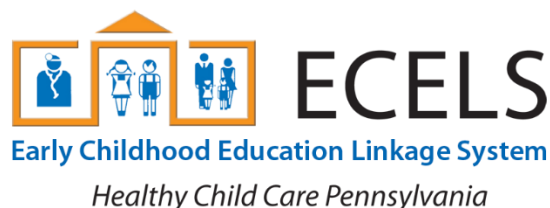


Early Childhood Education Linkage System
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Dear Early Care and Education Professionals,

Thank you for your interest in the ***Managing Challenging Behaviors in Young Children Self-Learning Module (SLM)***. By performing the activities suggested, you will help promote mental health in young children.

Core Knowledge Competencies and Learning Objectives

Upon successful completion of this module, the learner will be able to:

- Explain the components of challenging behaviors
- Describe environmental and biological risk factors for challenging behaviors
- Utilize tools to review for behaviors related to childhood development
- Identify strategies to help manage children with challenging behaviors
- Identify policies to help prevent suspension and expulsion of children
- Understand the importance of open communication with parents.
- Utilize resources to help children with challenging behaviors and their families

Instructions

Each staff member that requests credit must complete a *Registration Form* found on the Self-Learning Modules page of the ECELS website or enter the same information in the Survey Monkey electronic link if module documentation is submitted online. Upon successful completion of the module or webinar evaluation, ECELS will approve your credit in the Professional Development Registry. The PA Key awards credit. To maintain an accurate professional development record, be consistent on this form: use the same name and contact information you use in the PD Registry. Be sure to go to the PD Registry at www.pakeys.org to register or update your professional development profile. Your credit will appear in the "My PD" tab of your Personal Profile in the PD Registry.

To complete this module:

- Complete the learning activities. You will be asked to view videos, familiarize yourself with tools, and read helpful information which can support you in your daily work with children.
- Submit the Self-Assessment in **one** of the following ways to verify completion of the module:
 1. Online **ECELS Managing Challenging Behaviors in Young Children** Survey Monkey Assessment: <http://www.surveymonkey.com/r/ecelsmcbyc>
 2. Surface mail, fax or email your Self-Assessment responses and Registration Form to ECELS at the contact information above.

Follow instructions on the ECELS website: www.ecels-healthychildcarepa.org to pay for review of your Assessment. Select the "Professional Development/Training" tab, then Self-Learning Modules." Review the information in the box: "Important Reminders." Click on the green rectangle: "Click Here to Order SLM Reviews" to pay the review fee. Submit the Module Review Payment Form (if paying for more than one staff member that completed the module.)

ECELS staff will review your work and offer technical assistance if needed to complete the module successfully. For questions or help to complete this module, call ECELS 484-446-3003 / toll free in PA 800-243-2357 or email ecels@paaap.org. ECELS will approve two (2) hours of professional development credit for each person who successfully completes the module. Processing takes approximately 2-4 weeks after you submit the required documentation and pay the review fee. Access confirmation of your credit at the PA Keys website: www.papdregistry.org / login / My PD.

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Managing Challenging Behaviors in Young Children

Section 1: Introduction

What is the definition of challenging behavior?

Challenging behavior has been described as any behavior that:

- Feels overwhelming to the caregiver
- Interferes with a child's cognitive, social and emotional development
- Prevents optimal learning

There is a wide range of challenging behaviors in young children. Biting, hitting, throwing things, screaming, crying, defiance and self-injurious behaviors are just a few, among many, challenging behaviors that you may encounter from day to day. Some behaviors are typical of a child's developmental stage, while others are red flags that alert us to a potential problem. Familiarizing yourself with normal child development will help you to recognize those behaviors that are typical at a given age and those behaviors that may require more formal assessment and intervention.

Why is it important to address challenging behaviors in early childhood?

When behavior problems continue into the school-age years, they become more difficult to change. Children with persistent behavior problems are often rejected by their peers, have lower academic achievement, and are more likely to drop out of school. They are at higher risk for delinquency, substance abuse, psychiatric illness, domestic violence, and teen pregnancy.

What are the risk factors for behavior problems?

