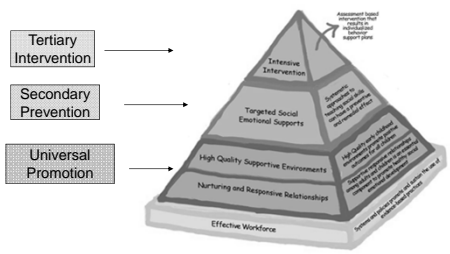


Addressing Young Children's Persistent Behavior Challenges: Tier 3


Lise Fox
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Pyramid Model



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MTSS Framework



- ▣ All (Core)
 - ~ Core Curriculum
 - ~ Core Instruction
 - ~ Screening Assessment
- ▣ Some (Supplemental)
 - ~ Targeted Social Emotional Instruction
 - ~ Prevention of Challenging Behavior
 - ~ Progress Monitoring
- ▣ Few (Intensive)
 - ~ Behavior Support Team
 - ~ Assessment-Based, Intensive

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Nurturing and Responsive Relationships

- ▣ Foundation of the pyramid
- ▣ Essential to healthy social development
- ▣ Includes relationships with children, families and team members



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High Quality Environments

- ▣ Inclusive early care and education environments
- ▣ Comprehensive system of curriculum, assessment, and program evaluation
- ▣ Environmental design, instructional materials, scheduling, child guidance, and teacher interactions that meet high quality practices as described by NAEYC and DEC



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Targeted Social Emotional Supports

- ▣ Self-regulation, expressing and understanding emotions, problem solving, developing social relationships
- ▣ Explicit, embedded instruction
- ▣ Increased opportunities for instruction, practice, feedback
- ▣ Family partnerships
- ▣ Progress monitoring and data-based decision-making



Individualized Intensive Interventions

- ▣ Comprehensive interventions across all settings
- ▣ Assessment-based
- ▣ Collaborative team
- ▣ Skill-building



The Pyramid Model: Program-Wide

Program-Wide Commitment

Data-Based Decision Making
including screening and progress monitoring


Well-Defined Procedures

Teacher Training and Coaching

Partnerships with Families

ALL Levels Require Administrative Support

MTSS Framework

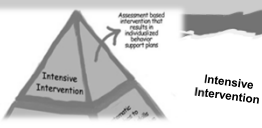


- ▣ Leadership
 - ~ Identified Teams
 - ~ Buy-In/Consensus
 - ~ Communication
 - ~ Professional Development
 - ~ Empowering Culture
- ▣ Professional Development
 - ~ Initial Training
 - ~ Support for Implementation
 - ~ Monitoring for Fidelity
 - ~ Providing ongoing Support
- ▣ Empowering Culture
 - ~ Involving all Staff
 - ~ Involving Parents
 - ~ Informing All

RtI for Social/Behavioral

- ▣ Type and intensity of behavior **Can** demand immediate, intensive intervention.
- ▣ Type and intensity of behavior **Can** demand very frequent measurement
- ▣ Interventions are reliant on the social environment of the classroom; not delivered as pull-out
- ▣ Tier 2 and 3 interventions are not unique; difference is in intentionality, dosage, and precision
- ▣ In tiers 2 and 3, family involvement is vital to implementing and powering up intervention intensity across interactions, routines, and environments
- ▣ The potential "targets" of behavior change are almost limitless, requiring highly individualized measurement methods

Tier 3 Individualized Interventions



Supporting Children with Persistent Challenging Behavior

Program Measures

- ▣ Behavior Incidents for data decision-making
 - ~ How often?
 - ~ What behaviors?
 - ~ Who (child, teacher)?
 - ~ What activities?
 - ~ Possible motivation?
- ▣ www.behaviorpartnership.org

Behavior Incident Report

CMRF ID: _____ Date: _____
 Staff ID: _____ Title of Occurrence: _____

Program ID: _____

Behavior Description:

<input type="checkbox"/> Problem Behavior (check one)	<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Running over
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Property damage
<input type="checkbox"/> Self-harm	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Unkind behavior
<input type="checkbox"/> Inappropriate behavior	<input type="checkbox"/> Social withdrawal/ isolation	<input type="checkbox"/> Tantrum/ hitting a sleep
<input type="checkbox"/> Disruptive/Outburst		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Non-compliance		

Activity (check one)

<input type="checkbox"/> Alone	<input type="checkbox"/> Music	<input type="checkbox"/> Quiet time
<input type="checkbox"/> Classroom job	<input type="checkbox"/> Quiet time/nap	<input type="checkbox"/> Clean up
<input type="checkbox"/> Circle/ Large group activity	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> Therapy
<input type="checkbox"/> Small group activity	<input type="checkbox"/> Special activity/Field trip	<input type="checkbox"/> Individual activity
<input type="checkbox"/> Construction play	<input type="checkbox"/> Self-play/Behavior	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Drawing	<input type="checkbox"/> Transition	

