BehaviorHelp:

Supporting Teachers So Children Can Reach Their Potential!

2020 Update

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care and Early Childhood Education

TABLE OF CONTENTS

LIST OF ABBREVIATIONS 2
EXECUTIVE SUMMARY 3
THE PROBLEM OF SUSPENSION & EXPULSION 4
THE CALL TO ACTION 4
THE ARKANSAS RESPONSE 5
THE BEHAVIORHELP SYSTEM 5
REACHING THE STATE 7
DESCRIPTION OF REFERRALS 7
  Description of Children Referred 7
  Classroom Strengths and Opportunities to Improve Social-Emotional Supports 10
PREVENTING SUSPENSION & EXPULSION 11
  Teacher Perception of Change in Child Behavior 12
THE COVID-19 PANDEMIC 13
LESSONS LEARNED AND QUALITY IMPROVEMENT EFFORTS 13
BEHAVIORHELP SUPPORT PARTNERS 14
MEMBERS OF ARKANSAS' SUSPENSION & EXPULSION PREVENTION WORKGROUP 14
REFERENCES 15

LIST OF ABBREVIATIONS

A-State CHS	Arkansas State University Childhood Services
BH	BehaviorHelp
DHS/DCCECE	Department of Human Services/Division of Child Care and Early Childhood Education
ECE	Early Care and Education
IECMH	Infant and Early Childhood Mental Health
SDQ	Strengths and Difficulties Questionnaire
TA	Technical Assistance
TPOT-SF	Teaching Pyramid Observation Tool – Short Form
UA ECEP	University of Arkansas Early Care and Education Programs
UAMS	University of Arkansas for Medical Sciences

EXECUTIVE SUMMARY

In the United States, children in early care and education (ECE) settings are being suspended or expelled at alarming rates. The long-term effects of preschool suspension and expulsion are significant, including school failure, behavior problems, and even adult incarceration. In 2014, the U.S. Departments of Health and Human Services and Education released a policy statement urging states to take action to reduce the practice of suspension and expulsion in ECE settings. Arkansas' Suspension and Expulsion Workgroup, convened by the state's Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE), worked to revise existing policies within the state, requiring prior approval for children's dismissal from ECE programs that are state funded and/or accept federally-funded childcare assistance. In addition, the workgroup designed BehaviorHelp, a single point-of-entry support system for teachers struggling to manage challenging behaviors in the classroom. Those in need of assistance can now receive key training, technical assistance, and mental health consultation resources by one of three agencies in the state: DHS/DCCECE, the University of Arkansas for Medical Sciences (Project PLAY), and Arkansas State University Childhood Services (Technical Assistance). These supports are classroom or child specific, geared to meet the needs of each individual case referred.

IN FY'21, BEHAVIORHELP SERVED THE TEACHERS OF 238 CHILDREN AT 143 CENTERS IN 42 COUNTIES & 67 CITIES.

Since BehaviorHelp began in 2016, 1822 BehaviorHelp requests were received related to challenging classroom behavior. After four years of referrals increasing annually, the number of referrals received in FY '21 was down compared to prior years, likely due to the COVID-19 crisis. Requests for help were received on children who ranged in age from 0 to 12 years of age, and most referrals involved male children (81%). More than half of children referred (59%) had experienced difficult or traumatic events such as abuse or neglect, divorce/parent separation, and parent substance use or mental illness. Most referrals were related to behaviors described as aggressive and disruptive in the classroom.

Of the BehaviorHelp cases assigned for support, 69% received assistance from the A-State Childhood Services technical assistance team and 30% from Project PLAY (with 1% of those cases being worked jointly between agencies). An additional 1% of cases were worked by DHS/DCCECE. Of the 1778 cases that BH has *closed* since, **3% of children were expelled (n = 45)**. For cases receiving child-specific support, teachers reported improvements in child behavior and social skills on standardized screening tools.

In FY '20 and FY '21, BehaviorHelp saw the impact of the COVID-19 pandemic, with referrals for services decreasing during that time. Project PLAY and A-State CHS were still able to provide virtual consultation throughout the pandemic, with a return to in-person consultation in the spring of 2021. Both before and during the pandemic, our experiences suggest an array of supports are needed to assist teachers in designing classroom environments that support the social and emotional development of all children, prevent challenging behaviors from emerging, and accommodate children who have unique needs.