The risk factors for challenging behavior can be categorized into biological vs. environmental¹. We have no control over the biological risk factors. These are unique to each child and part of his or her make-up. Unfortunately, as a childcare provider, you may have limited control over the environmental factors. However, you should keep your eyes and ears alert for problems at home or in the community. You may be the first one to offer resources to a family and provide them the support they need.



For more information, read this [handout](#) and others at [The National Center for Pyramid Model Innovations](#) (NCPMI) for tips responding to challenging behavior.

¹ Kaiser, Barbara, and Judy Rasminsky. *Challenging Behavior in Young Children: Understanding, Preventing, and Responding Effectively*. 3rd Ed. New Jersey: Pearson Education, Inc., 2012. Print.

Biological Risk Factors	
Genes	A child's genes are inherited from his parents. His genes may make him more susceptible to aggressive behavior, for example.
Gender	Boys are more likely to exhibit externalizing behaviors, such as physical aggression. Internalizing behaviors are more common among girls and can lead to anxiety and depression.
Temperament	Every child has a unique way of interacting with the world. This is known as temperament. Children react to situations differently, depending on their temperament.
Substance Abuse During Pregnancy	Children born to mothers who drank alcohol, smoked tobacco, and/or used illicit drugs during their pregnancy are at greater risk for behavior problems.
Neurological Problems	Children with attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), learning disabilities, and/or speech disorders are at higher risk for behavior problems.

Environmental Risk Factors	
Family Factors	These include single parenthood, financial hardship, marital conflict, depression, and violence.
Peers	Children with challenging behavior may be rejected by their peers. This leads to worsening of the behavior.
Conditions Surrounding Poverty	Children who live in high-poverty neighborhoods are more likely to be exposed to gang violence, illegal drugs, and homelessness. They often live in overcrowded developments where access to fresh foods and recreational activities may be limited.
Violent Media	There is a strong association between exposure to violent media and aggressive behavior.



Implementation Task #1: Think of a child in your program who exhibits challenging behavior. Make a list of his/her biological and environmental risk factors.



For more information on temperament, read the Center on the Social and Emotional Foundation for Early Learning handout on [Understanding Temperament in Infants and Toddlers](#).



Watch this [video](#) presented by the California Attorney General's Office about exposure to violence and the developing brain.

Section 2: Child Development

Why is it so important for childcare providers to be familiar with normal child development?

Understanding normal child development allows you to:

1. Set reasonable expectations based on the child's developmental stage
2. Anticipate typical challenging behaviors as a child ages
3. Identify a child with a delay in development

What are some examples of setting reasonable expectations?

- **Story time.** The attention span of a young child is about 5-8 minutes. It would not be reasonable to expect a 3-year-old to sit quietly for a 15-minute story. Consider choosing a shorter story or reading small sections at a time.
- **Play time.** At age 2, children mainly play by themselves, side-by-side. At age 3, they begin to learn to take turns in games. By age 4, they would rather play with other children than by themselves, and most learn to cooperate with other kids. It is not until age 5 that they understand the concept of sharing. It is reasonable to reward positive behavior by offering praise for a three-year old boy who shares his toys. However, it would be inappropriate to punish the same child if he did not share. Consider having more than one of the most popular toys, if possible.
- **Lunchtime.** By 18 months, most toddlers can eat with a spoon and drink from a cup. Between ages 3 and 4, children should be able to complete simple chores, like putting their dirty dishes by the sink. Most 5-year-olds are able to eat with a fork and spoon and use a table knife with supervision. Try giving your 4-year-olds some responsibility and independence by giving them a simple task, like clearing the kitchen table after lunch. Don't forget to thank them!

What behaviors can we expect as part of normal child development?

- Most infants develop 'separation anxiety' around 9 months of age. It is normal for a child at this age to be afraid of strangers and cling to familiar adults. In fact, a child may not easily separate from mom or dad until age 3.
- Tantrums peak around 18 months. It may seem unusual, but even a relatively calm toddler can start to tantrum unexpectedly around this age.
- At 2 years of age, a child's brain is developing rapidly. He is exploring and learning a great deal about the world around him. However, he has difficulty expressing, through

language, what he wants at this age. Thus, he might turn to biting as a way of trying to communicate.²

What are developmental milestones?

