

Outline

- ▶ What do behavior problems look like in preschoolers?
- ▶ Why is it important to intervene early?
- Evidence-based assessment of behavior problems in preschoolers
- Evidence-based interventions for behavior problems in preschoolers
- Current research efforts in promoting successful transitions to kindergarten for children with behavior problems

Case Example

- Student (age 4) was demonstrating severe non-compliance and nonparticipation during teacher directed activities, but no behaviors during child directed activities. Student had particular difficulty transitioning into the morning circle time (9:00-9:30am). Specifically, he refused to go to the rug when directed to do so. Instead, the teacher reported that he would push toys off of the bookshelf, turn over chairs, yell, and run around the room while the teacher's aid "chased" him.
- At the time of referral for behavioral concerns, the student's teachers had requested an immediate change in class placement.
- teachers had requested an immediate change in class placement.

 During clinician initial observation: Instead of going to the circle, the clinician noted that he never went to the circle. The student went under table and yelled the classroom teachers name repeatedly he called out, "I'm not coming to circle....."m under the table...." (repeatedly for about 10 minutes) then he went and sat in the cubby, pulled his blanket out of the cubby, pulled out one of his art projects and sat in his cubby for the rest of circle time.

What are problem behaviors in the preschool years?

- Difficulty following directions
- Remaining in assigned seat or area
- Difficulty staying on task or following through on assigned tasks
- "On the go" or "Driven by a motor"
- ▶ Often loses temper
- ▶ Request or task refusal
- Deliberately annoys others
- Aggression towards adults, peers, or animals
- Destruction of property
- Deceitfulness or theft
- ▶ Serious rule violations
- Occurs across settings
- Impairment

Behaviors Disorders of Childhood

- Oppositional Defiant Disorder (ODD)
- ► Conduct Disorder (CD)
- Attention Deficit
 Hyperactivity Disorder
 (ADHD)













What do these disorders look like in the preschool years?

- Developmentally informed nosology (Wakschlag, Tolan, & Leventhal, 2010)
- \blacktriangleright 75% of 2-year-olds exhibit tantrums and physical aggression
- ▶ Evidence for validity of preschool DBDs (for reviews see Chacko, Wakschlag, Hill, Danis, & Epsy, 2009)
 - Preschoolers meeting DBD symptom criteria exhibit impairment at home and school (Keenen et al. 2007)
 - Prevalence rates and correlates of DBDs in preschoolers are roughly similar to those in older children (Egger & Angold, 2006)
 - DBD symptoms are associated with developmental based assessments
- DBD symptoms demonstrate moderate stability (Moreland & Dumas, 2008)
- Preschool DBDs are responsive to empirically validated interventions for disruptive behavior (Webster-Strattor & Reid, 2007).

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Why is intervention necessary?

- Without intervention, behavior problems in the preschool years have been found to predict:

 Later problem behaviors in elementary school (Angold & Egger, 2007; Campbell, 2002)
- Academic deficits and underachievement (Massetti et al., 2008)
 Placement in special education (Redden et al., 2003)

Lasting cost-benefit effect of early intervention (Heckman, 2000)

For every \$1 spent on high quality early childhood interventions at ages 4 to 5, program returns equal \$8.70

First Step to Success		Chronic Antisocial, Criminal Behavior	Adult Antisocial, Criminal Behavior
\$3,000 per individual per year	\$12,924 per individual per year	\$50,000 per individual per year	\$29,184 per individual per year

Federal Agenda on Early Intervention and Prevention (1995)

Prevalence



Lavigne, LeBailly, Hopkins, Gouze, & Binns (2009)

Risk Factors Associated with the Development of Behavior Problems in Preschool-Age Children (Campbell, 2002)

Child Characteristics

- Biological/risk vulnerability
- Temperamental "difficultness"
- ▶ High Reactivity
- High Negative Affect
- Limited ability to regulate arousal and negative affect
- Insecure Attachment
- Uneven or delayed cognitive development
- Deficits in social skills