THE PROBLEM OF SUSPENSION & EXPULSION

The success of young children in early care and education (ECE) settings is closely tied to their social and emotional development. As children progress through early childhood, it is important for them to learn skills such as how to get along with others, listen and follow directions, and identify and manage their emotions. However, data suggests that most early childhood classrooms include at least one child with significant social, emotional, or behavioral issues. In the United States, approximately 10–20% of preschool children in the U.S. have some type of emotional or behavioral problem. The recent National Survey of Children's Health found that 22% of children ages 2–8 in Arkansas have a diagnosed mental, behavioral, or developmental disorder—the highest rates in the nation[1].

Without intervention, children with such social and emotional delays are at risk of suspension and expulsion as well as problems in later childhood. In fact, children who are suspended or expelled are more likely to have long-term negative outcomes, including teen pregnancy, substance abuse, school failure and drop-out, and even incarceration[2-4]. Further, when young children are excluded from the classroom, we miss the opportunity to identify and address their needs, which often include developmental delays or disabilities and experiences of trauma or serious family stressors. We also lose the chance to increase the capacity of teachers to build children's social and emotional skills and manage challenging classroom behavior.

THE CALL TO ACTION

Because of growing concerns about the negative consequences of suspension and expulsion, in 2014, the U.S. Departments of Health and Human Services and Education released a joint policy statement recommending that states and programs take action to reduce and ultimately eliminate suspension and expulsion[5]. Recommendations in this policy statement fall into six areas:

Establishing fair and appropriate practices.

Ensuring a highly skilled workforce.

Increasing access to specialized supports.

Strengthen family partnerships.

Implement universal developmental and behavioral screening.

Set goals and track data.

THE ARKANSAS RESPONSE

Upon the release of the joint U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension, the Director of the Arkansas Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE) convened a workgroup to develop a plan to reduce suspension and expulsion in ECE programs in Arkansas. The workgroup was comprised of multiple units of the DHS/DCCECE, various university partners, professional development providers, professionals with experience as ECE administrators, and more.

The state's workgroup reviewed existing policy that limits expulsions in state funded pre-k settings. The policy stated that "No child shall be dismissed from the program for behavior without prior approval from DHS/DCCECE." In 2016, DHS/DCCECE expanded this policy to also cover about 1,000 ECE providers that accept childcare assistance (vouchers/subsidy). Head Start and Early Head Start programs have long had non-expulsion policies built into their federal performance standards.

The workgroup utilized both in person and online strategies to spread the word about the negative impacts of suspension and expulsion on young children and their families, the policy change, and the state's new ECE provider support system—BehaviorHelp. These efforts were renewed in 2018 to ensure providers are aware of both the policy and the supports available.

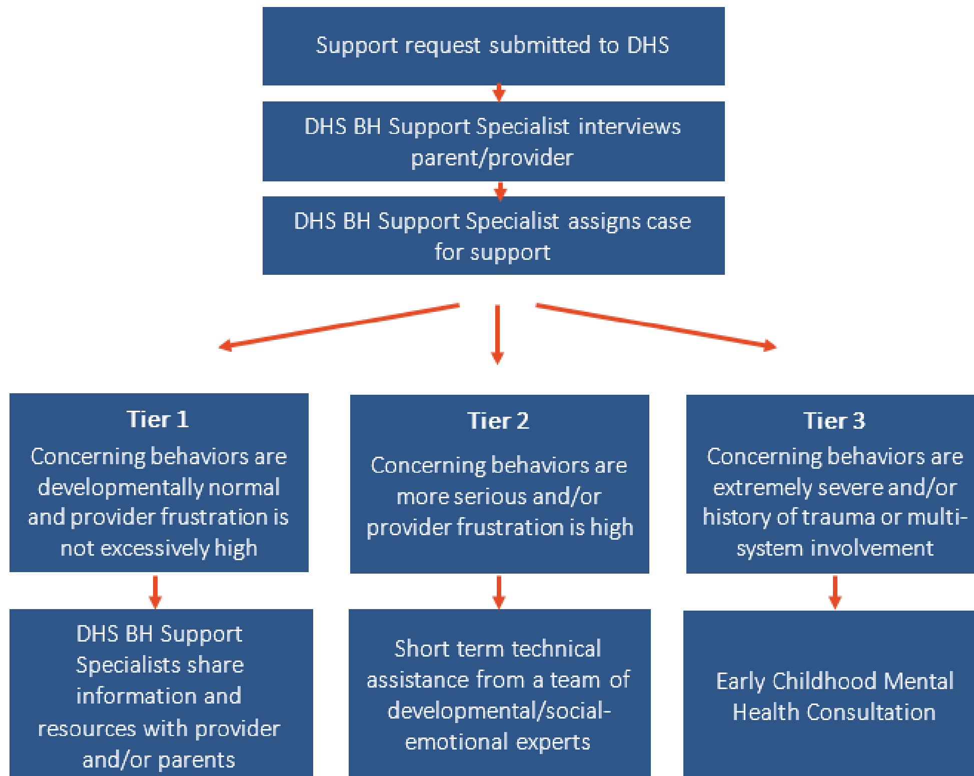
THE BEHAVIORHELP SYSTEM

Arkansas' BehaviorHelp (BH) system was designed by the state's Suspension and Expulsion Prevention Workgroup to provide a single point-of-entry to access support for teachers experiencing behavioral challenges in the classroom. Launched July 1, 2016, the system coordinates key training, technical assistance (TA), and mental health consultation resources in the state with a goal of helping ECE providers quickly and easily access the support that is likely to best match their needs. Requests for support can be submitted by teachers, parents, child welfare caseworkers, and others through a brief online BH support request form. It is important to note that while BH requests might be initiated because of concerns around an individual child, the support system is aimed at building the skills of teachers to support *all* children and families, including those in their class whose behavior may be challenging.

Launched July 1, 2016, BehaviorHelp coordinates key training, technical assistance, and mental health consultation resources.

BehaviorHelp is a multi-tiered approach to services and includes team members from DHS/DCCECE, Arkansas State University Childhood Services (A-State CHS), and the University of Arkansas for Medical Sciences (Project PLAY). Initial child referrals are received by BH Support Specialists with the DHS/DCCECE. These specialists then contact the person submitting the request to complete a phone interview. The BH Support Specialist then decides the most appropriate next steps for referral to help support the teacher. Next steps can include assistance via phone or email by DHS/DCCECE staff,

assignment to a BH Technical Assistance Provider (through A-State CHS) for on-site short-term assistance, or assignment to on-site infant and early childhood mental health consultation (through Project PLAY).



If a case is assigned to A-State CHS Technical Assistance (Tier 2), the ECE professional would receive the following supports:

- Initial visit to observe the classroom, teacher, and environment.
- Between 2 and 10 additional classroom visits (or more if needed) to assist the teacher in implementing strategies designed to strengthen the quality of the classroom environment, support social and emotional learning, and reduce behavior concerns in the classroom.
- Identification of additional appropriate professional development opportunities.

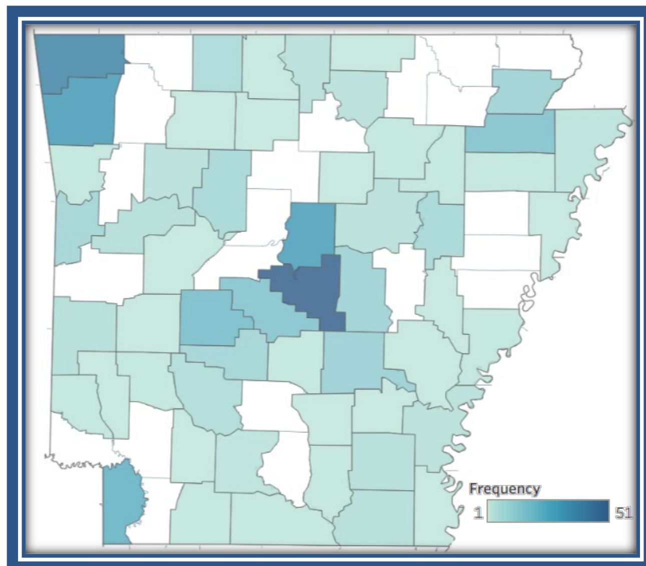
If a Project PLAY Infant and Early Childhood Mental Health (IECMH) Consultant (Tier 3) is assigned, supports could include:

- Observation of classroom, teacher, environment, and child referred.
- Developmental, social, and emotional screening.
- Partnering in development of individualized plans to support caregivers in managing challenging behaviors and strengthening social and emotional supports in the classroom.
- Weekly classroom visits for approximately three months to assist teachers in implementing new strategies and techniques and support the well-being of the teacher.
- Partnership with parents to facilitate consistency between home and school.

- Training and information sharing on topics such as childhood trauma, managing disruptive behaviors, and emotional literacy.
- Referrals to community resources, if needed, for further assessment and treatment.

REACHING THE STATE

BehaviorHelp has provided support to childcare centers across the state, working in 60% of Arkansas counties in FY '21. Utilization of the BehaviorHelp system, however, decreased approximately 39% from FY '20 to FY' 21. The timing of the decrease in referrals appears to be linked to the COVID-19 pandemic.



IN FY20-21, BEHAVIORHELP SERVED THE TEACHERS OF:

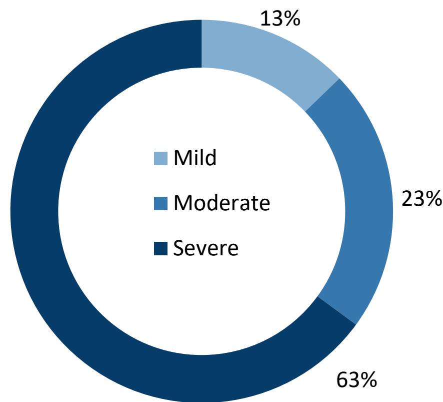
- 238 CHILDREN
- AT 143 CENTERS
- IN 42 COUNTIES.

DESCRIPTION OF REFERRALS

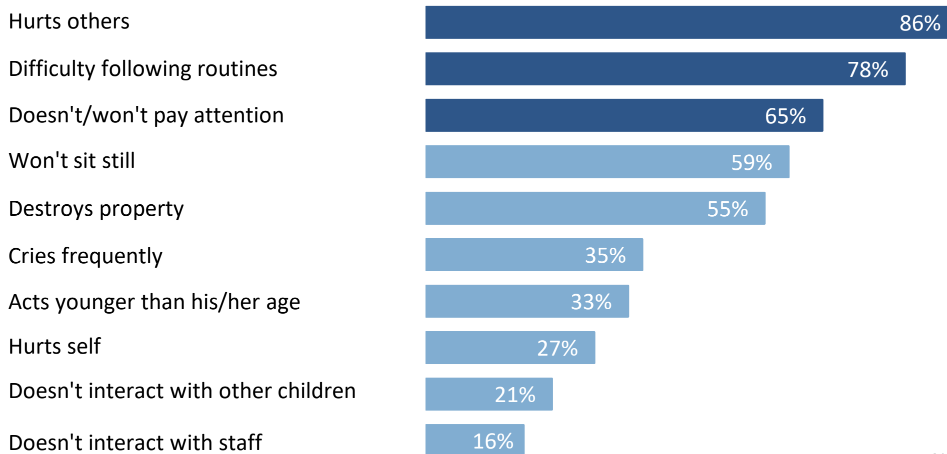
Description of Children Referred

Data presented below are inclusive of children served across all program years. Since BehaviorHelp began in July 2016, the program has received referral requests on 1813 children across the state. Initial requests for service often came from the center director (46%). Other times, it was a teacher, parent, mental health professional, or caseworker who made the referral for supports. Those requesting assistance indicated children were demonstrating an average of five challenging behaviors (see next page).