Developmental milestones are things that most children can do at a given age. They are divided into four domains: social/emotional, language, cognitive (learning, thinking, problem-solving), and physical development. We have already mentioned several milestones above.

The American Academy of Pediatrics recommends that pediatricians perform standardized developmental screening at ages 9, 18, and 24 or 30 months or whenever there is a concern.

What is my role, as a childcare provider, in assessing developmental milestones?

As a childcare provider, you should not be diagnosing a child with a developmental delay. However, your role is extremely important! You may be the first one to notice that one of your children does not play with others, as she should by age 4. By completing developmental milestone checklists routinely, you may discover a child with a speech delay. It is also important to voice your concerns, in a sensitive way, with the child's family. Are they noticing similar things at home?

The CDC's '[Learn the Signs. Act Early.](#)' campaign was created to aid in the early identification of children with developmental delays. The program offers free online training for early care and education providers, as well as developmental milestone checklists and various other materials. Free checklists are available to download for children ages 2 months through 5 years of age.

If your program is enrolled in Keystone STARS, you may already be performing developmental screening (i.e. Ages and Stages Questionnaire or ASQ screening). Many children who have developmental delays may exhibit challenging behavior. If a child fails a developmental screen, be sure to share this information with parents. Encourage them to share results with their child's primary care provider. Parents/guardians may also choose to call the CONNECT helpline at 1-800-692-7288 for referral to Early Intervention assessment and treatment.



Learning Activity. View this [video](#) from the Center for Disease Control and Prevention (CDC)'s '[Watch Me!](#)' training module.



Implementation Task #2. For the same child that you identified in Section 1 above, complete the appropriate developmental milestones [checklist](#) from the CDC. If the child is in between ages, use the checklist for the younger age. For example, the 2 year-old checklist should be used for a child who is 2 ½ years old.

² Early Head Start National Resource Center. *Strategies for Understanding and Managing Challenging Behaviors in Young Children: What is Developmentally Appropriate and what is a Concern?* (Technical Assistance Paper No. 10.) DHHS, ACF, and OHS, 2006. PDF file.

Section 3: Understanding Behavior

In Section 1, we discussed biological and environmental risk factors for challenging behavior. Knowing more about the child, the family, and the home environment will certainly help you understand a child's behavior. Then, in Section 2, we discussed normal child development as **well as typical challenging behaviors at different ages**. The final step in understanding behavior is figuring out what the child is trying to communicate through his behavior.

The Early Head Start National Resource Center has a series of online lessons that review a three-step process for understanding and addressing challenging behavior, called the 'Responsive Process.' The first step in the *Responsive Process* is to **observe** the child's behavior, multiple times if you can. The next step is to **ask questions** that will help you understand the behavior. The final step is to **adapt** the childcare environment, if possible, to meet the needs of the child. The first three lessons use an example of a toddler, Katie, to teach the *Responsive Process*. The fourth lesson allows you to apply what you have learned to a child who is biting.



Implementation Task #3. You have identified a child with challenging behavior and made a list of his/her risk factors. Use the Responsive Process to understand the meaning of the child's behavior and develop a plan of action.



Learning Activity. Complete the first three lessons from the Early Head Start National Resource Center on "[Digging Deeper: Looking Beyond Behavior to Discover Meaning.](#)" Be sure to click 'audio on' underneath the slides. You will have to click to the next slide each time the speaker finishes talking.

What are some health problems that may affect a child's behavior?

