

Chapter 4

Why Responding to Trouble
Immediately Is Important



As we saw in chapter 3, early intervention has its risks. But we think that it's important not to risk losing its benefits. Much is to be gained by effective early intervention, and much is to be lost by not intervening early if the child does have a behavior problem. It's a good idea to consider that "young children with behavioral problems who received appropriate, individualized and evidence-based interventions are more likely to experience school and life success" (Jolivette, Gallagher, Morrier, & Lambert, 2008, p. 88).

One of the things to keep in mind is that you can't have early intervention without early identification. You simply can't do much in the way of prevention without it. Beyond primary prevention, in which the problem behavior never occurs at all, you're stuck with this reality: no identification, no secondary prevention. Once misbehavior occurs, you have to acknowledge it (identify the child as doing the misbehavior) if you're going to do something to keep it from getting worse.

So what are the benefits of early identification and intervention, both of which are necessary if you're going to have prevention? We see four benefits right off the bat, and we think achieving these are bound to make the child and other concerned people a lot happier. First, there's the benefit of behavior change that's easier. Second, the chances of better life outcomes are enhanced. Third, the child is more likely to make better academic progress. Fourth, the child is much more likely to be socially accepted by well-behaved peers and adults.

Achieving these four things will improve the child's future. Furthermore, all are more likely to be achieved if intervention is early, not long delayed. The longer the undesirable behavior is allowed to continue and the longer the delay in working on these three areas—behavior change, improved academics, and better socialization—the harder it is to achieve them.

Cases in Point

Dean

They called him "Mean Dean." Everyone at the Rainbow Childcare Center knew when Dean had arrived for the day. As soon as he came to school, an "episode" would ensue. On this particular day, Dean was acting particularly difficult, and he even punched one of his peers during breakfast. Later in the day on the playground he pushed a little girl down on the jungle gym—unfortunately, she fell and cut her face open. The childcare director felt that she could no longer control Dean's behavior. She phoned Dean's mother and explained that she was sorry, but Dean could not longer attend the Rainbow Childcare Center. The director suggested that Dean's mother contact the local public schools and inquire about the possibility of

early intervention services for her son. Later in the week, Dean's mother explained to the Child Find Specialist at the school district that he had previously been "kicked-out" of two other childcare centers due to his problem behaviors.

Clearly, Dean's mother was at her "wits end." She knew that he could be a "handful," but she did not have any other place to leave him when she went to work. She had tried to control his behavior at home, but he was very difficult for her to deal with and she couldn't find any babysitters who wanted to watch him. In fact, she admitted that she was scared to leave him at home with his other siblings, because he would become explosive at times. She described her concern about Dean's behavior and frustration when she tried to discipline Dean. He wasn't like her other children—he just refused to comply and was often aggressive with her as well. In addition, he often engaged in tantrums—screaming, falling on the floor, and kicking, when he didn't get his own way. The Child Find Specialist suggested that they conduct a multidisciplinary evaluation examining Dean's development and behavior. A school psychologist, specializing in young children, assessed Dean's abilities using a behavior rating scale, a developmental inventory, and an adaptive behavior scale. In addition, she observed Dean at home and at his third childcare center. A speech-language pathologist also evaluated Dean's speech and language skills. After the assessment, the school psychologist, speech-language pathologist, and Child Find Specialist explained to Dean's mother that although he was demonstrating slight delays in the areas of cognitive and language skills, his social-emotional and behavioral skills were considerably atypical for a three year old. They suggested that Dean needed intensive intervention to address his behavioral needs. In addition, they suggested he receive speech-language therapy to help remediate his communication skills.

Fortunately, for Dean and his mother, they lived near an innovative early intervention program that included specific services targeting young children with or at risk for behavior problems. The program provided a center-based program with teachers who had expertise in early intervention strategies for addressing young children with challenging behaviors. In addition, the center provided related services, such as speech-language therapy. Their program used a behavioral approach to intervention by helping to identify the environmental factors that influenced the occurrence of children's problem behavior. They conducted functional behavioral assessments on all the children enrolled in the program and developed individualized behavioral intervention strategies that modified the environmental events influencing the behavior. In addition, the early intervention program provided a parent-training program that taught parents how to change their children's problem behaviors. In fact, all parents were required to attend the parent-training program during the

first month their child was enrolled in the early intervention program. Following completion of the parent-training component of the program, parents were required to volunteer and teach new parents entering the program the skills they had learned.