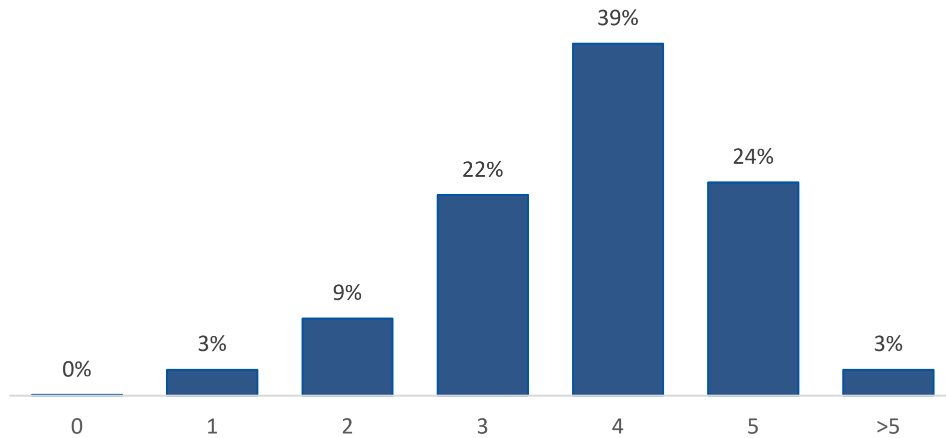
Teacher frustration with child behaviors was high.



Reports often indicated children harmed others and had difficulty following routines and paying attention.



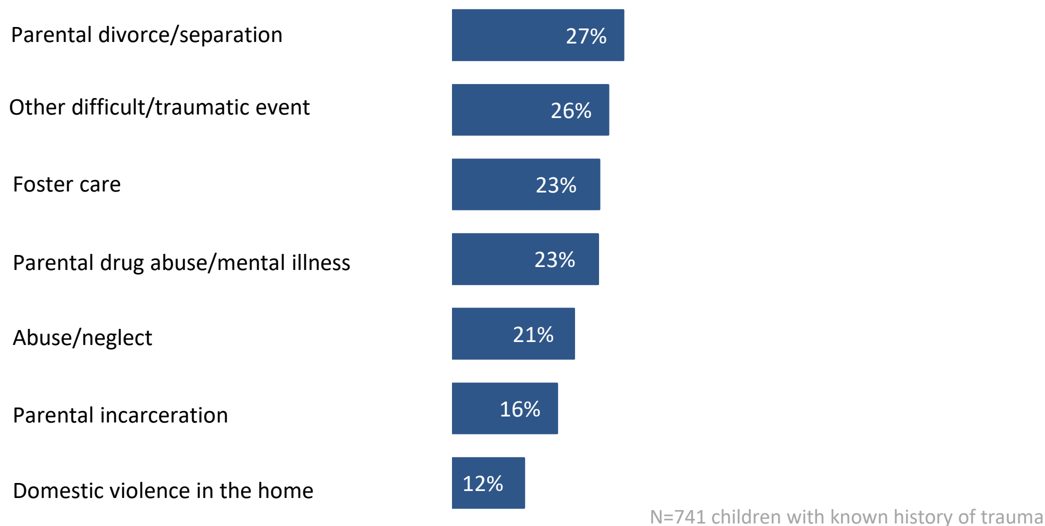
While the system was primarily designed to serve children birth to five, some referrals were accepted for children enrolled in after-school or summer programs (3%). Referrals involved children ranging in age from 0 to 12 years of age (M=3.87, *SD*=1.27), though most were between the ages of 3 and 5. **Most referrals involved male children (81%).** In terms of race and ethnicity, the **majority of children were non-Hispanic Caucasian (63%)**, followed by non-Hispanic African American (23%) and multi-racial (10%). Three percent of families were of Hispanic ethnicity. Reports indicated that **10% of the children referred were currently in foster care at the time of initial request for support**. Families received support for children's care from a variety of funding sources, including ABC (37%), CCDF or Foster Care Voucher (21%), Head Start/Early Head Start (12%) and other sources (30%), including private pay, Medicaid, etc.



Children who exhibit behaviors that teachers find challenging to manage in the classroom are often survivors of trauma, have developmental delays, or are in need of stronger positive relationships with adults in their lives. In year 2, we began gathering data on the special needs of children. Since then, we have learned that while some teachers indicated they were not aware of services children are receiving, overall, they reported that 23% of children had an Individualized Education Plan, 16% were receiving support from the local education agency, and **45% were receiving services such as speech, occupational, or physical therapy**.

Upon initial referral to BehaviorHelp, almost half (53%) of children referred had reportedly gone through recent changes in their life. Center staff also indicated that 46% of children had experienced difficult or traumatic events, including DHS involvement, divorce/separation, parent incarceration, serious illness and injury, and other difficult experiences (i.e., homelessness, parent deployment, witness to violence). Sometimes throughout the course of the case, however, evidence of trauma was discovered in children initially not thought to have experienced difficult life events. By case closure, **the proportion of children who were reported to have experienced trauma rose to 59%**.

Among children whose history of experiencing a traumatic event was known at intake, the experiences below were most common:

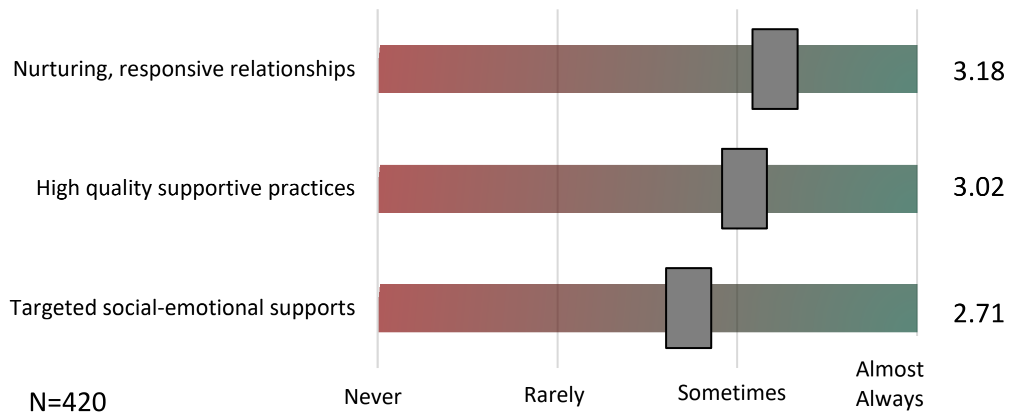


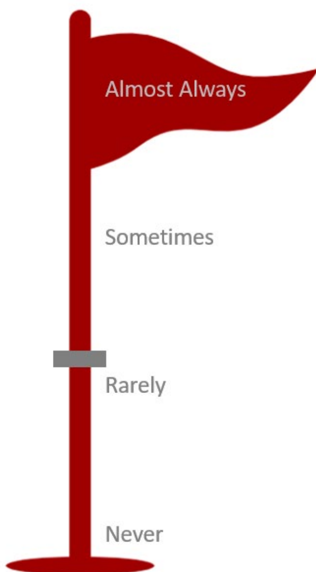
Classroom Strengths and Opportunities to Improve Social-Emotional Supports

BehaviorHelp staff utilized the Teaching Pyramid Observation Tool – Short Form (TPOT-SF) in their initial observations of classrooms in which teachers were requesting help for managing challenging behavior (for infant-toddler classrooms, a different tool was utilized). The TPOT-SF is designed to align with the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children and identifies tiered classroom practices that support children's development and reduce challenging behavior in the classroom. Selected results from the TPOT are shown below, highlighting existing strengths as well as opportunities to strengthen classroom practices so that fewer emotional and behavioral challenges emerge.

Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (61%). In the graph below, we show the average of the TPOT-SF items scored within each level of the Pyramid. These results show that in initial classroom observations by BH consultants, teachers needed the most support in helping to build children's social-emotional skills. Overall, classroom teachers were rated highest on their use of strategies to build nurturing, responsive relationships with the children in their classroom. For example, 85% of teachers have conversations with children, and 71% join in children's play 'sometimes' or 'almost always.' There were slightly more opportunities to build supportive teaching practices that build high quality classroom environments. For example, while most classrooms had teacher directed activities were less than 20 minutes (87%), only 48% of classrooms were using a

visual schedule to help children understand what to expect during the day, and transitions are often chaotic (65%). The lowest average scores were seen on use of targeted social-emotional supports. For example, 62% of teachers support children in problem-solving 'sometimes' or 'almost always,' and 57% of teachers rarely discuss emotions in the classroom.





Four items on the TPOT-SF are considered '**red flag items**,' in that they are classroom practices *not consistent* with the Pyramid Model. These 'red flags' can be indicative of a need for more teacher training and support in those areas or program-wide policies and procedures that may need to change. 'Red flag' items include teachers frequently reprimanding children for engaging in problem behavior (i.e., teacher says "no," "stop," or "don't"), threating children with negative consequences if problem behaviors persist, and reprimanding children for expressing their emotions. Questions are worded such that 'never' is positive and 'almost always' is negative. As shown in the graphic to the left, of cases actively worked by BehaviorHelp consultants, teachers engaged in these 'red flag' practices between 'rarely' and 'sometimes.' For example, 34% of teachers threatened children 'sometimes' or 'almost always' during the observation period.