There are a number of health problems that may contribute to challenging behavior in young children. Talk to the child's family about any health problems that they are aware of, as well as any medications that the child takes. The child's healthcare provider should rule out any of the following causes of behavior problems:

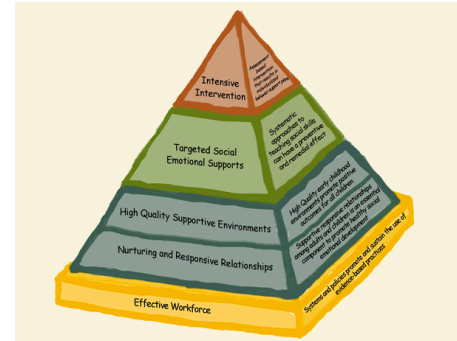
- Chronic illness
- Hearing loss, possibly caused by chronic ear infections
- Vision loss
- Seizure disorder
- Medication side effects
- Sleep disturbance, possibly due to enlarged tonsils
- Lead poisoning

Children with special needs should have a [Care Plan for Children with Special Needs](#) completed/signed by the child's primary healthcare provider and also signed by the child's parent/guardian.

Section 4: Addressing Challenging Behaviors

What is the CSEFEL Pyramid Model?

The CSEFEL Pyramid Model was created by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) to help early care and education providers support healthy social and emotional development of young children. The Pyramid Model can be broken down into three tiers:



Universal Promotion. These are things that should be implemented in every early learning classroom and make up the bulk of the pyramid:

- Evidence-based practices that are developmentally appropriate
- Nurturing and responsive caregiving relationships
- High quality supportive environments

Secondary Prevention. This involves prevention of challenging behavior through targeted social and emotional supports. Examples include helping a child build relationships and develop self-control.

Tertiary Intervention. For children with persistent challenging behavior, more formal intervention may be necessary, and an individualized behavior support plan should be developed.

What are the most common challenging behaviors in young children?

Aggression, failure to conform to rules, defiance, tantrums and destruction of property are the most common challenging behaviors in young children. We will focus mostly on managing aggressive behaviors. However, many of the strategies mentioned in this section can be applied to other challenging behaviors as well.

One of the children at my program is always hitting others. Should I put him in time out? Ignore him? Help!


Aggressive behaviors include hitting, pushing, slapping, grabbing, kicking, biting and throwing things. You will soon learn, if you haven't already, that time out is more of a last resort, when other options have failed. Ignoring the behavior is never a good option.

The *Play Nicely* video teaches caregivers, parents and health professionals how to manage aggressive behavior. In conjunction with his colleagues at Vanderbilt Children's Hospital, developmental-behavioral pediatrician, Dr. Seth Scholer, developed the *Play Nicely* video.

The video covers 5 important recommendations for managing aggressive behavior:

1. Teach children to not be a victim
2. Learn appropriate responses to hurtful behavior
3. Decrease exposure to violence
4. Show love
5. Be consistent


The *Play Nicely* video also contains an interactive segment that allows the viewer to choose from a list of options for responding to a child with hurtful behavior. Included are several great options, good options if others have failed, and options that are never appropriate.




Learning Activity. View the [Play Nicely video](#) for childcare providers from Vanderbilt University.

Go to [Caring for Our Children \(CFOC\) Standards Online Database](#) for an easy search tool to locate best practice advice on child care health and safety topics. See the following standards which relate to challenging behaviors:

- [Standard 2.2.0.6: Discipline Measures](#)
- [Standard 2.2.0.7: Handling Physical Aggression, Biting, and Hitting](#)
- [Standard 9.2.1.6: Written Discipline Policies](#)



Implementation Task #4: Review your center’s policy on discipline. How does your center’s policy compare with the above standards in Caring for Our Children (CFOC) Standards Online Database? Discuss your findings with your director.



For more information. Refer to the [Zero to Three webpage](#) on ‘*Challenging Behavior Tips and Tools.*’ Included are handouts on aggression, biting, defiance, colic and crying and more.

Despite our attempts at universal promotion and secondary prevention (see above), the child continues to exhibit aggressive behavior. We have tried redirecting, role-play and promoting empathy. We have tried to ‘catch the child being good’ and offer praise. What else can we do?

It sounds like it is time for positive behavior support (PBS), an individualized approach for addressing challenging behavior. This requires families and child care providers working together to develop a plan that will be consistent across all environments. It involves a functional behavioral assessment (FBA) to identify the purpose of the behavior and develop a behavior support plan.



For more information. View the following document from the Center on the Social and Emotional Foundations for Early Learning for a description and example of [Positive Behavior Support](#).

