep our bodies safe, and we keep our school safe" partnered with easy explanations will help children know what is and isn't appropriate behavior. Rituals and routines in a preschool room can be very helpful for children with developmental delays or learning differences. Rituals and routines include clapping five times before center play ends or playing the same "good morning" song every day.

Prevention takes preparation and a strong understanding of the abilities and personalities in your group. Prevention strategies will change frequently – you'll need to re-evaluate your strategies often to reflect the changes in your classroom or program. Children will mature, move, and experience major life changes while in your care, so make sure your learning environment is consistently meeting their needs.

Using an IEP

When a preschool child has a diagnosis that qualifies her for special education services, parents will work with their public school system to develop an Individualized Education Program, known as an "IEP." This legal document will outline the child's educational goals and assign services and roles for the team of professionals providing support. This team may include speech therapists, social workers, teachers and administrators, early intervention specialists, and of course, the child's parents or guardians. Ask the child's parents to share their child's IEP with you so that you can gain a clear understanding of their child's abilities and limitations, as well their roadmap for achieving defined goals. Parents are not required to share an IEP with child care providers, so when you request a child's IEP, do so in a respectful manner. Explain that you are required to keep all of the information on their child's IEP confidential and will only use the information to better care and plan for their child.

Behavior Intervention

When your prevention strategies and, if applicable, the recommendations from the IEP are consistently implemented, a child's challenging behavior may persist. Research has indicated that children who are using challenging behavior with little to no improvement over time will benefit from a comprehensive assessment to fully understand why the behavior exists. If the words "comprehensive assessment" make you want to pull your hair out, take a deep breath and relax. Remember that a child using challenging behavior is using this behavior regularly and isn't improving, meaning your day is most likely filled with responding to this behavior in one way or another until the child goes home for the day. That is exhausting, no doubt! By

documenting your observations and creating a simple support plan, you are looking at the child's behavior and your reaction to it in an intentional, positive approach. The Technical Assistance Center on Social Emotional Intervention (2015) recommends a five-step process for developing and implementing a behavior assessment and plan. Please reference your <u>handout</u> "Addressing Persistent Challenging Behaviors" as we discuss each step.

1. **Step 1** is to identify and define the most challenging behavior. Look at which behavior is most serious in terms of aggression, learning disruption, and peer relations. Define exactly what the behavior is and what it looks like.

2. **Step 2** is to gather information about a child's behavior, including possible reasons why the child is using this behavior. The child's parents and other professionals, such as the child's teachers, therapists, or other members of the child's IEP team, have likely experienced these or similar challenging behaviors when working with the child. Ask the parents to arrange a meeting between you, the parents and the child's teachers and therapists so that you can benefit from their expertise. Discuss the behavior and talk about what happened before the behavior, and what happened directly after the behavior. Gather other useful information, such as behavior patterns and strategies and consequences that they have used to address challenging behavior in the home and school setting.

3. **Step 3** involves using the information that you gathered from your observations and discussions with those involved in the child's life. Look for similarities in what happened before the behavior and what happened as a result of the behavior. You will probably see that the child is able to gain something, such as hitting a friend to get his toy, or escape from something, like jumping and yelling during circle time so he can be removed from the group and be left alone.

Step 4 is to develop the support plan. The support plan should outline how you will modify the environment or activities that may make the challenging behavior more likely and how you will react when the challenging behavior occurs.. The child is in the habit of using challenging behavior to express wanting something, like attention, or escaping something, like sitting during circle time. The support plan helps breaks this habit and replaces it with more appropriate forms of communication. Your support plan should also take into consideration how the child's behaviors are addressed at home or school and be consistent when appropriate. Remember, this plan doesn't need to be complex. You have simply identified the most challenging behavior a child is consistently using, formulated a best guess as to why the child is using this behavior, and noted ways to prevent and correct the behavior.

4. **Step 5** is to implement, evaluate, and make changes to the plan. Are the changes in your support plan working? Are you being consistent with your reactions? You may need to modify your support plan a few times, but be patient. You'll eventually formulate a plan that makes positive differences and more importantly, helps the child become happier and less stressed. That's a huge improvement, so it's worth the effort!

==ACTIVITY: Respond to Case Study & <u>Handout</u>==

Take a moment and underline the parts of your "Addressing Persistent Challenging Behaviors" handout that refer to the case study of Maria. As you underline, think about how you would apply the steps of the support plan to a child in your program who is using challenging behavior.