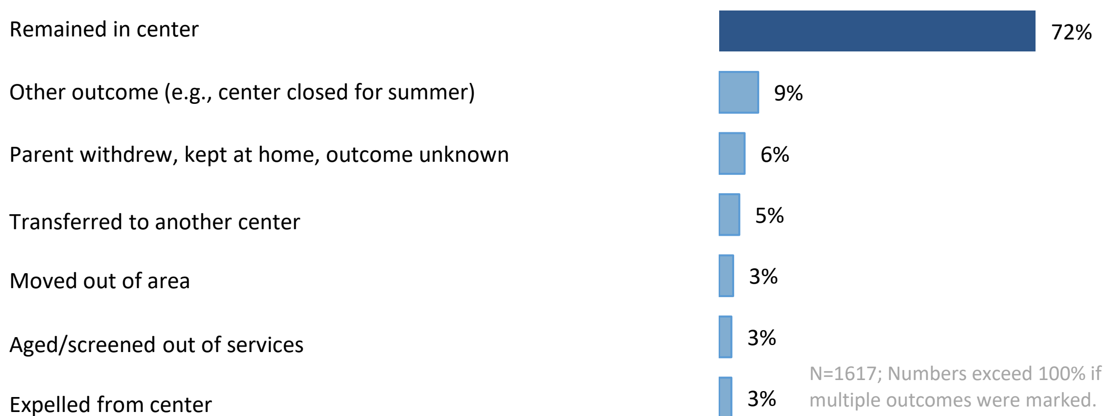
PREVENTING SUSPENSION & EXPULSION

BehaviorHelp cases were primarily assigned to either the A-State CHS technical assistance team (69%) or Project PLAY (30%), with 1% of those cases being worked jointly between agencies. A small number of cases (N = 11; 1%) were supported by phone and email through DHS/DCCECE. These numbers exclude the cases that were not assigned outside of DHS/DCCECE for various reasons (attempts to

contact school were unsuccessful, parent had already moved child, etc.). In some cases, A-State CHS and Project PLAY staff also collaborated with early childhood special education professionals.

Of the 1778 cases that the BH team has *closed* across all fiscal years, **45 children were expelled (3%)**. Most children (65%) remained in the center that initiated the BH referral, with 86% of those still in the same classroom as intake. In 8% of cases, parents withdrew the child from the program. Sometimes these withdrawals can be indicators of what is termed a '*soft expulsion,'* in which parents feel unable to keep their child enrolled due to frequent calls about behavior or requests to pick up the child. Other times the parent may withdraw the child for other reasons entirely, and we do not have data on the reason for the withdrawal. Other children were transferred to another center (4%). In 11 of 66 transfers, the decision to transfer was recommended and facilitated by the BehaviorHelp team with the support of the parents, while most transfers were the decision of the parent and/or program alone. The remaining children changed centers due to aging out or graduating, or moving out of the area.

At the time their case closed, most children remained in the ECE center.



Teacher Perception of Change in Child Behavior

When a child-specific case was opened through Project PLAY, teachers were asked to complete the Strengths and Difficulties Questionnaire (SDQ), a 25-item screening tool designed to assess children's behavior in five key areas: emotional difficulties, conduct problems, hyperactivity, peer relationships, and prosocial behaviors. The average scores for children referred to BehaviorHelp were higher than SDQ normative data (with prosocial scales lower than the norm), indicating the severity of behaviors exhibited by children referred to BehaviorHelp services. However, **total SDQ scores improved significantly,** with children's behavior seeing significant improvements over the course of the three-months of Project PLAY consultation with the teacher (see figure below). **Teachers also reported a significant decline in the impact of the child's challenging behaviors on the classroom.** This was evidenced by a significant decrease in teachers scores related to how much the child's difficulties (problems with emotions, concentration, behavior, and/or getting along with others) upset the child or interfere with classroom life (including peer relationships and learning within the classroom).