Parenting Behavior

- Insensitivity/ unresponsiveness
- Unavailability
- Lack of warmth and engagement
- Limited social and/or cognitive stimulation
- Harsh, inflexible control
- strategies
 Strict physical punishment
 Overly lax control
 strategies

- Inappropriate developmental expectations

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Risk Factors Associated with	the Development of Behavior	
Problems in Preschool-Age Ch Family Composition and Interaction	Family Environment/Social Context	
Single-parent familyMarital discord	 Low educational level Unemployment or underemployment 	
 Parental psychological disorder 	 Limited financial/material resources 	
 Parental disagreements over childrearing 	Low social supportInadequate institutional support	
	 Inadequate child care facilities 	
	Family stressNeighborhood disadvantage	
<u> </u>		
Assassment		
Assessment Parent & Teacher rating scales		
Clinical InterviewObservational Measures		-
Early identification measures	(2504 2 % 244 4 4	
1999)	ssment (DECA; LeBuffe & Naglieri,	
 Focus on Impairment: Problems in daily life functioning 	that result from symptoms-rather	
than the symptoms themselves Impairment in key domains	of functioning	
Peer relationships,Family relationships		
Classroom functioningFunctional Analysis of Behavior	avior	
·		
What interventions		
Four broad categories of psy		
Family-based interventions	ychosociai interventions.	
Skills-training approachesCommunity-based programs		
School-based interventions		
Common Across Programs	-Multicomponent!	
Parent interventionChild intervention		
▶ School intervention		
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Evidence-Based Preschool Interventions

- ▶ Family-Based Interventions—Parent Training
 - Intervention is conducted primarily with the parents
 - $\,\,{}^{}_{}$ Emphasis on prosocial goals rather than preoccupation with behavior problems
 - Content of programs typically includes:
 - Instruction in social learning principles underlying parenting techniques
 - Training in defining, monitoring, and tracking child behavior
 - Positive reinforcement procedures
 - Extinction and mild punishment procedures
 - > Training in clear instructions or commands
 - Problem-solving
 - Group-based sessions weekly, therapist contact faded
 - Examples: COPE, PCIT, Helping The Noncompliant Child, Triple P, The Incredible Years, OSLC

Family-Based Interventions

Parent Intervention

- Positive Attending
- Special Playtime
- Praise
- Reward Systems
- Limit-setting
 House Rules
 - Appropriate Commands When-Then

- Planned Ignoring
 Consequences for negative behaviors
 Point or Token Loss
 Time Out & Loss of Privileges

- Planning Ahead for Behaviors Outside the Home
 Problem-Solving
 School-Home Communication

- Skills to managing parent stress





More Carrot—Less Stick

Don't expect instant changes—Improvement (learning) is often gradual



School Intervention

- ▶ Behavioral approach
- Focus on classroom behavior, academic performance, and peer relationships
- Teacher implemented
- Consultant works with teacher-initial weekly sessions, then contact faded
- ▶ Continued support and contact
- ▶ Program for maintenance and relapse prevention
- ▶ Reestablish contact for major developmental transitions
- Don't expect instant changes—Improvement (learning) is often gradual

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School-Based Interventions Classroom Behavioral Management Strategies Classroom Rules Classroom Rules Praise & Positive Attending Appropriate Commands Planned Ignoring Contingency Management Transitions Rewards for Positive Behavior Fun Friday Special privileges Group Contingency Programs Good Behavior Game (Barrish, Saunders, & Wolf, 1969) Instructional modifications Daily Report Card

Daily Report Card

- Integral part of all our school interventions with ADHD children
- Serves as a means of identifying, monitoring, and changing the child's classroom problems
- Doubles as an avenue of regular communication between parents and the teacher
- Costs little, takes little teacher time, and is highly motivating to the children if parents have selected the right rewards for home back-up
- ▶ Effectiveness documented in numerous students
- Form available for download on our website

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Daily Report Card

Behavior	Morning Meeting	Small Learning Groups	Choice Time	Whole Group Reading	Mid-day meeting	Gross Motor
3 or fewer reminders to stay in area	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3 or fewer reminders to follow directions	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Lunch: Uses materials and possessions appropriately YES

