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*Using Developmental Leverage to Prevent Behavior Problems with Early Screening and Intervention*

### Origins of Behavior Problems

The global term ³behavior problems" is applied to a range of behaviors that includes aggressive, withdrawn, antisocial, disruptive and/or deviant behavior. Other terms describing similar phenomena are conduct disorders, antisocial behavior, emotionally disturbed, emotional/behavioral disorders, separation anxiety, and social maladjustment. In an educational setting, the terms emotionally disturbed and behavior disorders are the most frequently utilized. Seriously Emotionally Disturbed (SED) is the term used in the Individuals with Disabilities Education Act (IDEA) to refer to severe behavior problems for children 3-18 years old.

Behavior problems can be classified as aggressive/acting-out behavior and withdrawn/solitary behavior (Achenbach & Edelbrock, 1986; Eisert, Walker, Severson, & Block, 1989; Fischer et al., 1984; Hinshaw et al., 1993; Kohn, 1977; Rolf & Haazi, 1977; Walker, Severson, Stiller, Williams, Haring, Shinn, & Todis, 1988). Children with aggressive/acting-out characteristics exhibit such behaviors as aggression, antisocial acts, social-skill deficits, hyperactivity, and/or lack of attention. These children can be easily angered and will move from activity to activity, being less focused than other children. Children with withdrawn/solitary behaviors are characterized as being socially withdrawn, anxious, inhibited, depressed and having social-skill deficits. These children will frequently position themselves on the outskirts of an activity and will not engage in play without encouragement. Frequently, the children with the most severe behavior problems exhibit both behavior patterns; that is, periods of social isolation with explosive episodes. Our research has shown that children spending over 40% of their free-play time in anti-social and/or solitary play are significantly more at risk for the development of behavior problems than their peers (Walker, Severson, & Feil, 1995).

Studies have indicated that behavior problems have origins in early childhood (Fischer, Rolf, Haazi, & Cummings, 1984; Lerner, Inui, Trupin, & Douglas, 1985; Patterson et al., 1992; Waxler, 1993). Problem behaviors have been shown to be stable over time (Kohn, 1977) and predictive for preschool children of learning problems in third grade (Fischer et al., 1984; Patterson et al., 1992). Without intervention, children with behavior disorders risk increasing levels of long-term social maladjustment (Patterson DeBaryshe, & Ramsey, 1989) and remediation becomes more difficult (Bower, 1982). With early screening and intervention, there is evidence that children and their families can experience profound and enduring gains in adaptive, social relationships, and in academic achievement.

### Indicators Evident in Preschool Settings

Most children attend some kind of care outside the home. Young children are more likely to be placed in an organized child-care facility (31%) or nonrelative home (18%) than to be placed in the care of a relative (21%) (Interagency Forum on Child and Family Statistics, 1988). Among children under age 5, the proportion placed in formal group settings has increased, while the proportion cared for by nonrelatives in private homes has declined.

Children make two important adjustments in preschool: They adjust (a) to teacher expectations and (b) to peer relationships. These two adjustments are developmentally appropriate and normal for all children. Therefore, these factors can be viewed on a continuum in which all children adapt and learn. They also can be used as indicators of a child's socialization.

For many preschool children, being supervised by an adult other than a relative is a new experience. Classroom rules may or may not be congruent with home rules. New teacher expectations include attention during large group activities (e.g. story reading) and appropriate participation and use of materials during individual activities (e.g. painting). Some children have difficulty adjusting to these new expectations and, as a consequence, display inappropriate behaviors. These behaviors are initial indicators of potential behavior problems.

The second adjustment children make is in their relationships with peers. Development of social interaction takes a predicable course (Gottman & Mettetal, 1986). Infants and toddlers will spend most of their time in solitary play, although there is some parallel play with little direct social engagement. Parallel

play seems to be a precursor to social initiations and subsequent interaction. That is, parallel play increases the probability that direct social interaction will take place because children are involved in a similar activity in proximity. Preschool-age children spend most of their free-play social time in parallel play and begin to spend more time in social engagement. Frequently, social initiations that were previously rebuffed or ignored in the toddler period are now reciprocated. If a child has social skill deficits and does not make the transition from initiation to positive social interactions, the likelihood of future antisocial behavior and involvement in deviant peer groups increases (Patterson, Reid, & Dishion, 1992). Through teacher evaluation and direct observation, a child's adjustment to preschool (adult and peer) expectations can be monitored, referral made, and intervention prescribed as necessary.

## Screening as the First Step

Careful structuring of the preschool classroom teacher's evaluation of **all** children in her/his classroom, in relation to objective criteria that define behavioral ³at-risk" status, can yield long overdue improvements in the naturally occurring referral practices of most school systems. At best, these current practices appear to be reactive and highly idiosyncratic to the behavioral standards of individual, referring teachers (Gerber & Semmel, 1984); and at worst, they are extremely biased in the direction of securing the removal of referred students from the educational mainstream with the goals of reducing classroom management pressures, and improving overall teachability (Ysseldyke, Algozzine, & Epps, 1982; Ysseldyke, Christenson, Pianta, & Algozzine, 1983).

Most preschool teachers do not want to refer children for social/emotional reasons until she or he has tried everything possible to remediate the problem; typically delaying support services until the problem behavior has become more severe and behavioral patterns more entrenched. I have spoken with many preschool teachers who feel a personal failure if they refer a student for special services for social/emotional reasons. Current practices in this important area of educational performance can be improved significantly via the following methods: (a) the adoption of more objective definitional criteria for school related behavior problems and disorders, (b) structured proactive involvement of teacher appraisal procedures in the initial screening and assessment process, and (c) the use of ³multiple gating" assessment procedures (Loeber, Dishion, & Patterson, 1984) to provide integrated and multiple sources of data in a cost efficient screening and identification process.

Multiple gating is a procedure that contains a series of progressively more expensive and precise assessments or ³gates" that provide for the sequential assessment and cross validation of multi-method forms of child assessment. Multiple gating establishes a decision making structure for the aggregation of information produced by different assessment sources. It appears that the climate for adoption of such a model is quite timely given the widespread dissatisfaction that parents and educators have expressed regarding current behavioral assessment practices, at both preschool and elementary levels, (Huntze, 1985; Jenson, 1984; Kaufman, 1982; Wood, Smith & Grimes, 1985). When combined with professionals' advocacy for the adoption of more objective and standardized assessment procedures (Forness, & Knitzer, 1990; Kaufman, 1992), the case for more generically effective assessment practices is highly persuasive.

The Early Screening Project (ESP) universal screening procedure provides for the cost effective, mass screening of all young children who are enrolled in regular preschool and kindergarten classrooms, and links definitional criteria, screening and assessment procedures, and normative based, eligibility decision-making into one self-contained system. This model relies heavily upon structured teacher judgement of child behavioral characteristics in the first two assessment stages and uses normatively-referenced, behavioral observation data to provide independent, in vivo assessments of the child's functioning within instructional and free play settings in stage three. The results of assessments and decision making in initial screening stages are cross-validated by increasingly more intensive assessments in subsequent screening stages. Figure 1 graphically illustrates the screening and student identification processes involved in the ESP's multiple gating procedure.

Figure 1. Early Screening Project Procedure.

Early screening has been found to be user-friendly and reports from staff users and reviewers have been positive regarding both its length and simplicity (Yoshikawa & Knitzer, 1997). One preschool director stated that she expects that use of the ESP will increase the credibility of the staff when they make referrals to local early childhood special education programs. Early screening can make a positive difference in obtaining timely referral, diagnoses, and follow-through for preschool children showing emotional and behavior problems (Yoshikawa & Knitzer, 1997).

## Early Interventions

After screening, the next step is providing intervention. Good interventions teach and reinforce positive

social skills as well as decrease problem behaviors (such as hitting). There are several interventions, which have been empirically validated, and can be implemented in early childhood. They range from universal school-based, home/classroom, and parent-group interventions to teacher inservice training models.