School-Age: What Is Typical and What Is Not

Because many programs offer before- and after-school care for children older than preschool-aged, let's talk about school-aged children for a minute. What do we do if older children are using challenging behavior in our child care settings? What is age-appropriate and how do disabilities affect the behavior of older children? First, let's talk about what behaviors we typically see in older children.

Six to Eight

Children ages six, seven, and eight usually love to play. They have vivid imaginations and put great importance on playing with their friends. Let's look at what behaviors are considered typical for six to eight year olds:

- Very independent,
- Difficulty sitting still during mealtimes,
- Temper tantrums may re-emerge,
- Concerned about what others think of them,
- Very concrete thinking: everything is "black and white,"
- Demand attention, but want you to think exactly like they do, and
- Often argue with parents, especially their mother.

(Adapted from Gibson, 2014)

Nine to Ten

As children reach their first decade, their black-and-white worlds slowly become more flexible. They are becoming very involved in their school environment: friendships and activities are more important than mom and dad. Here are some other behaviors that describe most nine and ten year olds:

- Nervous energy, "fiddling", and exhibiting more awkward movements,
- In their minds, all adults are not nearly as smart as they are,
- Cooperation is hard, and
- They obey parents on most big issues.

(Adapted from Gibson, 2014)

Eleven to Twelve

Preteens are often hormonal, emotional, and unpredictable. They typically won't need as much guidance as their younger counterparts in your child care center or home because they understand rules and consequences. Some other qualities include:

- High levels of embarrassment and self-consciousness,
- Important friendships with strong peer pressure,
- Emerging empathy, and
- Needing affirmation of their feelings and beliefs.

(Adapted from Gibson, 2014)

ACTIVITY: Typical Behavior vs. Atypical Behavior

Jeremiah is an 11-year-old boy who has been enrolled in your after-school program for two years. Over the last several weeks, you've noticed that Jeremiah has stopped participating in large group activities during outdoor play. Instead of playing once-favorite games like Tag and Red Rover, he sits at the picnic table by himself. When you ask him if anything is wrong, he silently shakes his head and picks apart leaves or acorns on the tabletop. As we did with our preschool case study, make two columns on a piece of paper labeled "Typical" and "Concerning."

What behaviors did you list? Did any behaviors cause concern? As Jeremiah enters his pre-teen years, it may be perfectly developmentally appropriate for him to withdraw from once-beloved activities and need some private time. Some things to consider: Has Jeremiah experienced any life changes? Is he having any problems with the other children in your after-school program? Does he seem depressed or sad during other parts of his day? Sometimes discerning challenging or concerning behavior takes a little investigation on your part. Don't ever be afraid to just ask the child what's happening or how they are feeling. Even if she doesn't give you a solid answer right away, you've hopefully set the foundation for a meaningful conversation later on if needed.

Strategies for School-Agers with Challenging Behavior

Our discussion of common disabilities and the behaviors associated with them will largely apply to school-aged children. Just as preschoolers with many diagnosed disabilities will have an active Individualized Education Program, or IEP, so will school-aged children. A child's IEP can follow them through high school and include post-high school goals. Research indicates that challenging behavior does not improve without intervention, so if a child in your school-aged program is overly aggressive or withdrawn, there is a strong likelihood that he has used this behavior for some time unless a major life crisis or physical change has recently occurred (CSEFEL, 2015). Child care providers may struggle to help a child with challenging behavior who is only in their program part-time, but remember that you are a part of this child's life, even for just a few hours a day. Let's talk about some strategies for helping school-agers with challenging behavior by building on what we learned about preschoolers.

Behavior Intervention for School-Agers

If an older child in your program has a diagnosed disability and is using challenging behavior, he quite possibly has some professionals involved in his care and educational goals. If he has an IEP, respectfully ask his parents if you may review the IEP. With the child's parents, discuss the professionals listed and talk about strategies used to address the behavior. In some instances, it may be beneficial to ask if you or your program administrator may talk to one or a few members of the IEP team, including the child's school teacher. Please note that whenever you discuss personal information about a child in your care, including his behavior, written permission must always be obtained from the child's parents or guardians. Once you have that permission, you may request to meet with a child's therapist, social worker, school counselor, or other involved professional to discuss helpful strategies for your program. If you work in a center, always seek the guidance of your supervisor as you talk with parents and other professionals. Remember that consistency is crucial in providing support to a child, so if your program implements a behavior plan for a child, consistency with any strategies used in the child's home and school will only benefit you and the child!

If the child does not have an IEP, sit down with the child's parent or parents as quickly as you can to talk about your observations. School-aged children are usually bigger and stronger than their preschool counterparts in a child care setting, and that can make for a dangerous situation. A three-year-old using aggression to convey his anger about coming inside after outdoor play ends can be quite different than a ten-year-old. Act fast in making a behavior support plan for the child and work as closely as you can with the child's parents. As discussed earlier with preschoolers, ask the parents to call a meeting with the child's teacher or administrators from his school, following your center's supervision policy. Public and private schools are usually very well equipped to intervene when children use challenging behavior and are typically open to working with any additional caregivers in the child's life.

Working with school-age children may be especially challenging when you are caring for children who are functioning on a lower developmental level. For example, let's say you are welcoming Mariah into your after-school program. Mariah is a ten-year-old with autism. Her parents told your director at the time of enrollment that she has the developmental level of a three-year-old. How do you plan activities for Mariah when your other school-agers are reading chapter books and putting together complicated puzzles? Talk to Mariah's parents about her favorite activities, songs, colors, and books. When your school-aged children are working on an activity, ask them to help Mariah become involved as much as she can by singing and dancing to her favorite music or by acting out her favorite story. Encourage the other children to play her favorite games: playing "school" can be really fun for both a typically developing child and one with a developmental delay, as long as you are supervising to ensure the children are being respectful and inclusive. Do not force peer interaction – just encourage it. Most children will naturally want to help a child with a disability once they have had time to observe and get to know the child. Remember that you are always the children's role model while they are in your care. If you are consistently caring, engaged, and open to learning and behavior differences, most children in your care will be as well.

When Intervention Is Not Enough

Despite our best efforts, sometimes our interventions with preschoolers and school-aged children will not be sufficient to help the child. Talk to the child's parents and let them know your struggles. When parents believe that caregivers truly have their child's best interests at heart, they tend to be more willing to seek recommended outside help. Here are a series of questions that you can use when having a conversation with parents about their child's behavior. While many of these questions should be addressed during the functional assessment, it may be a good idea to revisit them in a more serious manner. Keep gently but firmly reminding parents that this behavior will most likely not just "go away." A medical, social, or psychological intervention must usually occur, even for just a relatively short period. The sooner a child can get professional help, the better. To help parents decide to seek professional help for their child, ask them the following questions (Stephens, 2007):

- What is your best guess as to why your child is using this behavior?
- Could a recent event or crisis have triggered the behavior? Has your child experienced a move, a death (even someone she didn't closely know), a divorce, or the birth of a sibling?
- Has someone your child knows experienced a trauma or crisis? Think about neighbors, schoolmates, relatives, friends from church, and the like,
- Have catastrophes like school shootings or disasters been in the news? If so, have you and your child had a conversation about it?
- How often is your child using this behavior? Daily, several times a day, after weekends, constantly, or only at school?
- What is your child's temperament like? Is he moody, anxious, stressed, or angered easily?
- Does your child use any behaviors associated with coping with stress, including nail biting, head-banging, or eyelash and hair pulling? What about making marks on or cutting her skin?
- If he is verbal, what is his reply when you ask about the reasoning behind the behavior? Does he get defensive, confrontational, or does he shut down?
- If he is not verba,, what are your thoughts about why your child is using this behavior? Is she trying to obtain something, like attention, or is she trying to escape something, like sitting or completing a task?
- Is your child scared by his behavior? Embarrassed? Indifferent?
- If your child is verbal, has sheasked for your help in controlling her behavior?
- If she isn't verbal, does your child appear to understand that her behavior is negative? Does she appear sorry or remorseful after she uses the challenging behavior?
- Is your child teased or rejected by peers at child care, school, or home?
- What are your concerns regarding your child's behavior? Are you afraid of or for your child?

Remember our goal in asking these questions is to *help* the child and her family. Do everything you can to ask questions in a kind and caring manner. When parents feel defensive, you may not get complete information about the child, and that lack of information will only delay crucial help for the family.

Some caregivers, particularly those caring for older children, may be quick to release a child with challenging behavior from their program. While that may indeed have to be the ultimate decision, please always try to help parents find practical, affordable resources to help their child. In our last segment of this training, we will discuss key steps for partnering with parents and finding community resources.

Partnering with Parents

Conversations about a child's challenging behavior can often be frustrating, tense, confusing, and even confrontational with parents**.** Keep in mind that it is never easy for parents to talk or hear information about their child's behavior, even when you are the most sensitive you can be to their feelings. Here are some relatively simple steps to create and maintain constructive conversations when topics are sensitive and difficult (Zero to Three, 2014):

1. **Check In with Yourself:** While you have little control over how a parent will react during a hard conversation, you do have control over your own reactions and behavior. You probably feel frustrated and even angry about the child's behavior, and that is OK. What is not appropriate, however, is laying these feelings on parents. When you can keep calm, supportive, and optimistic, parents will often sense that you truly want the best for their child. However, f parents feel that you are accusatory and defensive, they may believe that you only want their child out of your care or that you do not like their child.