Dean began attending the early intervention program immediately. Within a month, Dean's problem behaviors were considerably better at school and at home. Dean had learned that he could gain his teacher's and mother's attention by engaging in more positive and adaptive behaviors. In addition, Dean had learned how to interact with his peers in a more positive manner. Finally, Dean had learned that when he engaged in his problem behaviors, they no longer served a purpose for him.

Dean and his mother spent four months attending the early intervention program. After this time, Dean was transferred back into a childcare center with itinerant support services from the early intervention center. Once a week, a teacher followed up on Dean with the childcare staff—providing assistance as necessary. Dean is now in kindergarten. So far, his teacher reports that he is "getting along well with his peers" and reports having no problems.

Source: Stichter, Conroy, & Kauffman (2008, pp. 133-134)

The case of Dean illustrates how, as we mentioned in chapter 1, people aren't really sure whether a child has a behavior problem, but the signs of impending trouble are often seen early in the child's life. And the most obvious sign is aggression or oppositional behavior that is unusual for the child's age. Also, notice that the early intervention program did not involve blaming the parents as causes of Dean's problems, but it did involve helping the parents learn more effective ways of dealing with him. It's very important to recognize the fact that parents may not cause their child to have problems, yet they may be very important in helping to resolve the problem. We understand that this is true in physical conditions like diabetes; we need more understanding of this basic notion in the realm of behavior.

Fortunate, indeed, is the child (and family) when behavioral difficulties are identified and dealt with appropriately while the child is still young and malleable. Nevertheless, we are left with these questions: If a child responds to early intervention, does that mean that he or she did not have a behavior problem? Or does it mean that early intervention in the problem was successful?

Larissa

Eight-year-old Larissa was referred by her third grade teacher to the Child Study Team for a comprehensive evaluation for special education. Larissa was oppositional, verbally threatening to her teacher, noncompliant, and lagged severely behind her peers in academics—particularly math and reading. In addition, Larissa often left the classroom during instructional times without permission. Larissa had a number of discipline referrals in second grade as well, so the problem behaviors seen by the 3rd grade teacher were nothing new. In fact, Larissa had been referred for special education services in second grade, and after a thorough assessment the Child Study Team had concluded that she did not qualify. Although Larissa demonstrated significant learning and behavioral problems, the evaluation results did not qualify her for receiving special education services under learning disabilities or emotional disturbance.

This year, in 3rd grade, the teacher has met several times with Larissa's parents. Her parents expressed that Larissa was difficult for them to manage at home. When they tried to get her to do her homework, she frequently refused. If prodded to do her work, she would scream and yell and lock herself in her bedroom. They were concerned that Larissa was falling further and further behind and may end up needing to repeat third grade. The Child Study Team met, and once again, discussed Larissa's case. Everyone expressed concern about Larissa's behavior problems, but they also were concerned about her abilities to complete her academic work. It seemed that Larissa engaged in problem behaviors primarily during instructional times.

Socially, Larissa was well liked by peers, and she had some friends. Once again, educators conducted a comprehensive evaluation of Larissa's abilities, including intelligence, achievement, speech-language, and behavior (including ratings and direct observations of her in her classroom). Following this evaluation, they found that Larissa's IQ was in the low normal range. Her achievement in the area of math was in the low normal range, but in the area of reading she scored significantly below normal. Her adaptive behavior and speech-language test results also indicated scores below normal. The largest change in the evaluation results from the previous year, however, were in the outcomes of the behavior rating scale. Whereas last year she did not score within the "clinical" range, this year her score was very different from the norm. In addition, when the school psychologist and the behavior specialist observed Larissa in her classroom, she was extremely disruptive and noncompliant in comparison to her peers. This time, Larissa's evaluation results qualified her for special education services under the label of emotionally disturbed. The Child Study Team and Larissa's parents agreed that the best educational placement would

be to remain in her 3rd grade class, but receive special education services in a resource room for part of the day. In the resource room, Larissa received intensive instruction for her academic activities. In addition, a self-management program was implemented to help Larissa learn how to monitor and change her behavior during academic activities. Finally, Larissa received social skills instruction in a small group setting, specifically working on anger-management and explosive behavior.

Larissa continued to be a member of her 3rd grade class for other times during the day, such as lunch, special activities, and so forth. Although her academic skills and behavior improved over the year, at the end of 3rd grade, the Child Study Team met with Larissa's parents to discuss her progress. They all agreed that Larissa had made some gains but that she continued to need the specialized services she was receiving in order to progress.

Source: Stichter, Conroy, & Kauffman (2008, p. 234)

In the case of Larissa, you might notice that, although she was identified in the third grade as needing special education because of her emotional or behavioral disorder, she also demonstrated problems in the second grade. We are left to wonder about a couple of things here. First, should school personnel have waited until Larissa's behavior was "over the line" or into the clinical range on an evaluation instrument before intervening? She was referred for evaluation in the second grade, but the Child Study Team found her ineligible. Should they have, or were they merely delaying the inevitable, letting things go "way south" before identification? If she showed significant problems in second grade—problems serious enough to get her referred—are we to believe that her problems emerged then and weren't detectable earlier? Why wasn't she identified earlier to prevent these problems from getting as bad as they did? Could nothing have been done to prevent or ameliorate the problems she had in third grade?

Behavior Change Is Easier

Reviews of the research and long-term follow-up studies clearly indicate the success of early intervention (e.g., Dunlap, Strain, Fox, Carta, Conroy, Smith, et al., 2006; Strain & Timm, 2001; Walker et al., 2004; Walker & Sprague, 2007). If there is one message that comes through to us without equivocation, it's that changing behavior earlier is much easier than changing it later. Not only is behavior easier to change when the child is younger, but desirable changes in behavior mean the child is more likely to make good academic

progress. Chances are the child will show improved academic progress in part because teachers will see him or her as more teachable and in part because the child learns to pay more attention to important things that adults are trying to teach. Peers are probably going to see the child as a better playmate and classmate, so the child's social status will go up. The child's parents are spared a lot of difficulty and worry. Moreover, the chances that the child will have difficulties or get into economic or legal troubles that cost society dearly (e.g., financial assistance, court appearances, incarceration) go way down.

Behavioral improvement is likely to snowball so that the child has much brighter prospects as an adult and saves society money and worry (Strain & Timm, 2001). All of this is cost-effective; it lowers personal and monetary costs in the long term. Unfortunately, it is costly in the short term, and it entails the risk of being wrong—of intervening when it isn't necessary, stigmatizing the child and family, and incurring the wrath (and punishment) of professionals and social institutions (see Kauffman, 1999). People do not like to "fix" things before they are unequivocally "broken," and predictions that things are about to break are often ignored. It's an old, sad story of human misjudgment and intransigence, and it applies to many facets of life beyond behavior problems.

Nevertheless, the data are clear on this: attempts to change behavior for the better are easier when children are younger, and the longer misbehavior goes unchecked, the harder it is to change. So if you missed an opportunity to change behavior when a child is in second grade, try to catch it in the third. If you miss the opportunity to change behavior in the third grade, then do it in the fourth. If not in the fourth, then in the fifth. The idea is simply this: don't delay, and don't give up because nobody did anything earlier. It's never too late to keep things from getting worse by, once again, doing nothing. Take the risk of being wrong, and don't pummel others with condemnation if they make a mistake, either by identifying a child when you think they shouldn't have or by failing to identify one you think they should have. Those advocating doing nothing or who twist the data to serve their own purposes may well deserve condemnation, for they promote a policy that flies in the face of the evidence. But in individual cases, we often have to make judgments when the information we have, though not distorted, doesn't indicate clearly what we should do.

Remember this, too. Early intervention and prevention aren't just about the age of the child or youth. They're also about identifying and turning around the earliest stages of a problem behavior. Regardless of the student's age, it's important not to let a problem behavior go when you see the first signs of it. We'll discuss this more in the next chapter under the head of "understanding cycles of behavior and implications for prevention," but here we mention the importance of recognizing patterns of behavior and not just standing by while a student really "gets into" a maladaptive behavior. We don't want



children or youth to “let it all hang out” when it comes to inappropriate behavior any more than we want them to have seizures or experience unattenuated the results of hypoglycemia. Bad behavior is never good for kids—or for adults, for that matter.