Significant decrease in conduct & hyperactivity problems such as:

- Often fights with other children.
- Often argumentative with adults.
- Constantly fidgeting or squirming.

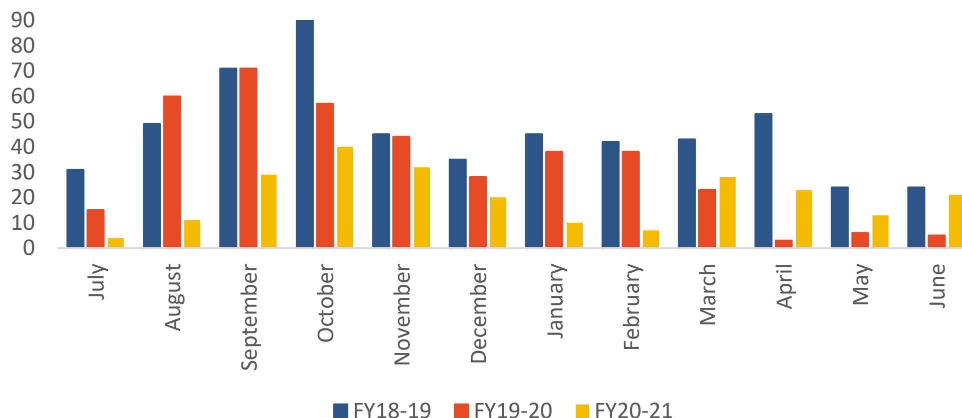
Significant increase in prosocial behaviors such as:

- Considerate of other people's feelings.
- Shares readily with other children.
- Often offers to help others.

THE COVID-19 PANDEMIC

In March of 2020, the work of the BehaviorHelp team was impacted by school and childcare closures and disruptions related to the COVID-19 pandemic. The pandemic appears to have had a direct impact on the number of referrals that were made to BH during that time and continued to impact the 2020-2021 fiscal year (see figure below). In the beginning of FY '21, BehaviorHelp received significantly fewer referrals than in previous years. BehaviorHelp consultants, however, were continuing to provide virtual services to childcare centers across the state during this time. As COVID restrictions began to lessen across the state, Project PLAY and ASU staff began to increase their capacity to serve centers in person. This coincided with an uptick in support requests submitted in the Spring of 2022.

COVID-19 continued to impact the number of referrals through March 2021.



LESSONS LEARNED AND QUALITY IMPROVEMENT EFFORTS

As a result of the COVID-19 pandemic, many services provided by the BehaviorHelp team moved to a virtual format. This process was not without challenges. Initiating virtual consultation was harder at childcare centers where consultants had not already established a relationship. Observing classrooms virtually was difficult at times; however, many consultants found the use of technology helpful (e.g., virtual meeting platforms like Zoom, iPads, etc.). Another barrier to overcome was the *center's* own access to and use of technology. Consultants observed that childcare centers may not have reliable internet connection and may lack the appropriate technology needed for virtual visits. Often times,

center staff would miss scheduled virtual meetings, without the consultant being physically present at the site as a reminder.

Conversely, teacher/consultant meetings, debriefs, and planning overall went well virtually, and some aspects of this process we will carry forward in our practices. We found that virtual consultation seemed to work well for teachers who could not break free for consultation during class time but who could meet after their workday virtually. It also allows more flexibility for meeting with parents and other service providers, particularly in our more rural parts of the state. We will use these lessons to maximize the use of technology to support ECE program staff and families in ways that align with their preferences and schedules.

BEHAVIORHELP SUPPORT PARTNERS

MEMBERS OF ARKANSAS' SUSPENSION & EXPULSION PREVENTION WORKGROUP

- Arkansas Department of Human Services/Division of Child Care and Early Childhood Education
  - Licensing and Accreditation Unit
  - Arkansas Better Chance
  - Family Support
  - Director's Office
- Arkansas Department of Human Services/Division of Behavioral Health Services
- Arkansas Department of Education/Division of Elementary and Secondary Education Special Education Unit
- Head Start Collaboration Office
- Project LAUNCH
- University Partners
  - Arkansas State University—Jonesboro
  - University of Arkansas for Medical Sciences
  - University of Arkansas—Fayetteville
- Out of School Network
- Arkansas Advocates for Children and Families

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