Does the Positive Behavioral Support program look like it might be the answer for challenging behaviors you are observing?

Pennsylvania Keystone STARS programs have many tools to lessen challenging behaviors in children. Keystone STARS standards enhance developmentally appropriate practices and encourage use of evidence based developmental screening. In addition, Keystone STARS programs can access the [Infant/Early Childhood Mental Health Consultation \(IECMHC\)](#) services. The IECMHC program provides free of charge, with parental permission, child specific guidance for dealing with challenging behavior from the [PA Key](#). Child care providers can request services by using the [Request for Service Form](#). Completed forms can be submitted via email PAIECMH@pakeys.org or faxed to 717-213-3749. Programs and families can contact the program leadership directly at PAIECMH@pakeys.org with questions or concerns. All other programs can access technical assistance through ECELS.

What are the harms of suspending or expelling a child?

The adverse effects of expelling a child are numerous:

- Children who are expelled are 10 times more likely to drop out of high school.³
- Social-emotional and cognitive developments are severely affected by removal of a child from the learning environment.
- The behavior often gets worse, instead of better, as the child is often placed back into the environment that contributed to the behavior.
- A child who is expelled may not have anywhere else to go during the day, requiring a parent or other family member to stay home with the child and possibly lose his/her job.

The following is a brief excerpt from the American Academy of Pediatrics policy statement on out-of-school suspension and expulsion:

“The AAP does not support the concept of zero tolerance for the developing child. The AAP maintains that out-of-school suspension and expulsion are counterproductive to the intended goals, rarely if ever are necessary, and should not be considered as appropriate discipline in any but the most extreme and dangerous circumstances, as determined on an individual basis rather than as a blanket policy.”

³ Lamont, Jeffrey. “Out-of-School Suspension and Expulsion.” *Pediatrics* 131.3 (2013): e1000-e1007. Web.



Learning Activity. See [CFOC Standards Online Database Standard 2.2.0.8: Preventing Expulsions, Suspensions, and Other Limitations in Services](#)

The US Department of Health and Human Services and the US Department of Education developed a joint [Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings](#). For specific recommendations, view pages 5-8, entitled “Recommendations for Early Childhood Programs.”



Implementation Task #5: Review your center’s policy on expelling children. How does your center’s policy compare with the recommendations in Caring for Our Children (CFOC) Standards Online Database? Discuss your findings with your director. What steps can you take to prevent expulsion of at-risk children?

Section 5: Communicating with a Child’s Parent/Caregiver

We have mentioned several times already, the importance of open communication between the childcare provider and the child’s family. Here are some ways you might communicate with a child’s parent/caregiver:

- a) Get to know the child’s family, if possible. This will help you understand his risk factors for challenging behavior. It will also show the family that you care about the child and want to establish a relationship with them.
- b) If you are concerned about a developmental delay, it is important to share your concern with the child’s family in an empathetic way. Ask the family if they have noticed similar things at home.
- c) Try to understand more about the behavior. Does it happen at home? What triggers the behavior at home? Have there been any recent changes in the child’s life?
- d) Ask the child’s parent how he/she responds to the behavior at home? It is important to be consistent across all environments.



Learning Activity. View this [video](#) from the CDC’s ‘Watch Me! Celebrating Milestones and Sharing Concerns’ training module. The video demonstrates how to communicate concerns to a parent/caregiver.

Section 6: The Role of Health Care Providers

General Pediatrician/Primary Health Care Provider. The child's primary health care provider asks about the child's development at each routine well child visit and more frequently if there are concerns. They should also ask about any behavior concerns and rule out health problems that may contribute to difficult behavior. Hearing and vision screens should be done routinely. The primary care provider may make referrals and build a team of health care providers to address the child and family's needs.

Developmental-Behavioral Pediatrician. This is a medical doctor who specializes in developmental-behavioral pediatrics. A child may be referred to a developmental-behavioral pediatrician for evaluation, counseling, and treatment of a variety of developmental and behavioral problems, such as learning disorders, ADHD, autism spectrum disorders, bedwetting, sleep disorders, and much more.

Child Psychologist. A child psychologist provides individual and/or family assessment and therapy. They are the experts in helping children develop coping mechanisms to deal with stress. They also help children who have experienced trauma and loss.

Child Psychiatrist. Child psychiatrists are medical doctors who specialize in diagnosis and treatment of disorders of thinking, feeling, and/or behavior. They perform comprehensive evaluations and develop treatment plans. Unlike a child psychologist, a child psychiatrist prescribes medication. A child psychiatrist may also serve as a mental health consultant in a variety of settings.

Social Worker. There are many different types of social workers. Social workers help children and families solve problems in their everyday lives. They advocate for their clients and provide resources to help families receive the benefits and services they need. For example, they may help families apply for health insurance or the Supplemental Nutrition Assistance Program (SNAP). A subset of social workers responds to crisis situations such as child abuse.

As you can see, there are many different types of professionals invested in the well-being of children and their families. We cannot even begin to list them all. As the saying goes, "It takes a village..."

And finally, don't forget to take care of yourself!

Caring for children can be rewarding, but also stressful, especially when caring for children with challenging behaviors. It is necessary to care for yourself in order to be an effective caregiver. Review this Centers for Disease Control and Prevention (CDC) [article](#) to learn about stress, wellbeing, effective coping, and how to seek help when needed.

Section 7: Additional Resources

Early Childhood Education Linkage System (ECELS/Healthy Child Care Pennsylvania), PA Chapter of the American Academy of Pediatrics: www.ecels-healthychildcarepa.org

- **Behavioral Data Collection Sheet**
<http://www.ecels-healthychildcarepa.org/tools/forms/item/272-behavioral-data-collection-sheet>.
- **Special Care Plan for a Child with Behavior Problems**
<http://www.ecels-healthychildcarepa.org/tools/forms/item/298-care-plan-for-a-child-with-behavioral-concerns>
- **Care Plan for Children with Special Needs and Process to Enroll**
<http://ecels-healthychildcarepa.org/publications/fact-sheets/item/332-care-plan-for-children-with-special-needs-and-process-to-enroll.html>

National Center on Early Childhood Development, Teaching, and Learning (NCECDTL)

<https://eclkc.ohs.acf.hhs.gov/ncecdtl>

- **Understanding and Eliminating Expulsion in Early Childhood Programs**
<https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>
- **Understanding and Managing Children’s Behaviors: Individual Support Plans (ISP)**
<https://eclkc.ohs.acf.hhs.gov/mental-health/article/understanding-managing-childrens-behaviors-individual-support-plans-isp>
- **What are Challenging Behaviors When Working with Infants and Toddlers?** Early Head Start Tip Sheet No. 36. Early Head Start National Resource Center. DHHS/ACF/OHS. 2009
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/ehs-tip-sheet-36.pdf>

PA Key Infant/ Early Childhood Mental Health Consultation Program (IECMHC):

<https://www.pakeys.org/getting-started/ocdel-programs/early-childhood-mental-health-ecmh/>

The National Center for Pyramid Model Innovations

<https://challengingbehavior.cbcs.usf.edu/>

- **Supporting Infants and Toddlers with Challenging Behavior**
https://challengingbehavior.cbcs.usf.edu/docs/RecommendedPractices_supporting-infants-toddlers.pdf
(Fox, Lise. Center for Evidence-Based Practice: Young Children with Challenging Behavior.)
- **Teaching Tools for Young Children with Challenging Behavior**
<https://challengingbehavior.cbcs.usf.edu/Pyramid/pbs/TTYC/tools.html>
(Lise Fox, Rochelle Lentini, Bobbie Vaughn, 2009). University of South Florida Louis de la Parte Florida Mental Health Institute Division of Applied Research & Educational Support).

U.S. Department of Health and Human Services

- **Reducing Suspension and Expulsion Practices in Early Childhood Settings**
<https://www.acf.hhs.gov/ecl/child-health-development/reducing-suspension-and-expulsion-practices>

(This module originally developed by: Beth A. DeIConte, MD, FAAP, Megan Ilgenfritz, and Julie McCloskey, RN)