Chances for Better Life Outcomes Are Enhanced

We have good reason to believe that the outlook for kids in later life is better if they get effective early intervention. For those who don't, “problem behaviors are likely to persist and escalate over time” (Jolivette et al., 2008, p. 88). Psychiatrist Philip Wang and his colleagues (2005) noted that letting mental illness go untreated increases the risk that individuals will develop more problems. If significant emotional or behavioral problems aren't addressed successfully when they're first noticed, it appears that additional problems (comorbid disorders in the language of psychiatrists), ones even harder to deal with, are likely to develop. Early treatment may reduce the risk of suicide as well as other severe and persistent problems.

Long periods of untreated illness may also be harmful to those with less severe disorders. Preclinical studies suggest that neural “kindling” can cause untreated psychiatric disorders to become more frequent, severe, spontaneous, and treatment refractory . . . In addition, epidemiological studies suggest that school failure, teenage child-bearing, unstable employment, early marriage, marital violence, and marital instability are associated with early-onset untreated mental disorders . . . Recent randomized clinical trials have shown that treatment can prevent suicidality . . . Furthermore, most people with 1 disorder progress to develop comorbid disorders and such comorbidity is associated with an even more persistent and severe clinical course. (Wang et al., 2005, pp. 610-611)

The message is clear: if you want to improve a child's chances of success in life, then don't neglect indications of serious problems when the child is young. Effective early intervention is the best way to reduce the chances that a child's behavior will get worse or that there will be life-long problems.

Academic Progress Is More Likely

As Kauffman and Landrum (2009a, p. 199) noted, “In our culture, success or failure in school is tantamount to success or failure as a person; school is the occupation of all children and youth in our society—and sometimes it is their preoccupation.” Rothman (1970; yes, the same Esther P. Rothman whose case we presented in chapter

3) also noted that school is children's work—it's what they do, as surely as our work is what we are expected to do. Not feeling successful at one's work is a terrible thing for anyone to experience. It makes us feel depressed, to seek revenge somehow, to show the world that we are worthy people who deserve respect—that even if we can't do a good job in our present position, there are other worthwhile things we can do well.

So it should come as no surprise to us when students feel down or resentful because school isn't going well. And for many with behavior problems, things are not going well academically or socially (Kauffman, Brigham, & Mock, 2004). A teacher's job is to help students learn; there is no purpose to be served by rubbing their noses in failure. Special education is designed to help students acquire the skills they need to be successful at the tasks we give them, which may not be the same ones other students in the same grade are given. This is why flexible, homogeneous groups are often so important for instruction (Kauffman, Landrum, et al., 2005).

Early intervention in academic failure is important because the student learns foundational skills (in reading and math), making the prospects for later academic achievement much brighter (Duncan, Dowsett, Claessens, Magnuson, Huston, Klebanov, et al., 2007). For students with behavior problems, who tend to have difficulties with academic learning, intensive, focused, relentless instruction like that offered in good special education programs is essential. Although some students with these problems will be quite successful in general education, most won't. They need more careful attention to systematic instruction than is offered to students in general education.

The earlier we notice a student dropping behind, not acquiring the academic knowledge and skills expected, and the earlier special instruction is started, the better the chances to catch up or at least attain a level of performance to pursue desired employment and educational options. We might also note that an individual's academic performance—like income, wealth, privilege, or performance in other areas than academics—is primarily a matter of comparison (that is, the person looks around to see how others are doing). In fact, our expectations for ourselves and for others are based primarily on what most of our friends, family, or acquaintances have done. By requiring students with behavior problems to remain in a classroom in which most other students "get it" and they don't, we are asking them to suffer daily humiliation (Fulk, Brigham, & Lohman, 1998).

The long and short of it is this: the earlier we help students achieve what they can academically and the sooner we recognize what they can and can't do and get them included in a situation in which they can be successful, the better. "Nothing succeeds like success" may be an old saw, but success at a task is a tonic that we want as many students as possible to experience.

Social Acceptance Among Helpful Peers Is Possible

Social acceptance doesn't come easily to most students who are unsuccessful at academic tasks, except among others who are failing. And if their behavior is problematic, then children and youth typically have even more trouble. So we want students to improve their behavior and their academic performance because those things will help them become more acceptable to their desirable peers and teachers. The case of Larissa (above) is somewhat unusual, in that students with emotional or behavioral disorders aren't usually liked very much by most of their well-behaved peers. Far more typical is a description by McConaughy (2000):

Linda said she liked reading and math, but sometimes the work was too hard. She admitted not completing homework because it was "boring," or she didn't know what she was supposed to do. Linda liked having a teacher help her with her schoolwork, which often happened when she stayed in during recess to make up missing assignments. Linda said she didn't care whether she missed recess because the other kids didn't like her and wouldn't play with her. However, she seemed to be unaware of what she did to annoy other kids or what she could do differently to win more friends. (p. 189)

Social acceptance is important so that the youngster has ties to peers that behave better than he or she does. While it is important that the youngster have friends, friendship with other individuals who are behaviorally deviant is likely to create peer pressure to misbehave.

We know that antisocial children tend to gravitate toward making friends with other antisocial kids (Farmer et al., 2002). Early intervention helps the student get enmeshed into the "right crowd," those students who assist the struggling child in learning social skills and conduct acceptable to the larger community.

The earlier we begin guiding the child toward friendship with well-behaved peers, the easier the task of helping the child learn appropriate socialization. Once the child is older and misbehavior is more firmly entrenched as a pattern, the more difficult the task of getting the child enmeshed in a desirable group. Peer relationships are never easy to manage, and they can go askew later even if the child has had well socialized friends from an early age. Nevertheless, starting as early as possible in helping the child with socialization will make life easier for everyone. In fact, it makes relationships possible that otherwise would never be in the picture.

We would be remiss were we not to mention the fact that better-behaved peers usually need help in tolerating and knowing how to respond to their ill-behaved playmates or classmates. Certainly, we want well-behaved youngsters to be discriminating, to know the difference between good behavior and bad and not to be tolerant of everything, no matter what. There

is behavior of which ordinary children should not be expected to be tolerant (e.g., being repeatedly physically attacked by a classmate), just as there is behavior that ordinary adults should not be expected to tolerate (e.g., being persistently sexually harassed by a coworker). Also desirable is adult modeling of helpful and appropriate responses to misconduct and coaching in how to respond to provocations or asocial behavior.

Finally, we have often heard the opinion that placement in a class or school designed for students with behavior problems exacerbates a child's difficulties because the students set each other off and see only deviant peers as models. This is, indeed, something to be watchful of, but it is a gross oversimplification of the issue (see Brigham & Kauffman, 1998; Hallenbeck & Kauffman, 1995). First of all, students with behavior problems may tend to set off their general education peers and to gravitate toward and imitate inappropriate models. We are not suggesting that only good models of behavior can be found in general education classrooms. Second, there may well be, and usually are, appropriate behaviors being modeled in special classes and schools, and attention can be drawn by teachers to these models.

Ultimately, one has to weigh the effects of peer models against the more carefully structured classroom, which should be a hallmark of the special education program. Although peer models are important, under most circumstances, the more direct effects of a good program outweigh them. Placement is not an easy decision and it is possible to make a mistake. However, the first consideration in the placement decision should be the program of support and instruction that is offered, not who the child will be with. The youngster should be encouraged to affiliate with the better-behaved members of whatever group of peers is available. In the event that the student is, in fact, the best behaved of these peers, then he or she should be encouraged to help others behave better—to set an example with the help of the teacher or other adults.

Summary

Early intervention has the advantage of teaching children better ways of behaving, improving academic performance, and increasing socialization with a helpful group of peers. With early intervention, problems in these areas are identified and corrective steps are taken for the better long-term outlook for the child.

Behavior is more malleable when the child is younger, so intervening early is easier. Early intervention also improves the chances for positive life outcomes. Early behavioral change is likely to snowball and improve the chances that the child will achieve as expected academically and socially. We should do our best to catch and correct problems as early in the child's life as possible, but we should also attempt to intervene as early as possible in misbehavior regardless of age.

Academic success is important because school is the equivalent of the child's work. Special education should be designed to help students achieve success at tasks given to them. Many students with behavior problems lack basic foundational skills in reading and math. They need intensive, focused, relentless instruction, and sometimes they need placement outside the classroom if they struggle to compete with other students and don't understand what's going on. Helping students acquire basic reading and math skills early in their school careers improves their future prospects for education and employment.

Helping students get enmeshed socially in a group of better-behaved children as early as possible has great benefits. Appropriate behavior and academic skills will make it possible for a child to be socialized into an appropriate, helpful peer group. A student should be encouraged to affiliate with better-behaved peers regardless of his or her placement and to help peers behave better if there are no good models to imitate.



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