Percentage of Yeses Earned:

Parent provided reward: ___

School-Based Interventions

- First Step To Success (Walker et al., 2001)
- Based on The Contingencies for Learning Academic and Social Skills (CLASS) program

- Universal screening procedure, classroom intervention, and home intervention in place
 GREEN/RED card used as a visual cue that provides the child immediate, consistent feedback on behavior
 System of point earning with reward in place for meeting behavioral goals.
- System of point earning with reward in piace for infecting points goals
 Daily Note Home rewarded by parents
 When child earns a specific number of points, a fun activity for the class is provided
 Consultant implemented for first 5 days, then teacher implemented for days 6-30
 Gradually phase out card and point system as child becomes more successful at meeting goals

School Interventions

- ▶ School-wide intervention approaches
- Positive Behavior Support (PBS; Sugai & Horner, 1999; Sugai, Horner, & Gresham, 2002)
 - Four linked systems:
 - Overarching discipline system with clearly defined expectations for staff and students and procedures for increasing positive behavior and preventing negative behavior

 Be Safe, Be Respectful, Be Responsible
 - Classroom Level
 - □ Nonclassroom settings
 - Individualized student support systems
 - > Requires support from a majority of the school staff to be effective

Preventive Interventions

- Recognition that intensive home- and school-based interventions help overcome negative developmental history, poor family/ community environment, and deviant peer associations
- Main assumptions:
- > problems treated more easily/effectively in younger than older children
- > counteracting risk factors/strengthening protective factors at young age limits/prevents escalation of problem behaviors
- reduces costs to educational, criminal justice, health, and mental health systems
- Incredible Years (Webster-Stratton & Herman, 2010; Webster-Stratton, Reid, & Stoolmiller, 2008; Webster-Stratton & Reid, 2007)
- Fast Track (Conduct Problems Prevention Research Group, 1992, 2000)

Skills-Training Intervention

- ▶ Child Intervention
- ▶ Skills training
- Typically involve modeling, role playing, coaching and practice, feedback, and positive reinforcement
- Strengthening children's social skills and appropriate play skills (i.e., turn taking, waiting, asking, sharing, helping, and complimenting)
 Promoting children's use of self-control strategies
- Increasing emotional awareness
- Reducing defiance, aggressive behavior, and related conduct problems Increasing self-esteem and self-confidence

- Incredible Years Dinosaur Program (Webster-Stratton & Reid, 2003)
 Children meet weekly for 2 hours in group of 6 children for 22 weeks
- Don't expect instant changes—Improvement (learning) is often gradual
- Better outcomes when combined with parent intervention

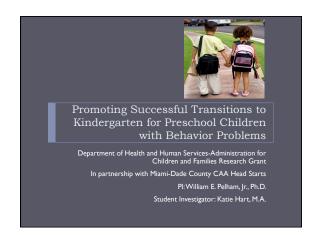
Intensive Summer Interventions

- ▶ Children's Summer Treatment
- Program (STP; Pelham, Greiner, & Gnagy, 2004; Pelham et al., 2005; National Registry of Evidence-based Programs & Practices, 2008)
- Social skills
- Academic training
- Recreational setting
- Points, DRC, Field Trips/Fun Friday
- For children and adolescents, ages 5 to I5
- > 360 hours of day treatment in 8 weeks = 7 years of weekly therapy
- Named as model service program in 1993 by APA

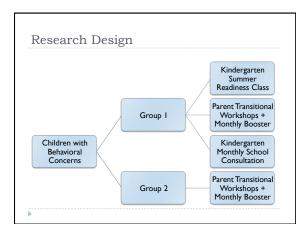




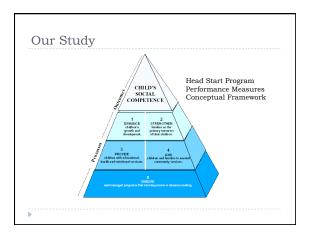




An Important Transition Changing Environment New Expectations New Relationships New Competencies For children with behavior problems, the transition to kindergarten may be particularly challenging



