BehaviorHelp
Helping every child reach their potential!

2016-17 Annual Report
# TABLE OF CONTENTS

EXECUTIVE SUMMARY ................................................................................................................................. 2
THE PROBLEM OF SUSPENSION & EXPULSION ............................................................................................ 3
THE CALL TO ACTION ....................................................................................................................................... 3
THE ARKANSAS RESPONSE ........................................................................................................................... 4
THE BEHAVIORHELP SYSTEM ......................................................................................................................... 4
REACHING THE STATE ...................................................................................................................................... 6
DEFINING THE NEED ......................................................................................................................................... 6
PREVENTING SUSPENSION & EXPULSION ....................................................................................................... 8
CASE STUDIES................................................................................................................................................... 9
  Project PLAY Early Childhood Mental Health Consultation .............................................................................. 9
  ASU Technical Assistance ................................................................................................................................. 9
SATISFACTION WITH BEHAVIORHELP SERVICES ......................................................................................... 10
  Comments from Those Receiving BehaviorHelp Services: ............................................................................... 11
LESSONS LEARNED .......................................................................................................................................... 11
BEHAVIORHELP SUPPORT PARTNERS ........................................................................................................... 12
MEMBERS OF ARKANSAS’ SUSPENSION & EXPULSION PREVENTION WORKGROUP ............................ 12
REFERENCES...................................................................................................................................................... 12
EXECUTIVE SUMMARY

In the United States, children in early care and education (ECE) settings are being suspended or expelled at alarming rates. There is also growing evidence that specific groups of children may be disproportionately suspended and expelled from ECE settings, with older preschool children, boys, and African-Americans at greater risk. 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 joint policy statement urging states to take action to reduce and soon eliminate 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 child care 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 A-State University—Jonesboro (Technical Assistance). These supports are classroom or child specific, geared to meet the needs of each individual case referred.

IN FY ’17, BEHAVIORHELP SERVED THE TEACHERS OF 264 CHILDREN AT 173 CENTERS IN 50 COUNTIES.

In the 2017 fiscal year, 264 BehaviorHelp requests were received related to challenging classroom behavior. Teachers requested help to better support children who ranged in age from 1 to 7 years of age and most referrals involved male children (82%). Nearly half of these children (48%) had experienced difficult or traumatic events such as abuse or neglect, divorce, and parent incarceration. Most referrals were from teachers seeking support in managing aggressive, disruptive behavior.

BehaviorHelp cases were assigned to either the ASU technical assistance team (68%) or Project PLAY (30%). In 2% of the cases, ASU and Project PLAY collaborated together to best assist the center in managing behaviors. Of the 228 cases that BH closed this fiscal year, only 10 children were expelled (4%). Teacher surveys revealed high levels of satisfaction with BehaviorHelp; 86% of those surveyed agreed they would use BH again and recommend BH services to others.

Our experiences with BehaviorHelp confirm that suspensions and expulsions are symptoms of multi-faceted, complex problems in our schools and communities. 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.
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.

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. 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. 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 child care 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.

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, 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 (see figure below) and includes team members from DHS/DCCECE, Arkansas State University—Jonesboro (ASU), 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 Arkansas State University) for on-site short
term assistance, or assignment to on-site early childhood mental health consultation (through Project PLAY).

If a case is assigned to Arkansas State University 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 Early Childhood Mental Health 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

Children with challenging behaviors are often survivors of trauma, are children with developmental delays, or are children who have not been exposed to positive adult relationships. These are the children who need inclusive, high quality child care with well trained and educated staff. The need for the BehaviorHelp system has grown increasingly wide as centers across the state have utilized these supports this fiscal year.

DEFINING THE NEED

Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (65%). Often times, the center director made the initial contact to request help (46%). Those requesting assistance indicated children were demonstrating an average of five challenging behaviors.

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

- Hurts others (88%)
- Difficulty following routines (83%)
- Doesn’t/won’t pay attention (66%)
- Won’t sit still (60%)
- Destroys property (53%)
- Acts younger than his/her age (38%)
- Cries frequently (33%)
- Hurts self (28%)
- Doesn’t interact with other children (22%)
- Doesn’t interact with staff (13%)

IN FY16-17, BEHAVIORHELP SERVED THE TEACHERS OF:
- 264 CHILDREN
- AT 173 CENTERS
- IN 50 COUNTIES.
Referrals involved children ranging in age from 1 to 7 years of age ($M=4.49$, $SD=0.96$). Most referrals involved male children (82%). In terms of race/ethnicity, the majority of children were Caucasian (61%), followed by African-American (28%) and bi-racial/other (7%). Just 5% of families were of Hispanic ethnicity. Reports indicated that 10% of the children referred were currently in foster care. Families received support from a variety of funding sources, including ABC (53%), CCDF/Voucher (13%), and other sources like private pay (25%).

Upon initial referral to BehaviorHelp, half (51%) of children referred had reportedly gone through recent changes in their life. Center staff also indicated that almost a third of children (31%) had experienced difficult or traumatic events including DHS involvement, divorce, and parent incarceration. 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 number of children who were believed to have experienced trauma rose to 48%.
Among children with a history of trauma, the experiences below were most common:

- Foster care: 27%
- Parental divorce: 27%
- Parental incarceration: 25%
- Parental drug abuse/mental illness: 22%
- Abuse/neglect: 17%
- Other difficult/traumatic event: 12%
- Domestic violence in the home: 11%

**PREVENTING SUSPENSION & EXPULSION**

BehaviorHelp cases were assigned to either the ASU technical assistance team (68%) or Project PLAY (30%). In 2% of the cases, ASU and Project PLAY collaborated together to best assist the center in managing behaviors. In some cases, ASU and Project PLAY staff also collaborated with early childhood special education professionals.

Of the 228 cases that BH closed this fiscal year, **only 10 children were expelled (4%)**. Most children (74%) remained in the center that initiated the BH referral, with 85% of those still in the same classroom as intake. Other children were transferred to another center (7%). Of those, 18% were facilitated or recommended by BH staff. The remaining children changed centers due to parent choice, aging out or graduating, or moving out of the area.

At the time their case closed, many children remained in the ECE center.
CASE STUDIES*

Project PLAY Early Childhood Mental Health Consultation

BehaviorHelp received a referral for a 5 year old girl named ‘Dara’ in a small Arkansas town. A Project PLAY mental health consultant was assigned to the case and quickly observed just how difficult the situation had become for the teachers, as well as for Dara’s mother who was missing work when she was sent home from school. Dara climbed on things, hit peers, lied, cut things up with scissors, refused to comply, screamed, used curse words, spit at people, and disrupted many class activities. Her teacher ‘Mary’ felt hopeless and said, “I don’t think I can help her.” Through discussions with staff and Dara’s family, the mental health consultant began to understand some of the reasons for Dara’s behavior. Dara’s family was struggling; she had witnessed domestic violence in her home and had experienced neglect. Dara did not know how to cope with the overwhelming emotions that resulted from these difficult experiences.

The mental health consultant went every week to support Mary and think with her about ways to meet Dara’s needs (and balance the needs of the rest of the class). Mary became willing to try new ways to give Dara more positive attention and strengthen their relationship, including playing with her, creating ‘connection’ rituals, and having Dara be her classroom helper. The consultant and Mary explored ways to teach Dara social and emotional skills (like identifying feelings and calming down) through visuals, books, role play and lots of practice. Mary made a special ‘safe place’ in the classroom where Dara could withdraw when stressed, even though at first Mary worried all the children would want to go there. As time went on, Dara was less out of control, and three months later, she was able to safely participate in group activities with the rest of the class most of the time. Like many children with experiences of trauma, Dara will need consistent, nurturing care and thoughtful teaching of social and emotional skills to be successful in the classroom.

ASU Technical Assistance

‘Sarah’ is the teacher in a multi-age preschool class who submitted a BehaviorHelp request when she became concerned about behavior problems in her classroom. One of Sarah’s biggest challenges was how to support ‘Billy,’ a three-year-old boy with tons of energy and a colorful vocabulary. Billy is one of the youngest students in her class, and he struggles with impulsivity, inappropriate language outbursts, and is sometimes hurtful to the other students and staff. Sarah was assigned a technical assistance (TA) provider from A-State University.

The TA provider was able to share the Arkansas Child Development and Early Learning Standards with the classroom staff and help them identify age-appropriate goals for Billy and others in the classroom. This information helped Sarah and the other teachers shift their expectations and realize that Billy, like many younger children, has some skills to develop and practice before he will begin to manage his impulses on his own. Billy’s teachers implemented several classroom strategies with the help of their TA provider: enhancing predictability in the daily routine, showing routines in pictures, frequent connection activities between teachers and children, noticing children’s actions (both helpful and hurtful), and helping children notice the effects of their actions on others. Sarah reports that some new
three-year-olds will join the class soon, and she will use some of the same strategies to help them be successful in her class. With guidance from her TA provider, Sarah has also created a professional development plan and will begin training in Conscious Discipline to increase her knowledge about how to foster self-regulation in her students.

*Names and other identifying information have been changed to protect the privacy of teachers and families.*

**SATISFACTION WITH BEHAVIORHELP SERVICES**

Developing a positive relationship with ECE provider agency staff, parents, and other partners/service providers is key to successful intervention. As part of the evaluation component of BH, an online survey was developed to assess client satisfaction with the services they received. Electronic surveys were sent out to the person with whom consultants worked the most during the BH process.

As seen below, those surveyed indicated a fast initial response time from BH staff. Additionally, most felt they learned new strategies and techniques and were able to communicate those strategies with parents as well. BehaviorHelp clients noted high satisfaction with the system, with 86% of those surveyed stating they would use BH again and recommend BH services to others. While most ECE providers (68%) reported improvements in children’s behavior, it is important to note that it is not always the child’s behavior that needs to change – at times providers may simply need information to know that some behavior is developmentally normal in group care settings.

Overall, ECE providers receiving services from BehaviorHelp felt supported and better equipped to handle future challenging behaviors.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent agree/strongly agree</th>
<th>N=50</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received help in a reasonable amount of time after making a BH request.</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>BH staff respected my knowledge and opinions.</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>I would use BH if I needed help with challenging behavior in the future.</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Overall, I would recommend BH to another teacher.</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Because of BH, I made changes that have improved the way things work in the child’s classroom.</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Because of BH, I learned new strategies for dealing with children’s behaviors.</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>I communicated with parents about strategies suggested by the BH team.</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>I feel better able to manage behavior concerns because of the support I received.</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Because of BH, I saw a difference in a child’s behavior.</td>
<td>68%</td>
<td></td>
</tr>
</tbody>
</table>
Comments from Those Receiving BehaviorHelp Services:

“I would describe my partnership with the BehaviorHelp team as rewarding and educational. My coach helped me with ideas for the classroom, ways to communicate with my parents, and she showed me some techniques to use personally. I would recommend the BehaviorHelp team to any of my colleagues.”

“She was a sounding board for me. She did not make me feel as though I was not trying or doing my job. She recognized our effort in the classroom.”

“(Consultant) was very passionate about helping me find ways to help the child. I could tell she took my request very seriously and was continuously trying to think of ways to help me. She was very sincere in helping me to be a better teacher in the classroom for the child.”

LESSONS LEARNED

Our experiences with BehaviorHelp confirm that suspensions and expulsions are symptoms of multi-faceted, complex problems in our schools and communities. We have seen that sometimes behavior concerns are exacerbated by the classroom environment or nature of the relationships in the classroom. For example, lack of structure and routines, too few toys and materials, expectations for children that exceed their developmental level, and high rates of teacher turnover that limit the opportunity for nurturing relationships can all contribute to children’s behaviors. Other times, children’s behavior is a symptom of an unmet child need, a developmental delay, or emotional problems in the aftermath of experiences of trauma. Regardless, challenging behavior in the classroom is a serious challenge for teachers, directors, and parents. Supporting our teachers and children who are struggling today and preventing the problems of tomorrow will require:

- Careful consideration of the workforce development needs of ECE providers, including an emphasis on social-emotional supports, developmentally appropriate practice, and trauma-informed care practices.
- Close coordination with the early childhood special education system.
- Continued education of the ECE provider community regarding the negative outcomes of suspension and expulsions and how to access support.
- Enhanced partnership with behavioral health providers, home visitors, and other community partners who can help meet the needs of our most vulnerable families.
- Continued investment to support availability of on-site technical assistance and mental health consultation supports for teachers.
- Continued close collaboration among BehaviorHelp team partners (including DHS/DCCECE, A-State and Project PLAY leadership).
- Collaborations with intra- and interagency partners who serve children at higher risk, such as those in foster care settings or those who may have developmental disabilities.
- Active participation and involvement of families to reinforce teachings at home.
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/Special Education
- 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

REFERENCES


