



Positive Behavior Support for Young Children

A Supplement to *Positive Behavior Support for
ALL Michigan Students: Creating Environments
That Assure Learning*

June 2001



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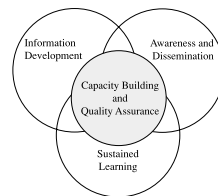
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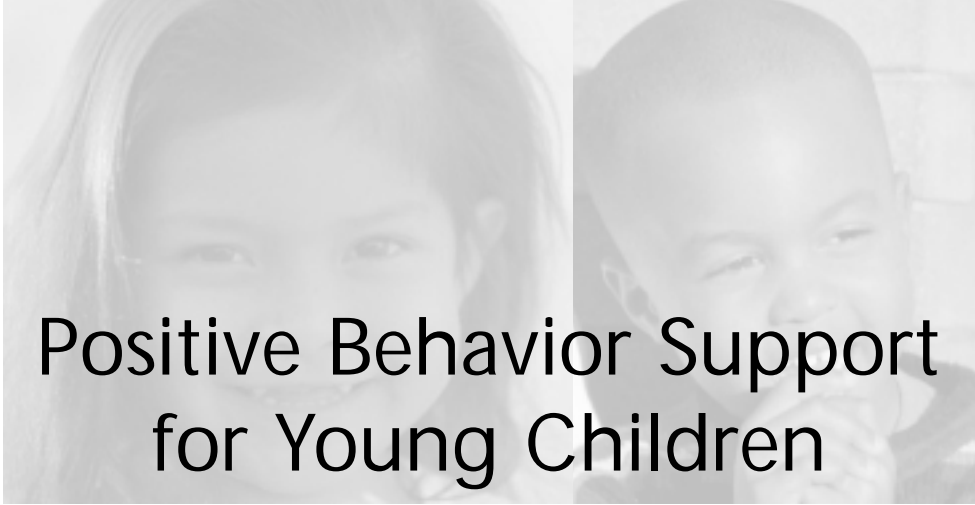
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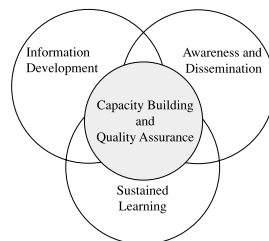
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A Supplement to *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning*
Michigan Department of Education, 2000

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June 2001



Acknowledgements

We appreciate the leadership of Dr. Jacquelyn Thompson, Director of the Michigan Department of Education, Office of Special Education and Early Intervention Services, in supporting the development of this document. We extend our gratitude to the staff of the Awareness and Dissemination hub of the Michigan State Improvement Plan/State Improvement Grant for their editing and graphic design talents. We express our thanks to the following people for taking time to provide input to the initial development of the document and to read, reflect upon, and provide suggestions about the content of this document. Their helpful reviews and thoughtful comments encouraged our efforts toward the mission of assuring positive outcomes for ALL children in early childhood settings.

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Preface

In February 2000, the Michigan Department of Education published *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning*. That document describes a change in philosophy, perspective, and practice that promotes and supports learning for ALL students in Michigan schools. A major change in thinking occurs when the school community uses Positive Behavior Support (PBS).

The Michigan Positive Behavior Support document explains and describes the significance of Positive Behavior Support for ALL Michigan students. *Positive Behavior Support for Young Children*, a supplement to the PBS document, takes that explanation further, with implications of PBS for young children. Together, these two documents ensure that PBS in Michigan does indeed address ALL Michigan children of ALL ages.

Positive Behavior Support prevents behavior problems through:

- building positive relationships among children and adults,
- arranging learning environments,
- designing age-appropriate schedules and routines, and
- teaching of skills and new behaviors.

Many young children are not in public school systems. They are in preschools and child-care programs where childcare providers and other early childhood professionals have a huge effect on children's behavior. This supplement is written for professional childcare providers, childcare provider associations, teachers, directors of early care and educational programs, and other early childhood professionals. It is written for personnel working with preprimary children with disabilities. It is written for the parents of children in early care and educational settings. In short, it is written to encourage the deliberate and careful use of Positive Behavior Support by all of those individuals to whom we have entrusted the early development of our most precious resource--our children.

The goals for using *Positive Behavior Support for Young Children* are to:

1. support age-appropriate cognitive, language, social, and emotional development;
2. maintain enrollment of young children in early care and educational settings and avoid expulsion;
3. promote school readiness; and
4. create environments that assure early learning.

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Introduction

We need to start fighting crime in the highchair, not the electric chair.

– George Sweat –

Former Police Chief of Winston-Salem, North Carolina

For these are all our children.

We will all profit or pay for whatever they become.

– James Baldwin –

Author

Learning environments need to promote and support the development of social competence for ALL children. For young children, these environments include the home, preschool, childcare, and other community settings. A plain fact of life today is that most young children participate in a variety of early childhood settings and many are in some form of childcare (Bureau of Labor Statistics, 1996). Some young children present behavior concerns that require a new way of thinking about how children interact within different environments and why they behave as they do. When childcare providers and other early childhood professionals understand this new way of thinking, children develop secure relationships and benefit from their learning environments.

Childcare providers and other early childhood professionals are requesting help with young children who refuse to participate or who hit, bite, kick, swear, spit, or name call. Often, parents and early childhood professionals find themselves without adequate tools for responding effectively to troubled and troubling children. When standard approaches to behavior concerns do not work, several things can happen. The child's learning can be interrupted, social interactions can be restricted, and the safety of other children can be compromised. Moreover, parents may be asked to remove their child. Similar situations are occurring across Michigan and across the country.

Positive Behavior Support (PBS) is a national initiative to apply a new way of thinking about behavior concerns of ALL students. The initiative was established, in part, because providing children quality early childhood environments greatly reduces the likelihood that today's at-risk infants and toddlers will become tomorrow's violent teens (Newman, Brazelton, Zigler, Sherman, Bratton, Sanders, & Christeson, 2000). Positive Behavior Support can add to the "toolbox" of all concerned early childhood professionals in their efforts to support children and families and keep children in their early childhood programs.

The Situation in Michigan

Early childhood professionals face difficult situations when standard approaches for responding to behavior concerns fail. Unfortunately, this often puts into motion a frantic

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reaction by parents to seek an alternative early childhood setting for their child quickly, before they are asked to remove their child from the current setting. Below are recent data from four areas of Michigan describing the problem of disenrollment or expulsion of young children from early childhood educational programs.

Oakland County (Oakland Schools Early Childhood Team, 2000)

- A 1998 survey indicated that 43 out of 398 children (with preprimary impairment, ages 3 to 6 years) or 11% were identified as needing more intense behavior treatment.
- Ten percent of 3,605 preschool children were described as having behavior problems and 49 of them were at risk for expulsion.

Clinton-Eaton-Ingham Counties (Derr, 1998)

A random sample of 200 licensed childcare centers reported:

- On average, 8% (ranging from 6% to 20%) of the children were reported as having behavior problems.
- About 4% of the children were considered for expulsion.
- Over the past year, 2% had been expelled.

Grand Traverse and Leelanau Counties (Bush-Bergmann & Rindfusz, 1998)

Results from a survey from 185 childcare providers (15% center-based, 85% home-based) indicated:

- Nearly half of the childcare professionals had children with behavior concerns.
- Two hundred fourteen children displayed behaviors that put them at risk for expulsion.

Wayne County (Grannan, Carlier, & Cole, 1999)

Results indicated that during 1997-98, in 33 centers representing care for 1,413 preschoolers:

- Overall, nearly 7% of the children presented behavior concerns for care providers.
- An additional 57 children were at risk for expulsion.
- Forty-one preschoolers (about 3%) were expelled.
- More boys (35) than girls (6) were expelled.

Michigan County*	% of Children with Behavior Concerns	At Risk for Expulsion	Expelled
Oakland	>10%	1%	----
Clinton-Eaton-Ingham	about 8%	4%	2%
Wayne	7%	4%	2.75%

*excludes Grand Traverse and Leelanau Counties because of missing data



From these findings, it is clear that Michigan early childhood professionals need a new approach to thinking about behavior concerns of young children. Positive Behavior Support is a tool for the early childhood professional toolbox of effective practices. In particular, both center-based and home-based childcare providers and early childhood professionals need to be included in Positive Behavior Support awareness-level and other training opportunities.

Many childcare providers and other early childhood professionals indicated a need for additional training. The good news is that they also expressed a willingness to attend training sessions. Positive Behavior Support training can result in changes in their thinking and practices. This new approach can also lead to new ways to promote and support social-emotional competence of ALL children across early childhood settings.



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Positive Behavior Support: A New Way to View Child Behavior Concerns

We do not discipline young children...

...for not knowing what to do,

...for not knowing how to do it, or

...for lacking the skills to manage their own behavior.

Through Positive Behavior Support, we have a new way to help children meet age-appropriate social expectations.

Positive Behavior Support philosophy defines a behavior concern from within the learning environment rather than just from within the child. PBS provides a framework to think about behavior concerns in order to understand the impact of the learning environment. This new way of thinking leads to changes within learning environments.

Self-Assessment of Positive Behavior Support Philosophy

Positive Behavior Support views the whole child within the preschool, home, and other community settings in order to learn about the factors that can affect the child's behaviors. Read the vignette below and answer the self-assessment questions that follow. Then, see to what extent your answers are aligned with Positive Behavior Support philosophy.

Justin is a four-year-old boy attending a Michigan Readiness Preschool Program. All of Justin's developmental skills and abilities are within 9-months of age-appropriate expectations. During free choice/learning center time, Justin bites other children when they reach for one of his toys. He hits children when they walk near where he is playing. When the teacher attempts to redirect Justin, he screams, yells, swears, throws materials, or runs away.

Circle the numbers under "What is the problem?" that reflect your thinking about the problem.

What is the problem?

1. Justin is aggressive.
2. There are not enough materials to share at the center.
3. Justin is in a bad mood.
4. The center does not have enough room for the children.
5. Justin does not want to play with other children.
6. Justin's father lost his job yesterday.
7. English is the second language in Justin's home.



Circle the numbers under “What are some solutions?” that reflect your thinking about the solutions.

What are some solutions?

1. Remove Justin from the center until he is ready to play.
2. Add more materials to the center to see if this makes a difference.
3. Tell Justin he needs to think about what he’s doing and make good choices.
4. Limit the number of children per center area and see how that helps.
5. Justin’s developmental level requires that he play by himself.
6. You recently noticed a change in Justin’s behavior, and you contact the family for advice.
7. You observe to learn if pictures help Justin interact with peers.

A “problem within the child” philosophy omits consideration of important factors that can affect the behavior concern. Positive Behavior Support framework prompts questions that uncover these factors. Look below to see how the different answers align with PBS philosophy. Notice how PBS thinking reveals factors from the child’s daily life.

Problem within the Child	Positive Behavior Support
<p><u>What is the problem?</u></p> <ol style="list-style-type: none"> (1) Justin is aggressive. (3) Justin is in a bad mood. (5) Justin does not want to play with other children. 	<p><u>What is the problem?</u></p> <ol style="list-style-type: none"> (2) There are not enough materials to share at the center. (4) The center does not have enough room for the children. (6) Justin’s father lost his job yesterday. (7) English is the second language in Justin’s home.
<p><u>What are some solutions?</u></p> <ol style="list-style-type: none"> (1) Remove Justin from the center until he is ready to play. (3) Tell Justin he needs to think about what he’s doing and make good choices. (5) Justin’s developmental level requires that he play by himself. 	<p><u>What are some solutions?</u></p> <ol style="list-style-type: none"> (2) Add more materials to the center to see if this makes a difference. (4) Limit the number of children per center area and see how that helps. (6) You recently noticed a change in Justin’s behavior, and you contact the family for advice. (7) You observe to learn if pictures help Justin interact with peers.

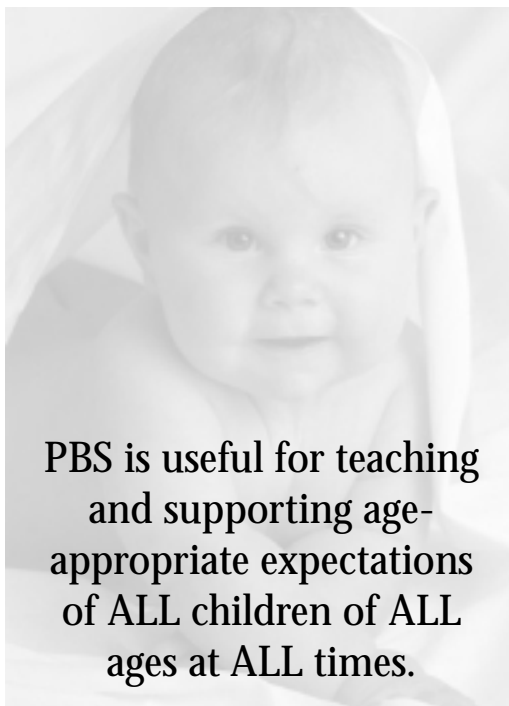


Positive Behavior Support Framework: Thinking “Out-of-the-Box”

Positive Behavior Support for young children like Justin is about thinking “out-of-the box” and asking questions with other adults in the child’s life. The early childhood professional and parents need to ask questions such as:

- What are age-appropriate expectations for the child in that activity?
- When does the behavior concern occur?
- Where does the behavior concern occur?
- With whom does the behavior concern occur?
- How often does the behavior concern occur?
- When or where does the behavior concern not occur?
- What are the learning expectations for the child?
- What are the family’s expectations for the child in this situation?
- What cultural differences affect the behavior concern?
- What events in the child’s personal and medical history affect the behavior concern?

Positive Behavior Support: Understanding Behavior Concerns



It is always a concern when a child fails to meet behavior expectations during daily activities and routines. The standard approach that aims to quickly eliminate a behavior concern is now replaced by an educational approach that teaches and supports the child. PBS provides a framework for thinking differently about the behavior concern that leads to developing strategies that support ALL children to meet behavior expectations. PBS is useful for teaching and supporting age-appropriate expectations of ALL children of ALL ages at ALL times.

Multiple strategies are used in the Positive Behavior Support process to help early childhood professionals address especially challenging or difficult behavior concerns. There are many reasons why a child may display immature or aggressive behavior. Through a Functional

Assessment of Behavior, the child’s behavior is observed and discussed. Then, age-appropriate supports can be put into place.

For example, when a child is biting other children, an observer records the specific times and activities during which the biting occurs. The observations are discussed with the

adults in the setting and the parents. More information is added to the discussion of the child's biting from the parents' experiences at home and in other settings. Thinking about all this information leads to an understanding of why the child is biting. For instance, as a result of the biting, the child may gain attention, access to a toy, or avoidance of a task. Through the Functional Assessment of Behavior, parents and early childhood professionals can understand the needs of the child and teach the child age-appropriate skills (LaRoque, Brown, Johnson, 2001).

Positive Behavior Support is thinking about and discussing the circumstances of the child (e.g., cultural influences; age-appropriate expectations of cognitive, social, and emotional development; personal history and attributes) and the setting(s) and situation(s) in which the behavior concern occurs. Through the PBS process, early childhood professionals may determine that a behavior concern is developmentally typical. In those cases, the early childhood professionals and parents develop a plan to support the child through this developmental period. In other cases, the behavior concern may require a plan to teach the child age-appropriate alternatives to biting. In another example, a four-year-old child not using speech may be taught to communicate using picture symbols. Observations and other documentation tools help parents and early childhood professionals see if their PBS thinking and planning are successful. This documentation guides decisions to revise plans of support.

For a more comprehensive description of PBS, read *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning* (Michigan Department of Education, 2000). Functional Assessment of Behavior is described in Section 4. Collaboration on a plan of support is discussed in Section 5.

Positive Behavior Support: Expected Outcomes in Early Childhood Settings

A list of intervention outcomes related to quality of life issues for children with behavior concerns is provided by Meyer and Evans (1989, 1993a, 1993b). The most important outcomes affect the positive social relationships that sustain the child in his or her home, school, and community settings now and in the future.

These expected outcomes include:

- Reduction of the behavior concerns that interfere with learning and social relationships,
- Acquisition of functional and age-appropriate alternative behaviors,
- Reduction in the need for crisis intervention and medical management,
- Acquisition of general strategies for self-control (e.g., relaxation skills, anger control, self-monitoring),
- Expansion of social relationships and support networks,
- Maintaining placements in childcare (zero reject),

- Perceived improvement in behavior by significant others, and
- Improvement in the quality of life (e.g., increased happiness, satisfaction, or perceived control).

Some Positive Behavior Support plans may require teaching specific behaviors, coping skills, or problem-solving abilities within the child’s home, preschool, childcare, or other community settings. In other cases, a PBS plan may only require that the parents and early childhood professionals engage in ongoing discussions to ensure that similar supports are in place for the child across settings.

Section One of *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning* (Michigan Department of Education, 2000) provides more information about PBS anticipated outcomes and benefits.

Positive Behavior Support: Knowledge and Skills

Often, there is a “within the child” approach rather than a Positive Behavior Support approach to thinking about a behavior concern. In those “blame the child” cases, there is also a failure to proactively address behaviors before they become a concern. There needs to be an ongoing emphasis on PBS in all professional development activities (Weigel, 1997). The following ten basic components of Positive Behavior Support need to be included in the early childhood professional toolbox of practices:

1. Broad emphasis – focus on increasing quality of life (e.g., happiness, friendships, independence, coping skills), not just reducing negative behavior or increasing skills; view the challenge as a child who has a problem and not a child who is the problem.
2. Long-term goals – address change over the span of months and years rather than seek short-term outcomes; avoid the trap of a “quick fix.”
3. Functional Assessment of Behavior – determine the form and function of, or reason for, behavior(s) rather than just describe the behavior(s).
4. Individuality and effectiveness – select interventions (such as use a gesture or words and not hitting for inviting another child to play) that are based on individual Functional Assessments of Behavior that point to individual needs rather than interventions (such as when any child hits, he or she goes into time out) that are based on a standard approach aimed at quickly eliminating a behavior.
5. Functional skills – teach useful skills (e.g., communication skills, social skills, new routines) that replace inappropriate behaviors and build social networks for the child.