2. **Take the Child's Point of View:** What are the child's thoughts about her behavior? Why is she having a temper tantrum or hitting her friends? Parents are often confused by challenging behavior and simply do not know how to respond. If parents feel unsafe about asking for help, their answers may come across as indifferent or defensive. Help the parents see the situation from the child's point of view. For instance, if a child frequently throws tantrums during transitions, you could say, "I think Joseph is trying to tell us that it is hard for him to stop playing with blocks with his friends. What are some ways we could give him more time to prepare for lunchtime?"

3. **Be a True Partner:** Don't just go through the motions of seeking help from parents. Really listen to what they have to say about their child's behavior. Often we come in to parent meetings thinking we have most, if not all, of the answers. When we do this, we may miss some very important information. Building a partnership with parents usually takes time, patience, understanding, and commitment. Even if you have to say it multiple times, communicate to parents that you are on their team. You want to help their child be as successful as possible in her learning and home environments. If parents suggest a reasonable strategy to use in your program, implement it and give it a chance. If it doesn't work, use your partnership to modify the strategy or strategies together.

4. **Seek Compromise:** When you disagree with a parent, which will most likely happen at one time or another, focus on areas of agreement. Some parents are very reluctant to seek mental health assistance for their children. In that case, maybe the parents would be open to a child life specialist coming to the school and observing. Or maybe they would feel comfortable attending parenting classes or support groups in their community or at their

church. Always ask parents for their ideas and thoughts regarding their child's care. Treat parents as their child's experts, *because they are*.

5. **Reevaluate:** Just as in our friendships, marriages, and other important personal relationships, a partnership with parents will have ups and downs, successful moments, and infuriating roadblocks, however temporary. Don't meet with a parent once and assume your plan for the child is complete. Parent communication doesn't have to be comprised of hours-long meetings, but you do need frequent communication. Face-to-face communication is usually best, but feel free to supplement those meetings with objective, constructive notes home, emails, and phone calls. Encourage parents to communicate with you whenever they can. The life of a child care provider can be extremely busy, but by making time for a parent as often as you can, you will strengthen your relationship and ultimately better serve the child.

Finding Resources

As we conclude today's training, let's talk about the resources that are available to child care providers. We talked about the Individualized Education Program several times today. For children ages three and older, the child's public school system serves as the point of contact for evaluation and diagnosis. If you are working with a child with a suspected disability and the parent has not contacted the public school system for assistance, encourage parents to contact their district and schedule an evaluation. Let parents know that this evaluation process is not intended to single out or label their child. These services are required by law and are developed to increase a child's abilities through a multidisciplinary team. If parents seem reluctant or unsure about the IEP process, the American Academy of Child and Adolescent Psychiatry (2011) has an informational brochure you can provide them.

Handout: Facts for Families: Services in School for Children with Special Needs: What Parents Need to Know

Remember that you are not expected to have all of the answers when helping a child with challenging behavior. You are a crucial part of that child's life, however. Your knowledge of child development, special needs, challenging behavior, and education will make you a powerful ally in a child's intervention. If possible, keep abreast of local family mental health resources and have those contacts readily available for parents. Above all, your supportive and caring attitude may be the difference this child and her family need to start a lifetime of positive changes!

Conclusion

In today's training, we have talked about ways to address challenging behavior in preschoolers and school-aged children in inclusive settings. Understanding why and how children use challenging behavior is one of the most important tools a child care provider can have when caring for children with special needs. Certainly not all children with disabilities use challenging behavior, but it's important for caregivers to identify and understand components of special needs in order to provide effective support and guidance. An inclusive child care setting will help

children of all abilities learn more appropriate ways to communicate, while still providing a warm, responsive learning environment.

Here are the major messages we'd like you to "take home" from this course:

- Challenging behavior is always used as a method of communication,
- A wide range of typical behavior exists for children,
- Preventing challenging behavior should happen daily in a child care setting,
- While it is important for children to learn consequences, it is never okay to punish or shame a child,
- Behavior plans are written from well-documented, objective observations of the child, and
- The best approach to take when identifying and responding to challenging behavior is a team approach, starting with a positive caregiver-parent relationship.

Thank you for your attention and your dedication to working with young children in inclusive settings.

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