Models of The Transition to Kindergarten Developmental models of the transition to kindergarten highlight the multifaceted nature of the transition Teacher Peers Child Community Family Preschool Family Rindergarten Pears Family Family Family Rindergarten



Kindergarten Summer Readiness Class Children attend a full day 4-week camp before the start of the kindergarten year Modeled after our evidence-based Summer Treatment Program Academic Learning Center (Fabiano et al., 2007; Pelham et al., 1993; Pelham & Hoza, 1996) Goal: Create a literacy and numeracy rich, in combination with behavioral intervention, environment that will help the child be more prepared for the kindergarten year. 160 hours of intervention Recreation-based aftercare

Time	Activity
8:15-8:30	Student Arrival
8:30-9:00	Morning Meeting
9:00-9:30	Small Learning Groups
9:30-10:00	Choice Time
10:30-11:00	Large Group: Circle Time
11:00-11:55	Gross Motor Activities
11:55-12:05	Hand washing
12:05-12:30	Lunch
12:30-12:40	Bathrooms
12:40-1:00	Mid Day Meeting
1:00-1:30	Independent Work
1:30-2:00	Large Group: Story Time
2:00-2:20	Large Group: Learning Game
2:20-2:35	Snack
2:35-2:45	End of Day Meeting
2:45-3:00	Choice Time
3:00-3:15	Dismissals or Transition to Recreational Aftercare
3:15-5:00	Recreational Aftercare

Parent Transitional Workshops

- Parents in both groups invited to attend weekly Parent Transitional Workshops

 Home-School Communication
 Working with the Schools
 Planning Ahead
 Problem-Solving Challenging Behaviors
 Promoting Positive Behavior
 Strengthening Relationships
 Home Literacy Building Activities
 Information on Special Education Services
 Parent Empowerment
 Modeled After The Community Parent Education Program (COPE; Cunningham, Bremner, & Secord, 1998)
 Workshops continue weekly in September and occur monthly October through June
 Parents in the KSRC group will have extended consultant services into the kindergarten year

Asse	essmer	nt Proced	ures			
ntervention		Fall Post- Intervention	Spring Po	ost- ntion	Or	ne-Year llow-up
Daily Rep Card for children randomiz to KSRC	ed	Child Assessment Parent Ratings Teacher Ratings Classroom Observations Direct	• Plu • Re Gr • Re Sp Ed • Ac Re	etention in rade eferral for secial ducation cademic ecord	ľ	Parent Ratings of Child's Behavior and Functioning
		Assessment of Disciplinary Actions		eview		
		Assessment of Parent Involvement in Learning				

Conclusions

- Without intervention, problem behaviors in the preschool years can predict poor outcomes
- ▶ Evidence-based treatments for behavior problems are multicomponent across settings but common in approach
- Interventions need to be adapted and modified for these major transitions

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Thank you!
Please visit our new website:

Institute for Child and Family Health & The Children's Trust
Department of Health & Human Services, Administration for Children and Families
FIU & The Center for Children and Families
Our Collaborators and Grant Consultants: Gregory Fabiano & Great Massetti
Miami-Dade County CAA Head Start Programs

Evidence-Based Preschool Interventions

- ▶ Parent Training (COPE, Incredible Years, Triple P)
- Behavioral approach
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Behavioral Parent Training
Parent-Child Interaction Therapy (citations)
MORE!!
Interventions targeting social-emotional competence
Incredible Years (Webster-Stratton, Reid, & Hammond, 2004)
Project Star (Kaminski & Stormshak, 2007)
 Promoting Alternative Thinking Skills (Preschool PATHS; Domitrovich, Cortes, & Greenberg, 2007)
 Early Risers' "Skills for Success" Program (August, Bloomquist, Realmuto, & Hektner, 2007; Augst Realmuto, Winters, & Hektner, 2001)
First Step to Success (Walker et al., 1998)