6. Positive reinforcement – guide the child toward age-appropriate expectations, use encouragement, plan motivation into the activity, and recognize effort through social interaction within developmentally age-appropriate social contexts; provide positive reinforcement promptly and frequently.
7. Antecedents – observe to learn what interactions occur before the behavior or make plans that prevent the behavior from occurring by teaching new routines, adding novelty, or making environmental and schedule changes or curricular adaptations.
8. Personal history – learn about the child’s personal and medical history and approach children with known sexual or physical abuse histories differently; teach differently when developmental delays are known; consider cultural differences; understand that a move, divorce, death, and other family circumstances can negatively affect emotional and behavioral control; know how medication, allergies, or chronic or acute illness can affect behavior.
9. Setting characteristics – consider how the setting characteristics (e.g., size of the room, use of space, color of the walls, use of incandescent lights, size and arrangement of furniture, and amount of natural light) can affect the behavior concern.
10. Multiple strategies and partners – plan interventions to include antecedent conditions, environmental adjustments, and positive reinforcement within age-appropriate social situations to develop new behaviors. Include families, other adults, and community agencies or services, if necessary, in your planning.

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Section Twelve of *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning* (Michigan Department of Education, 2000) provides a glossary that may be helpful for understanding terminology used in this section and other sections of this document. Section Ten describes resources and commercially available materials that can support PBS implementation.

Positive Behavior Support: Important Issues for Healthy Child Development

The six sections that follow describe important information that needs to be taken into account when designing a plan of Positive Behavior Support. A PBS plan of support needs to consider the whole child. Considering the whole child rather than just the moment of a behavior concern provides a comprehensive framework for assessing the child across environments. PBS planning needs to consider the larger influences on the whole child.



Role of Brain Development and Behavior Concerns

Research on brain growth and development has confirmed the importance of the young child's interactions across environments and the significance of secure attachment relationships with primary caregivers (Shore, 1997). The child's interactions within relationships across early childhood settings affect the way the brain is "wired." Those brain connections develop as a direct result of the child's daily experiences and interactions, whether positive or negative. However, negative or harmful environmental stimulation can result in a child displaying negative or immature behaviors. For example, children who live under significant stress produce high levels of cortisol, a hormone that activates body and brain defensive responses (Sylwester, 1995). This constant washing of the brain with cortisol can result in the child seeking out situations to arouse cortisol production. This can look like the child is responding impulsively with aggression during daily activities.

Some children who display such aggression have experienced particularly negative histories in their relationships and environments (e.g., lacking strong, secure attachments within parent-child relationships; receiving harsh discipline or sensory deprivation, such as lack of nurturing touch). Moreover, in some cases, such negative histories can put children at risk for organic damage affecting social and cognitive development (Kotulak, 1996). PBS is about promoting the development of the whole child through predictable, quality relationships among children and adults across home, school, and community settings.

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Temperament, Relationships, and Behavior Concerns

Another area of child development that contributes to our understanding of the behavior of young children comes from the work on the distinct temperaments with which children are born (Chess & Thomas, 1986). The three major types of temperaments are easy, difficult, and slow to warm up. In a longitudinal study, about half of the children with difficult temperaments also developed behavior concerns. These behavior concerns may have developed when the child's temperament failed to match the parent or other caregiver's social expectations of their interactions. A mismatch interferes with the development of a secure attachment relationship. PBS is about creating supportive interactions among children and primary caregivers to develop secure attachment relationships.

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Sensory Integration and Positive Behavior Support

While all children are born with a temperament type, some children are born prematurely or with cerebral palsy, prenatal drug exposure, autistic spectrum disorder, hyperactivity, or a regulatory disorder that can contribute to sensory processing difficulties. Children with problems receiving and organizing sensory input, such as touch and sound, can have difficulty with self-adjusting their arousal states, attention, emotions, and behaviors (Williamson & Anzalone, 2000). Children with sensory processing difficulties often display impulsivity and distractibility. They can react with aggression or withdrawal when they face tasks or situations that are frustrating or overwhelming (Sensory Integration International, 1991). Sensory processing difficulties can interfere

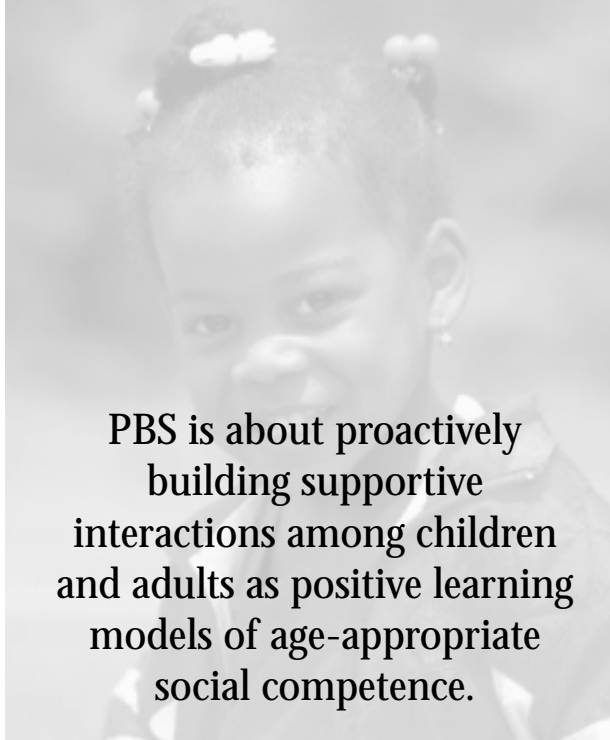


with the child's ability to display a calm, alert, or emotionally positive state. PBS interventions include a Functional Assessment of Behavior to record associations between environmental factors and the behavior concern. PBS is about providing sensory stimulation to better match the child's sensory integration abilities.