### Universal Intervention

Some interventions can be implemented with the entire classroom where all children can benefit. For example, social skills instruction can benefit all children. The Second Step curricula were developed to provide teachers with a research-based program that would help them teach essential social skills to all their students to (a) reduce and prevent violence and (b) improve social competence. Studies conducted by the Second Step developers in 12 public and 2 private schools located in urban and suburban areas in Western Washington with students of varying ethnic backgrounds supports the efficacy of this program (Sylvester & Frey, 1994). Lessons are taught by teachers several times a week and students are encouraged to use their newly learned problem-solving strategies and to encourage skills usage. Results found children's perspective-taking and social-solving abilities improved significantly after participating in the social skills intervention.

### Classroom- and Home Based Intervention

The First Step to Success program can be used with children who are exhibiting high levels of aggressive and/or oppositional behavior. The intervention involves: (a) home and school rewards for appropriate behavior, (b) group and individual reinforcement systems, (c) a point system, (d) behavioral contracting procedures, (e) adult praise, and (f) a home visiting curriculum. The program is initially implemented by a teacher consultant, but the teacher takes over running it once behavior change has begun. It is initiated in classroom situations and can be extended to the playground and other settings if needed. The home visiting component consists of 6 visits by the consultant in an individual format to be personalized for the parents' strengths and needs. Topics include communication, cooperation, limit setting, problem solving and emotional regulation, friendship-making, and self-esteem.

### Group Parent-Based Intervention

The Parents and Children Series (PACS) consists of a twelve-session videotape-based package presented in a supportive group format (Webster-Stratton,1984). It has extensive evidence of its efficacy, low cost, consumer satisfaction, and convenience of administration in a community setting. In PACS, parents meet weekly in groups of 10-15 for 10 two-hour sessions, led by a professional facilitator. The videotapes of the PACS program are divided into four programs: (a) Play, (b) Praise and Rewards, (c) Effective Limit Setting, and (d) Handling Misbehavior. One 20-minute videotape is viewed per session. Each includes a series of parent-child vignettes that illustrate and model various parenting skills.

### Inservice Teacher Training Model

Preschool staff from all over the country report about increasingly disruptive behavior among children (Yoshikawa & Knitzer, 1997). The Management and Prevention Program (MAPP) (Kaminski, 1995) is a year-long training program with a comprehensive series of modules that focus on topics such as team collaboration, environmental arrangements, promotion of social competence and pre-academic skills. In coordination with didactic inservice sessions, a project coach visits each participating teacher on a biweekly basis to tailor and focus the principles to teacher's individual circumstances.

A recent RAND study (Karoly, Greenwood, Everingham, Houbé, Kilburn, Rydell, Sanders, & Chiesa, 1998) of early childhood education has found several very positive effects: (1) gains in emotional or cognitive development for the child, typically in the short run, or improved parent-child relationships, (2) improvements in educational process and outcomes for the child, (3) increased economic self-sufficiency, initially for the parent and later for the child, through greater labor force participation, higher income, and lower welfare usage, (4) reduced levels of criminal activity, and (5) improvements in health-related indicators, such as child abuse, maternal reproductive health, and maternal substance abuse.

## Conclusion

The ultimate goal of any intervention is to affect the incidence or prevalence of a significant problem. Progress in affecting the skills of individual children and their parents via clinical one-on-one or family intervention needs to be translated into a reduced prevalence of behavior disorders. In order to decrease the incidence of antisocial behavior, it is critical that validated, cost-effective home and school interventions take place early in the school career of children.

The beginning of antisocial behavior patterns can be identified at an early age, and these behaviors can be prevented from escalating into more serious and intractable problems. These effective practices (as noted above) should include universal screening to provide early detection, school-based interventions, training in parenting skills, and teacher inservice training, which have been empirically shown to increase prosocial behavior and reduce aggressive behavior problems (Reid, 1993, Walker, et al., 1996).

We, as educators and parents, have an opportunity to take advantage of the current popular interest in the preschool-age group research to improve the lives of preschool children and their parents. Using validated programs and procedures, the developmental leverage inherent in the preschool-age period can be utilized to remediate and reduce the prevalence and severity of early patterns of problem behavior. u

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