

## Promoting Social, Emotional and Behavioral Outcomes of Young Children Served Under IDEA

Lise Fox and Barbara J. Smith  
January, 2007

### ***Why are social, emotional and behavioral outcomes an essential priority?***

A growing body of evidence confirms that serious and persistent challenging behaviors in early childhood directly relate to later problems in school success, social relationships, educational and vocational success, and social adjustment.<sup>1</sup> Conversely, key social skills associated with learning in group settings include being able to get along with others, follow directions, identify and regulate one's emotions and behavior, think of appropriate solutions to conflict, persist on tasks, engage in social conversation and cooperative play, and correctly interpret other's behavior and emotions.<sup>2</sup>

*Challenging behavior is a substantive problem of concern because:*

- The prevalence rates for young children with challenging behavior ranges from 10 to 30%<sup>3</sup>
- Social and behavioral competence in young children predicts their academic performance in the first grade over and above their cognitive skills and family backgrounds<sup>4</sup>

*Challenging behavior is a particular concern for students with disabilities because:*

- Students with disabilities have more than three times the number of serious misconduct incidents per 1,000 students than do typically developing students<sup>5</sup>
- Over 1/3 of adolescents with disabilities have been suspended or expelled<sup>6</sup>
- Challenging behavior is evident in even the youngest children served by IDEA. The NEILS study indicates that 10-40 % of children served in Part C programs have behavioral concerns<sup>7</sup>

*The following facts show that when challenging behavior is not resolved, outcomes are poor:*

- Young children with challenging behavior are more likely to experience early and persistent peer rejection, mostly punitive contacts with teachers, family interaction patterns that are unpleasant for all participants, and school failure<sup>8</sup>
- Over 65% of students identified with emotional and behavioral disorders drop out of school leading to poor job outcomes, limited income and a pattern of failure that persists into adulthood.<sup>9</sup>
- Childhood ratings of behavior problems at age 3 and 5 are the best predictors of later antisocial outcomes.<sup>10</sup>
- Around 48% of children with problem behaviors in kindergarten have been placed in special education by the 4th grade<sup>11</sup>

### ***What are the OSEP, IDEA Part C and B/619 requirements related to social, emotional and behavioral outcomes?***

OSEP requires states to demonstrate that children served by IDEA are benefiting from those services. In doing so, OSEP established a system of accountability and monitoring related to prescribed areas of child outcomes. For young children, birth through five, served under Part C and B/619 of IDEA, those child outcomes include:

- positive social-emotional skills (including social relationships)
- acquisition and use of knowledge and skills (including early language/communication [and early literacy for preschool]), and
- use of appropriate behavior to meet needs

Specifically, states are required to report the percent of infants and toddlers with IFSPs and preschool children with IEPs who demonstrate improvements in those three areas. Thus, two out of three child outcomes to which states are accountable for child progress are related to social, emotional and behavioral development.

### ***What does the research say about the ability of EC personnel to improve children's social, emotional and behavioral outcomes?***

Recent publications identify critical preschool skills related to early school success, many of which are social and behavioral skills.<sup>12</sup>

However, findings from surveys, focus groups and interviews indicate that most EC personnel do not have the skills they need to promote social and emotional development and prevent and address challenging behavior. Teachers, administrators and family members identify this lack of knowledge and skill as the biggest challenge to effective practice more than finances, collaboration and attitudes.<sup>13</sup>

Teachers report that challenging behavior is their number one training need and promoting social emotional development as the second. Eighty (80%) of teachers report that problem behavior negatively affects their job satisfaction and directors report that teachers are not effective in implementing prevention/promotion practices.<sup>14</sup>

### ***Is there an effective model for promoting social, emotional and behavioral outcomes?***

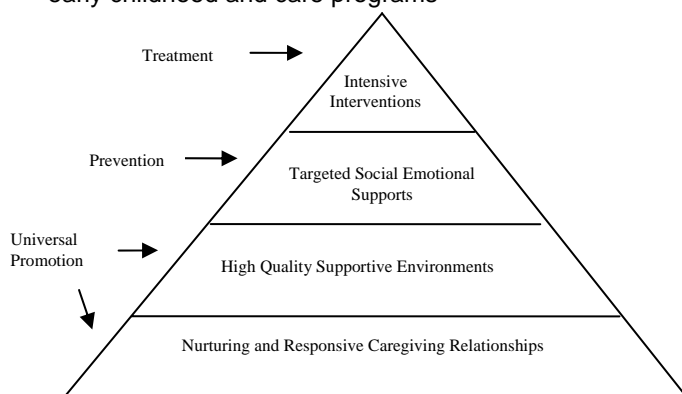
The public health model of promotion, prevention and intervention is a widely referenced useful framework for addressing the needs of children in the areas of social, emotional and behavioral development and academic achievement. The public health model considers interventions at three levels: proactive strategies for the

whole population, secondary strategies to be used with populations at risk, and tertiary interventions for those individuals showing symptoms of a disorder.<sup>15</sup>

This promotion, prevention and intervention framework has been adapted for use in early childhood specifically related to social, emotional and behavioral development and is referred to as the Pyramid Model<sup>16</sup> (see Figure 1).

The Pyramid Model provides guidance for early intervention and education programs on the practices necessary to promote young children's healthy social and emotional development, prevent problem behavior, and provide individualized intensive interventions when necessary. The model includes the *universal promotion* practices that are needed to support **all children** and promote children's healthy social, emotional and behavioral development. Program practices that promote responsive relationships and supportive environments should:

- Provide families with information on how to develop nurturing relationships with their infant and toddler
- Provide information to families on practices that may be used to promote their child's healthy social-emotional development
- Provide screening and referral services for mothers who may have maternal depression
- Design quality early education and care environments that prevent problem behavior and promote pro-social learning; and
- Provide mental health or behavioral consultation to early childhood and care programs



**Figure 1.** *The Teaching Pyramid Model for Promoting Social Competence and Addressing Challenging Behavior*

Secondary *prevention* strategies are designed to prevent problem behaviors for **children at-risk** of poor social emotional development and challenging behavior. An essential element needed at this level is a programs' ability to successfully screen and identify children who need individualized and focused strategies to promote social development. Once identified, the program uses the following strategies to address the individualized needs of the child and family:

- Provide families with infant mental health services, home visitation, or clinical; consultation to support families while they implement strategies that teach targeted social and emotional skills
- Ensure that early care and education providers develop intentional strategies to teach critical social

and emotional skills to individual children at-risk of poor social development and challenging behavior.

The final level of the Pyramid Model includes the tertiary *intervention* strategies to provide treatment to young **children who have mental health needs and/or persistent challenging behavior**<sup>17</sup>. These strategies include:

- The use of Positive Behavior Support, a team-based process that results in an assessment-based, comprehensive behavior support plan designed to be implemented by the child's natural caregivers in home and early care and education environments;
- Specialized and intensive treatment that addresses parent/child dyad concerns due to neglect, abuse, and trauma; and
- Multidisciplinary or transdisciplinary teaming among professionals to ensure that families receive access to comprehensive services and supports.

#### **How are effective practices that produce positive outcomes promoted from the state level?**

State Part C and 619 leaders can promote positive outcomes for children by providing an infrastructure where local programs can adopt and sustain effective practices. Evidence shows that state leadership is needed and can 1) increase families and children's access to effective services and programs; 2) provide leadership and support for personnel development and financing effective practice; and 3) engage in collaborative efforts across agencies and resources. Some strategies suggested in literature include:

- *Engage in collaborative system planning.* Collaborative planning with all the systems families and children come into contact with: child care, mental health, health, Head Start, public schools, etc., can bring to bear all the resources of each system to produce an efficient, collaborative and effective system of services. Collaborate with other initiatives such as system of care, EC Councils etc.<sup>18</sup>
- *Develop a collaborative personnel development system for all personnel involved with young children.* Such system includes: awareness of the importance of the issues, awareness of evidence-based practices, training (pre- and in-service) and essential local, individualized, follow-up and support (coaching, mentoring, etc.). Local programs need access to coaches that know evidence-based practices. Local demonstration sites can demonstrate what effective promotion, prevention and intervention strategies look like and can be used to collect effectiveness data;<sup>19</sup>

*Engage in on-going collection of evaluation data to measure impact, sustain the systems and approach, as well as build support to ensure that children's social and emotional development continues to be a priority.* Data can include: effects on staff well-being and effectiveness, staff turn-over (and related program and budget impact), number of children identified as having challenging behavior, overall quality of programs, family satisfaction; and children's outcomes.<sup>20</sup>

## Endnotes

- <sup>1</sup> Campbell, S. B., (1995). Behavior problems in preschool children: A review of recent research. *Journal of Child Psychology and Psychiatry* 36 (1), 113-149.
- <sup>1</sup> Campbell, S. B. & Ewing L. J. (1990) Adjustment at age nine and predictors of continuing symptoms. *Journal of Child Psychology*, 31, 871-889.
- <sup>1</sup> Dodge, K. (1993). The future of research on conduct disorder. *Development and Psychopathology* 5, 311-320.
- <sup>1</sup> Egeland, B. Kalkoske M. Gottesman N. & Erickson M. F. (1990). Preschool behavior problems: Stability and factors accounting for change. *Journal of Psychology and Psychiatry*, 31, 891-909.
- <sup>1</sup> Kazdin, A. (1985). *Treatment of antisocial behavior*. Homewood, Ill: Dorsey.
- <sup>1</sup> Pierce, E. W. Ewing L. J. & Campbell S. B. (1999). Diagnostic status and symptoms behavior of hard-to-manage preschool children in middle childhood and early adolescence, *Journal of Clinical Child Psychology* 28, 44-57
- <sup>1</sup> Reid, J. B. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology*, 5, 243-262.
- <sup>1</sup> Shaw, D., Gilliom, M., & Giovannelli, J. (2000). Aggressive behavior disorders. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (pp. 397-411). New York: Guilford Press.
- <sup>2</sup> Smith, B. J. (n.d.). *Linking Social Development and Behavior to School Readiness*. Retrieved March 1, 2007 from [www.challengingbehavior.org](http://www.challengingbehavior.org)
- <sup>3</sup> Campbell, S. B. (1995)
- <sup>3</sup> Lavigne, J.V., Gibbons, R.D., Christoffel, K.K., Arend, R., Rosenbaum, D., Binns, H., Dawson, N., Sobel, H., and Isaacs, C. (1996). Prevalence rates and correlates of psychiatric disorders among preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 204-214.
- <sup>3</sup> West, J., Denton, K., and Germino Hausken, E. (2000). *America's Kindergartners* (NCES 2000-070). Washington, DC: National Center for Education Statistics.
- <sup>3</sup> Qi, C. H. & Kaiser A. P. (2003). Behavior problems of preschool children from low-income families: Review of the literature. *Topics in Early Childhood Special Education*, 23, 188-216
- <sup>4</sup> Raver, C. C. & Knitzer J. (2002). *Ready to enter: What research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children. Promoting the emotional well-being of children and families, policy paper #3*. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.
- <sup>5</sup> U.S. General Accounting Office. (2001). *Student discipline: Individuals with disabilities education act* (GAO Report No. GAO-01-210). Washington, DC: Author.
- <sup>6</sup> U.S. Department of Education (2005). *Twenty-fifth annual (2003) report to Congress on the implementation of the Individuals with Disabilities Education Act*, Washington, D.C.: U.S. Department of Education.
- <sup>7</sup> U.S. Department of Education (2001). *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Washington, DC: Author.
- <sup>8</sup> Dunlap, G., Strain, P. S., Fox, L., Carta, J., Conroy, M., Smith, B., et al. (in press). Prevention and intervention with young children's challenging behavior: A Summary of current knowledge. *Behavioral Disorders*.
- <sup>9</sup> USDOE, 2001
- <sup>9</sup> USDOE, 2005
- <sup>10</sup> Campbell, S. B., (1995).
- <sup>11</sup> Department of Health and Human Services (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services.
- <sup>12</sup> Hemmeter, M. L., Santos, R., & Ostrosky, M. M. (2006). A national survey of higher education programs: Preparing early childhood educators to address social emotional development and challenging behavior. Manuscript submitted to *Journal of Early Intervention*.
- <sup>13</sup> Smith, B. J. (2006). *Policies and procedures: Issues for implementation, policy and scaling up*. Presentation, Annual Policy Maker's Summit, Center on Evidence-based Practices: Young Children with Challenging Behavior, Washington, DC, November, 2006. [www.challengingbehavior.org](http://www.challengingbehavior.org)
- <sup>14</sup> Hemmeter, M.L. (2006). *Research Findings and Issues for Implementation, Policy and Scaling Up: Training & Supporting Personnel and Program Wide Implementation*, presentation, Annual Policy Maker's Summit, Center on Evidence-based Practices: Young Children with Challenging Behavior, Washington, DC, November, 2006. [www.challengingbehavior.org](http://www.challengingbehavior.org)
- <sup>15</sup> Gordon, R. (1983). An operational classification of disease prevention. *Public Health Reports*, 98, 107-109.
- <sup>15</sup> Gordon, R. (1987). An operational classification of disease prevention. In J. A. Steinberg and M. M. Silverman, (Eds.) *Preventing Mental Disorders*. (pp. 20-26). Rockville, MD: Department of Health and Human Services.
- <sup>15</sup> Simeonsson, R. J. (1991). Primary, secondary, and tertiary prevention in early intervention. *Journal of Early Intervention*, 15, 124-134.
- <sup>16</sup> Fox, L. Dunlap G. Hemmeter M. L. Joseph G. E. & Strain P. S. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children* 58, 48-52.
- <sup>17</sup> Fox, L. et al (2003).
- <sup>18</sup> Hayden, P., Frederick, L., & Smith, B. J. (2003). *A roadmap for facilitating collaborative teams*. Longmont, CO: Sopris West.
- <sup>18</sup> Pires, S. A. (2002). *Building systems of care: a primer*. National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.
- <sup>19</sup> Cafarella, R. S. (1994). *Planning programs for adult learners: A practical guide for educators, trainers and staff developers*. San Francisco: Josey-Bass.
- <sup>19</sup> Garet, M. S., Porter, A. C., Desimone, L., Birman, B. F., & Yoon, K. S. (2001). What makes professional development effective? Results from a national sample of teachers. *American Educational Research Journal*. 38(4), 915-946.
- <sup>19</sup> Joyce, B. R., & Showers, B (1995). *Student achievement through staff development* (2<sup>nd</sup> ed.). White Plains, NY: Longman.
- <sup>19</sup> Wolfe, B. L., & Snyder, P. (1997). Follow-up strategies: Ensuring that instruction makes a difference. In P. J Winton, J. A. McCollum & C Catlett (Eds.) *Reforming personnel preparation in early intervention* (pp. 173-190). Baltimore: Brookes.
- <sup>20</sup> Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.
- <sup>20</sup> Fox, L., Jack, S., Broyles, L. (2005). *Program-wide positive behavior support: supporting young children's social-emotional development and addressing challenging behavior*. Tampa Florida: University of South Florida, Louis de la Parte Florida Mental Health Institute. [www.challengingbehavior.org](http://www.challengingbehavior.org)