Observer (check all that apply)

<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Support Administrative staff	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Therapist	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other: _____

Physical restriction (check one)

<input type="checkbox"/> None	<input type="checkbox"/> One adult	<input type="checkbox"/> Other: _____
<input type="checkbox"/> One adult	<input type="checkbox"/> Two adults	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Two adults	<input type="checkbox"/> Three adults	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Three adults	<input type="checkbox"/> Four adults	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Four adults	<input type="checkbox"/> Five adults	<input type="checkbox"/> Other: _____

Severity/Response (check one or more)

<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Re-orientation	<input type="checkbox"/> Family contact
<input type="checkbox"/> Calm verbal redirection	<input type="checkbox"/> Physical redirection	<input type="checkbox"/> Loss of privileges
<input type="checkbox"/> Move to quiet area	<input type="checkbox"/> Time in different room	<input type="checkbox"/> Time out
<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Physical restraint	<input type="checkbox"/> Physical punishment
<input type="checkbox"/> Remove from incident	<input type="checkbox"/> Remove support staff	<input type="checkbox"/> Physical seclusion
<input type="checkbox"/> Send to another location	<input type="checkbox"/> Exclude to different activity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Time with teacher		

If applicable, administrative follow up (check one or more)

<input type="checkbox"/> This incident	<input type="checkbox"/> Arrange behavioral	<input type="checkbox"/> Transfer to another program
<input type="checkbox"/> Talk with child	<input type="checkbox"/> Remove from program	<input type="checkbox"/> Re-enroll
<input type="checkbox"/> Contact family	<input type="checkbox"/> Targeted group instruction	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Family meeting		

Comments: _____

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Tracking Behavior Incidents

- ▢ Behaviors
 - ~ Physical aggression, Tantrums, Inconsolable crying, non-compliance, etc.
- ▢ Motivations
 - ~ Obtain item, avoid attention, avoid activity, avoid sensory, etc.
- ▢ Activities
 - ~ Centers, circle, diaper, snack, nap, etc.
- ▢ Responses
 - ~ Verbal reminder, move in group, provide comfort, remove from area, physical guidance, etc.

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Tier 3 Interventions

- ▢ Behavior incidents of concern
 - ~ Aggression, property destruction, internalizing that interferes with engagement and social relationships, tantrums, self-injury, etc.

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Intensive Individualized Interventions


Intensive individualized interventions are used with children who have very persistent and severe challenging behavior who do not respond to the typical preventive practices, child guidance procedures, or social emotional teaching strategies that would work with most children.

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Positive Behavior Support

- ▢ An approach for changing a child's behavior
- ▢ Is based on humanistic values and extensive multi-disciplinary research.
 - ~ Including research and principles from applied behavior analysis
- ▢ An approach for developing an understanding of why the child has challenging behavior and teaching the child new skills to replace challenging behavior.
- ▢ A holistic approach that considers all of the factors that impact on a child, family, and the child's behavior.

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Bradford

PBS Application in a Community Preschool

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About Bradford


- ▣ 2 years, 7 months
- ▣ Part C services of speech/language therapy
- ▣ Diagnoses of Expressive/Receptive Language Delay, Behavioral Disorder
- ▣ Lives with parents, one brother (age 3 1/2 years)
- ▣ Strengths - social, likes music, good fine motor skills, strong family support system
- ▣ Problem Behaviors - Aggression, Noncompliance, Property Destruction, Self-Injurious Behavior, Elopement
- ▣ Significant risk of Preschool Expulsion

Before Intervention



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Before Intervention



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Before Intervention




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Before Intervention



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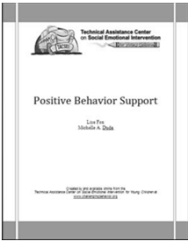
Resource to Guide



Free from:
www.ecmhc.org

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Complete Guide to Positive Behavior Support



- ✓ Designed as a "take-away" tool to accompany the TACSEI Six Steps of PBS (Positive Behavior Support) learning modules on the TACSEI site
- ✓ Word document that outlines the entire PBS process
- ✓ Includes links to all the forms, information sheets and worksheets described in the learning modules
- ✓ Includes links to many websites and other valuable resources

Process of Individualized Positive Behavior Support

- Step 1: Establishing a collaborative team and identifying goals
- Step 2: Gathering information (functional assessment)
- Step 3: Developing hypotheses (best guess)
- Step 4: Designing behavior support plans
- Step 5: Implementing, monitoring, evaluating outcomes, and refining plan in natural environments

