



When to Seek Outside Help for Children's Problem Behavior

The "How Do I Decide?" Series of Guidelines was developed to help you make informed decisions that will positively impact young children's challenging behavior and social-emotional development.

Today, the majority of early education programs enrolls and support young children with and without disabilities. The inclusion of all children within early education and care programs is responsive to federal laws, the values of society, and the best practices of the field. In order to ensure that all children benefit from inclusive programs, there must be collaborative teaming among families, practitioners, and specialists who can ensure that children with special needs are receiving the supports that are essential to promoting their development and learning. In this decision-making guideline, we assume that all children who might be eligible for services under the Individuals with Disabilities Education Act (IDEA) are referred for those services and access that entitlement. Our purpose here is to provide guidance for when to seek outside help for problem behaviors that are outside of the expertise of program staff.

Importance and Rationale

The Teaching Pyramid provides a comprehensive model for promotion, prevention, and intervention on children's problem behavior. Even with careful and consistent implementation of all levels of the Pyramid there may be rare occasions in which programs may need to seek outside expertise. This Decision-Making Guideline includes several potential scenarios in which outside consultation may be appropriate. Guidance is also provided as to the nature of outside assistance that is particularly helpful.

Scenario One

The child's behavior in question is deeply troubling (e.g., hurting animals, fire-setting, injuring others) and so infrequent/unobservable that it is impossible to complete a functional behavior assessment. In this situation, staff might be at a loss to determine the function of problem behavior and therefore cannot implement an intensive individualized (top-of-the-pyramid) intervention. For serious problem behaviors that rarely occur and/or occur when adults may not typically be present and watching, it may be necessary to seek outside help to monitor the child on a continual basis (or close to 24/7, if needed).

Such intensive monitoring should have the completion of a reliable functional behavior assessment as its end-point. Additionally, program staff may want to solicit a diagnostic evaluation by a licensed child psychologist or psychiatrist for behaviors that have a covert quality to them (e.g., the child seems to purposely engage in problem behavior when adults are absent). The goal of this assistance should be to determine if other supports and/or professionals need to be involved in the child's life.

Scenario Two

The team has designed an individualized intervention plan, implemented the plan with fidelity, and the child's behavior has not changed over a period of several weeks. Scenario Two also assumes that all levels of the pyramid are being implemented with high fidelity. In this kind of situation, repeat the functional behavior assessment to confirm the "communicative message" of the problem behavior. It is not uncommon for behaviors to originally serve one function and then come to serve multiple functions. Should this step not yield satisfactory results then it may be appropriate to call on a consultant who is experienced in functional behavior assessment. This individual may decide to: a) use alternative observation procedures to analyze behavior; b) more thoroughly explore the possible role of setting events external to the program; or c) ask staff to briefly try interventions that are consistent with several different functions. When using this type of consultative help it is vital that staff become trained to implement the methods used by the consultant.

Scenario Three

The child and the family system are struggling with multiple stressors that impact the family's ability to provide a healthy environment or appropriate parenting to the child. These situations might include issues related to homelessness, parental intellectual disability, mental health concerns, domestic violence, substance abuse, risk of maltreatment, and similar deeply complex issues. In these circumstances, program staff should consult with other agencies and professionals in the development of comprehensive supports for the family and child. These supports should promote the family's capacity to support their child, and should be coupled with the functional behavior assessment and behavior support plan development process.

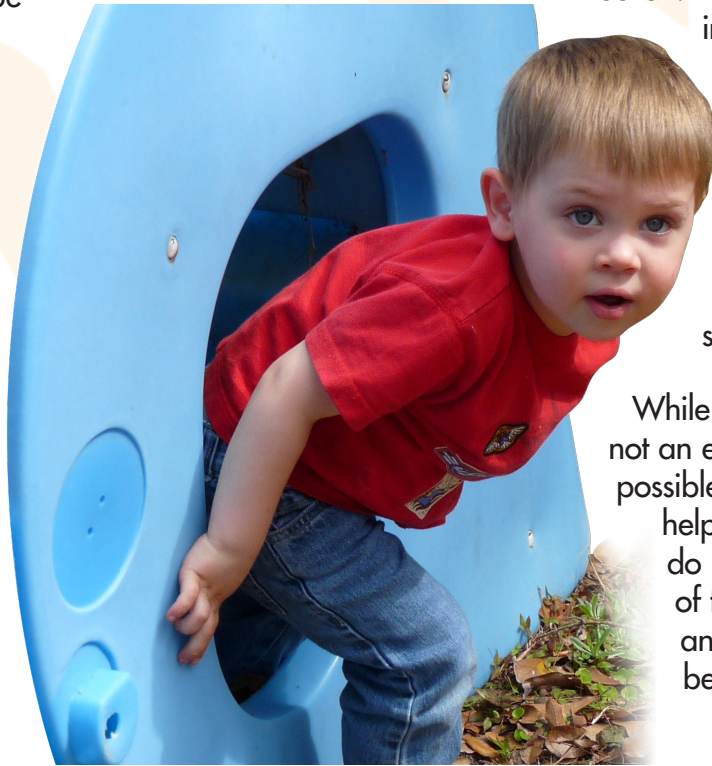
Scenario Four

The child is engaging in behaviors that are severely self-injurious and a health risk (e.g., persistent vomiting, self-biting that breaks the skin, etc.). If this occurs, it might be necessary to request the assistance of a consultant who is more experienced at conducting functional assessments and developing behavior support plans for problems of this nature. In addition, the child should see a doctor to ascertain if medical supervision is needed.

Scenario Five

The child seems to have a medical concern that appears to influence or trigger the challenging behavior. For example, you suspect the child might have a seizure disorder or the child is banging his head on days when there is evidence of an ear infection. In these situations, it is important to make sure that a medical diagnosis and treatment has been sought. In addition, a functional assessment should be conducted and a behavior support plan should be developed.

While these five scenarios are not an exhaustive portrayal of all possible instances when outside help may be needed, they do provide some examples of times when the insights and expertise of others can be beneficial.



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