Social Learning, Relationships, and Social Competence

Some younger children may display higher than typical rates of hitting, biting, kicking, whining, or failing to follow directions. They may acquire these patterns of behavior through social learning or learning by observation and imitation of other children

(Bandura, 1973). A child's social experiences across daily activities and routines with other children serve as a learning model of age-appropriate behavior expectations. Our understanding of the role of social learning is particularly important when we know that young children who fail to receive effective, positive interventions are more likely to maintain high rates of aggressive behaviors as they get older (Rutherford & Nelson, 1995). PBS is about proactively building supportive interactions among children and adults as positive learning models of age-appropriate social competence.



PBS is about proactively building supportive interactions among children and adults as positive learning models of age-appropriate social competence.

Developmental Patterns and Behavior Concerns

In some cases, a child's behavior appears aggressive without the social intent of aggression by the child. For example, a child's aggressive-looking behavior can in fact be an expression of frustration with speech and language difficulties (e.g., hitting when wanting a toy while lacking the words or gestures to ask for the toy). Shaw, Gilliom, and Givannelli (2000) provide a developmental view of aggression. While an infant has the capacity to harm others (i.e., parents, siblings, pets), an infant does not have the cognitive abilities or social intent to be aggressive. For example, behaviors that are typically described as aggressive (e.g., biting, hitting, kicking) usually reach a peak during the second year of life. However, this is before the child has developed a capacity to be intentionally aggressive. Shaw, Gilliom, and Givannelli present evidence that when young children with aggressive behaviors intend to hurt or frighten others, they can learn to be more socially competent with carefully designed interventions. PBS is about promoting ALL children's social competence across ALL environments.



Infant Mental Health, Relationships, and Positive Behavior Support

Infant mental health develops within attachment relationships with primary caregivers (Weatherston, 2000). A caregiver/child temperament mismatch, a child's sensory integration difficulties, or issues with social learning may only partly explain a problem with the child's current social-emotional competence. In other cases, the young child may experience emotional disturbances. Mental health of young children is defined by their attainment of expected developmental cognitive, language, social, and emotional milestones, and secure attachments, satisfying relationships, and effective coping skills observed during daily activities and routines (U.S. Department of Health and Human Services, 1999, p. 123). Children not attaining age-appropriate mental health status can be experiencing significant and clinical levels of anxiety, depression, attention disorders, developmental delays in language, eating or eliminating problems, or other disorders of childhood (First, 1994.) Young children can appear aggressive when, in fact, they are experiencing mental health issues in coping with the demands of their environments. PBS intervention strategies include relationship-based services to ensure that a young child's early mental health needs are met.

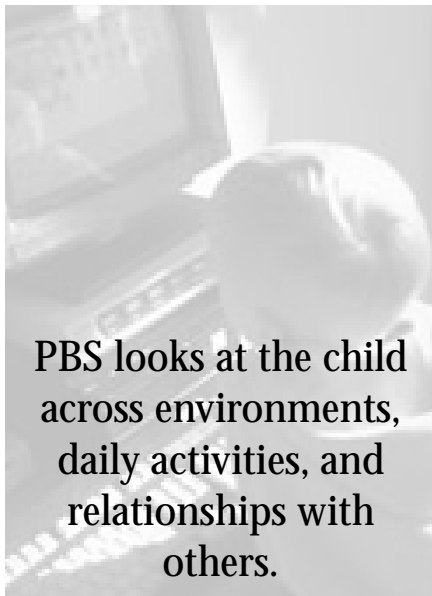
Section Seven of *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning* (Michigan Department of Education, 2000) provides the reader with more information to consider when designing PBS interventions. Section Six describes the link between Positive Behavior Support and special education services.

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Positive Behavior Support: Beyond Applied Behavior Analysis

Positive Behavior Support looks at the child across environments, daily activities, and relationships with others. This framework is used to identify the child's strengths and concerns within the contexts of social interactions, communication exchanges, and social-emotional expectations. Then, this information is used to design a PBS plan of intervention.



PBS looks at the child across environments, daily activities, and relationships with others.

The PBS approach includes the principles of applied behavior analysis (such as the use of positive reinforcement to increase a child's imitation skills for social learning) and Functional Assessment of Behavior to identify antecedents. The principles of applied behavior analysis have proven effective not only in eliminating challenging behavior concerns, such as aggression, but also in teaching behaviors of social-emotional competence (Scotti & Meyer, 1999). Children can and do learn new behaviors that meet age-appropriate expectations.



PBS combines principles of applied behavior analysis with an understanding of how social relationships and environments affect, build, and develop children's behavior and social competence (Evans, Scotti, & Hawkins, 1999; Richardson & Schwartz, 1998). Moreover, combining these principles with developmentally appropriate practice is essential to building the social relationships and communication exchanges, both verbal and nonverbal, that are necessary for the development of children's social competence (Bredekamp and Copple, 1997).

Developmentally Appropriate Practice and Positive Behavior Support

Age-appropriate expectations are the basis for developmentally appropriate practice (DAP) in early childhood programs. DAP is described by Bredekamp and Copple (1997) and endorsed by the Council for Exceptional Children, the Division for Early Childhood (National Association for the Education of Young Children, 1996). There are three areas of knowledge that are used as a basis for DAP decision making in designing Positive Behavior Support interventions:

1. Child development - what is known about the child's abilities at different ages and stages.
2. The individual strengths, interests, and needs of each child - what is known about the child's developmental capabilities, temperament, likes, and dislikes that influence his or her interactions across environments.
3. The social and cultural situations in which each child lives - what is known about the child's family home life, languages, values, styles of interactions, and gender expectations.

The key is to use Positive Behavior Support goals and objectives, with developmentally appropriate expectations and parent participation throughout the process. The place for learning starts in the home and moves to include the preschool and childcare program as the child's social focus expands from the family to include other adults. During the preschool years, the child's social focus expands to include more adults, peers, and community environments. PBS for young children is about ensuring the use of developmentally appropriate practice with proven PBS strategies for teaching children to learn, use, and enjoy their emerging social competence.

Positive Behavior Support: Strategies for Early Care and Educational Settings

Positive Behavior Support provides the framework to develop plans of prevention and, if needed, intervention (Ruef, Higgins, Glaeser, & Patnode, 1998). Using PBS means developing a plan of support that works for the child, family, and early childhood profes-

sionals. That plan of support will result in increased learning opportunities, productivity, participation, interdependence, and independence for children.

Kemps, at the University of Kansas, has studied the use of Functional Assessment of Behavior with young children (ERIC/OSEP Special Project, 1999). Early childhood professionals learned to determine the factors associated with the child's behavior concerns using case studies from Head Start and kindergarten classrooms. This led to the next step of developing intervention plans that were directly related to the child in his or her setting. The outcome of Kemp's work is similar to the findings of other researchers and practitioners (Carr, Horner, Turnbull, & colleagues, 1999; Kaiser & Rasminsky, 1999; Lawry, Danko, & Strain, 2000; Ruef, Higgins, Glaeser, & Patnode, 1998; Rutherford & Nelson, 1995). Early childhood professionals need to consider the following Positive Behavior Support strategies when thinking about behavior concerns:

- Teach the desired behaviors and program rules; teach often throughout the day and throughout the year.
- Teach replacement skills, such as socially acceptable ways to get adult attention and assistance.
- Teach social skills using peers and adults as models of behavior expectations.
- Provide concrete, visual examples of positive interaction and play—role playing, puppets, pictures (Hodgdon, 1999).
- Be consistent and genuine with immediate and frequent reinforcement and encouragement (Rhode, Jenson, & Reavis, 1992).
- Alter learning environments by considering room arrangements and traffic patterns to support age-appropriate expectations.
- Increase predictability and ease of transitions by teaching the child cues that allow the child to anticipate transitions and change.
- Increase child choice making by using verbal models, objects, or pictures.
- Make curricular adaptations such as adjusting the difficulty of the task, reducing the length of time of the activity, reducing the number of steps involved, or changing the method of presentation.
- Use incidental teaching strategies.
- Use redirection as an early strategy in responding to a behavior concern.
- Provide opportunities for one-to-one time with an adult to establish a secure relationship.
- Provide and support children's social-emotional responses to each other.

In summary, Ruef and his colleagues believe that using PBS creates a program that is “clear, predictable, responsive, and creative” (p. 30).



Positive Behavior Support: Getting Started

Currently in Michigan, Positive Behavior Support materials are available through the Michigan Department of Education State Improvement Plan/State Improvement Grant (SIP/SIG) to help staff and parents understand behavior concerns. In addition, there are PBS awareness workshops for early childhood professionals and families. Furthermore, PBS self-assessments of practices and procedures in preschool, childcare, and other early childhood educational settings will soon be available. Support for conducting this self-assessment process will be available as well.

The process of changing from current practices to using Positive Behavior Support may take some time, as early childhood professionals go from PBS awareness to implementation. The philosophy of Positive Behavior Support needs to be reflected in an early childhood program mission statement. A director of an early childhood program, a teacher, a childcare provider, a parent(s), with other early childhood professionals, together bring about implementation and regular use of PBS. This systemic change involves everybody as they learn about Positive Behavior Support and embrace the practice across all settings.

- Awareness workshops on Positive Behavior Support are offered through the Awareness and Dissemination hub of Michigan's SIP/SIG. For information on cost, dates, and locations of scheduled PBS awareness workshops or to make arrangements for an awareness workshop to be presented for your staff and families, contact: Annette Gorden at (800) 593-9146, extension 18; (517) 541-1318, extension 18; (517) 321-6101, extension 18; (517) 541-1351 fax; e-mail: agorden@eaton.k12.mi.us.
- For copies of *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning*, contact: Teri Bullock at (800) 593-9146, extension 4; (517) 541-1318, extension 4; (517) 321-6101, extension 4; (517) 541-1351 fax; e-mail: tbullock@eaton.k12.mi.us. The PBS document is available for a nominal fee that covers the document, a summary, PBS assessment forms on a computer disk, and a PBS brochure.
- Self-assessment tools for early care and education programs will be completed and posted for free downloading at the SIP/SIG web site: <http://www.michigan-sipsig.match.org>.
- Support for efforts to implement Positive Behavior Support can be obtained by contacting Dr. Bernie Travnikar, PBS Consultant for Michigan's SIP/SIG; (800) 593-9146, extension 8; (517) 541-1318, extension 8; (517) 321-6101, extension 8; (517) 541-1351 fax; e-mail: bernie@positivebehaviorsupport.com.
- You are not alone. Begin collaborating by contacting your local or intermediate school district special education director, *Early On*[®] Coordinator, or Project Find Coordinator.



Parting Words

Parting words of support are adapted from our neighbors to the north, the Canadian Child Care Federation (Kaiser & Rasminsky, 1999, p. 37).

- View behavior concerns as an opportunity to teach.
- Take it slowly; be persistent and patient.
- At the end of the day, reflect on what went right and what went wrong, and document your reflections.
- Learn to look for and document the child's growth toward PBS goals.
- Remember that with change, things may get worse before they get better. By organizing your documentation and providing a reasonable period of time for the child to learn, you can make decisions about whether to stay with or modify the plan.
- If you work with other people, collaborate. Laugh, support, and encourage one another. If you work alone, seek out peers or professional support. Sharing can lighten the load, increase your productivity, and spark your creativity.
- Take good care of yourself. Eat that chocolate, take a brisk walk, and immerse in a great movie. Do what it takes to keep your stress manageable.

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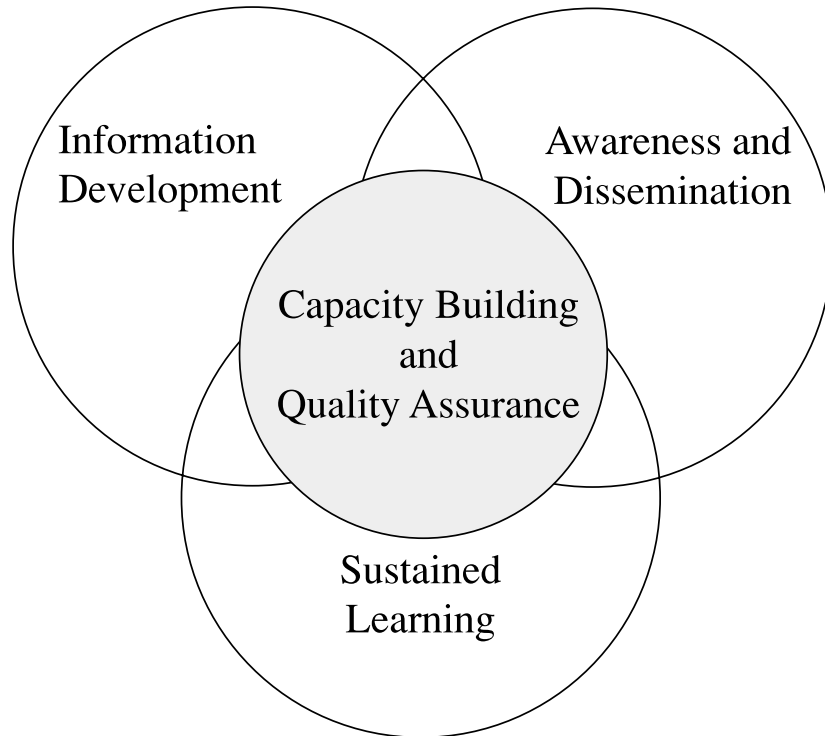
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TOTAL NUMBER OF COPIES PRINTED (First Printing): 10,000
TOTAL COST: COST PER COPY: \$.3792
First Printing: June 2001