Potential Team Members

- ▣▣▣▣ Parents/Family
- ▣▣▣▣ Teacher(s)
- ▣▣▣▣ Assisting Teacher/Paraprofessional
- ▣▣▣▣ Therapists
- ▣▣▣▣ Administrative Staff
- ▣▣▣▣ Other(s)

Importance and Purpose of Teaming

- (1) to establish a unified vision for short and long term goals;
- (2) to establish a mutually-supportive group;
- (3) to incorporate all relevant perspectives and resources;
- (4) to establish a shared commitment

Process of Positive Behavior Support

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Functional Assessment

- ▣▣▣▣ A process for developing an understanding of a child's challenging behavior and how the behavior is governed by environmental events.
- ▣▣▣▣ A portfolio of information that provides you with data (e.g., observations, information) to understand the behavior
- ▣▣▣▣ Results in the identification of the "purpose" or "function" of the challenging behavior.

Process of Positive Behavior Support

- Step 1: Establishing a collaborative team and identifying goals
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- Step 4: Designing behavior support plans
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Hypotheses Statements

- ▣ Triggers of the challenging behavior
- ▣ Description of the challenging behavior
- ▣ Responses that maintain the challenging behavior
- ▣ Purpose of the behavior

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Hypotheses

Bradford engaged in challenging behavior:

1. *in an attempt to escape from activities that were unpredictable or had unclear expectations*
2. *in an attempt to escape from activities that were nonpreferred (difficult, boring)*
3. *in an attempt to escape from activities associated with high levels of noise or people*
4. *in an attempt to gain peer or teacher attention*

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Hypotheses - Bradford

- ▣ Bradford engaged in challenging behavior
 - ~ in an attempt to escape from activities that were unpredictable or had unclear expectations
 - ~ in an attempt to escape from activities that were non-preferred (difficult, boring)
 - ~ in an attempt to escape from activities associated with high levels of noise or people
 - ~ in an attempt to gain peer or teacher attention

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Process of Positive Behavior Support

- Step 1: Establishing a collaborative team and identifying goals
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Behavior Support Plan

- ▣ **Behavior Hypotheses**- Purpose of the behavior, your best guess about why the behavior occurs
- ▣ **Prevention Strategies**- Ways to make events and interactions that trigger challenging behavior easier for the child to manage
- ▣ **Replacement Skills**- New skills to teach throughout the day to replace the challenging behavior
- ▣ **Responses**- What adults will do when the challenging behavior occurs to ensure that the challenging behavior is not maintained and the new skill is learned

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Prevention Strategies

- ▣ Visual cues/photo schedule/stop signs
- ▣ Social stories for routines
- ▣ First/Then boards
- ▣ Choice chart
- ▣ Preferred items
- ▣ Manipulatives
- ▣ Modified materials
- ▣ Remove distractions
- ▣ Add quiet area in room
- ▣ Add breaks
- ▣ Peer buddy

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Replacement Skills

- ▣ Teach how to verbally initiate/terminate interactions
- ▣ Teach how to initiate appropriate physical affection
- ▣ Teach how to appropriately ask for "break" or "help"
- ▣ Teach how to respond to loud or over-stimulating situations

Teacher Responses


- ▣ Clear instructions
- ▣ Redirect and ignore
- ▣ Specific praise
- ▣ Provide choice
- ▣ Provide consistent verbal "All done", countdowns
- ▣ Monitor and anticipate difficult play activities provide option to leave area

With I-PBS



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With I-PBS



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Replacement Skills

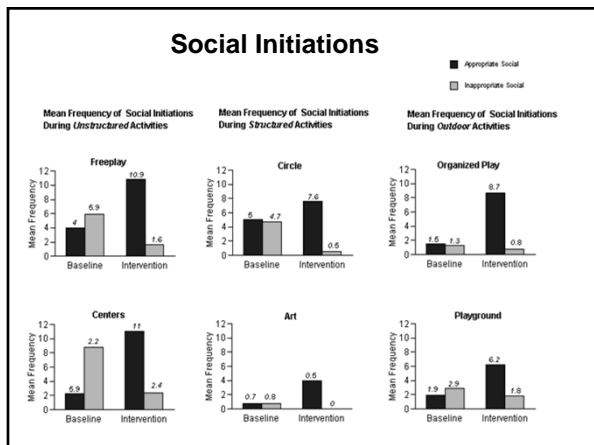
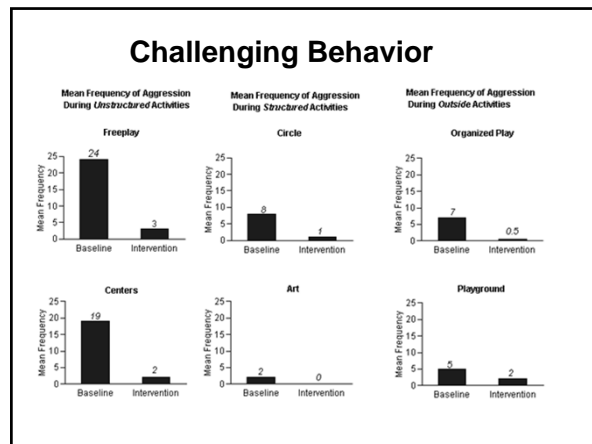
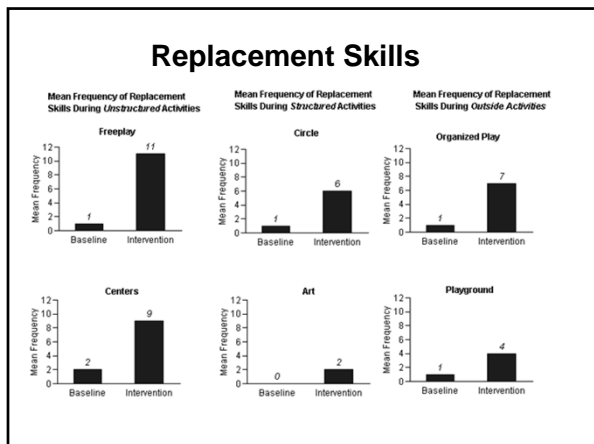
Verbal:

- "I want to share"
- "Go away"
- "I need help"
- "I want a break"
- "All done"
- "I want a hug/kiss"

Nonverbal:

- Gesture with toy to share
- Gesture for hug/kiss
- Point to picture to leave area



Behavior Incident Report

Child's ID: _____ Staff ID: _____ Program ID: _____	Date: _____ Time of Occurrence: _____ Classroom ID: _____	
Behavior Description:		
Problem Behavior (<i>check most intrusive</i>)		
<input type="checkbox"/> Physical aggression <input type="checkbox"/> Self injury <input type="checkbox"/> Stereotypic Behavior <input type="checkbox"/> Disruption/Tantrums <input type="checkbox"/> Inconsolable crying	<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Non-compliance <input type="checkbox"/> Social withdrawal/ isolation	<input type="checkbox"/> Running away <input type="checkbox"/> Property damage <input type="checkbox"/> Unsafe behaviors <input type="checkbox"/> Trouble falling asleep <input type="checkbox"/> Other_____
Activity (<i>check one</i>)		
<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom jobs <input type="checkbox"/> Circle/Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Centers/Indoor play <input type="checkbox"/> Diapering	<input type="checkbox"/> Meals <input type="checkbox"/> Quiet time/Nap <input type="checkbox"/> Outdoor play <input type="checkbox"/> Special activity/ Field trip <input type="checkbox"/> Self-care/Bathroom <input type="checkbox"/> Transition	<input type="checkbox"/> Departure <input type="checkbox"/> Clean-up <input type="checkbox"/> Therapy <input type="checkbox"/> Individual activity <input type="checkbox"/> Other_____
Others Involved (<i>check all that apply</i>)		
<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Therapist	<input type="checkbox"/> Family Member <input type="checkbox"/> Support/ Administrative staff <input type="checkbox"/> Substitute	<input type="checkbox"/> Peers <input type="checkbox"/> None <input type="checkbox"/> Other_____
Possible motivation (<i>check one</i>)		
<input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Gain peer attention <input type="checkbox"/> Avoid peers	<input type="checkbox"/> Gain adult attention/comfort <input type="checkbox"/> Avoid adults <input type="checkbox"/> Avoid task	<input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know <input type="checkbox"/> Other_____
Strategy/ Response <i>(check one or the most intrusive)</i>		
<input type="checkbox"/> Verbal reminder <input type="checkbox"/> Curriculum modification <input type="checkbox"/> Move within group <input type="checkbox"/> Remove from activity <input type="checkbox"/> Remove from area <input type="checkbox"/> Provide physical comfort <input type="checkbox"/> Time with a teacher	<input type="checkbox"/> Re-teach/practice expected behavior <input type="checkbox"/> Time in different classroom <input type="checkbox"/> Time with support staff <input type="checkbox"/> Redirect to different activity/toy	<input type="checkbox"/> Family contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Time out <input type="checkbox"/> Physical guidance <input type="checkbox"/> Physical hold/restrain <input type="checkbox"/> Other_____
If applicable, administrative follow-up <i>(check one or most intrusive)</i>		
<input type="checkbox"/> Non-applicable <input type="checkbox"/> Talk with child <input type="checkbox"/> Contact family <input type="checkbox"/> Family meeting	<input type="checkbox"/> Arrange behavioral consultation/team <input type="checkbox"/> Targeted group intervention	<input type="checkbox"/> Transfer to another program <input type="checkbox"/> Reduce hours in program <input type="checkbox"/> Dismissal <input type="checkbox"/> Other_____

Comments:
