BehaviorHelp
Supporting Teachers So Children Can Reach Their Potential!

2018 Update

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care and Early Childhood Education
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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’18, BEHAVIORHELP SERVED THE TEACHERS OF 376 CHILDREN AT 206 CENTERS IN 54 COUNTIES.

Since BehaviorHelp began in 2016, 644 BehaviorHelp requests were received related to challenging classroom behavior. Teachers requested help to better support children who ranged in age from 1 to 10 years of age and most referrals involved male children (81%). Half of these children (50%) had experienced difficult or traumatic events such as abuse or neglect, divorce, and parent incarceration. Most referrals were related to difficulties in managing aggressive, disruptive classroom behavior.

BehaviorHelp cases were assigned to either the ASU technical assistance team (66%), Project PLAY (31%) or to both (3%). Of the 602 cases that BH has closed since, only 3% of children were expelled (n = 17). Teacher surveys revealed high levels of satisfaction with BehaviorHelp; 86% of those surveyed agreed they would 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.
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.

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. 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, 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—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

Utilization of the BehaviorHelp system increased by 40% in its second year as centers across the state have become more aware of these supports.

DESCRIPTION OF REFERRALS

Description of Children Referred

Since BehaviorHelp began in July 2016, we have served 644 children across the state and data presented below are inclusive of children served across both program years. Often times, the center director made the initial contact to request help (45%). Other times it was a teacher, parent, mental health professional or caseworker. Those requesting assistance indicated children were demonstrating an average of five challenging behaviors (see next page).

Teacher frustration with child behaviors was high.

IN FY17-18, BEHAVIORHELP SERVED THE TEACHERS OF:

- 376 CHILDREN
- AT 206 CENTERS
- IN 54 COUNTIES.
Reports often indicated children harmed others and had difficulty following routines and paying attention.

- Hurts others: 88%
- Difficulty following routines: 78%
- Doesn’t/won’t pay attention: 61%
- Won’t sit still: 55%
- Destroys property: 54%
- Acts younger than his/her age: 35%
- Cries frequently: 34%
- Hurts self: 28%
- Doesn’t interact with other children: 20%
- Doesn’t interact with staff: 15%

Referrals involved children ranging in age from 1 to 10 years of age (M=4.10, SD=1.17). Most referrals involved male children (81%). In terms of race/ethnicity, the majority of children were Caucasian (66%), followed by African-American (26%) and bi-racial/other (6%). Just 5% of families were of Hispanic ethnicity. Reports indicated that 10% of the children referred were currently in foster care. Families received support for children’s care from a variety of funding sources, including ABC (38%), CCDF or Foster Care Voucher (20%), Head Start/Early Head Start (12%) and other sources (30%) including private pay, Medicaid, etc.
Children with challenging behaviors are often survivors of trauma, are children with developmental delays, or are children who are in need of stronger positive relationships with adults in their lives. These are the children who need inclusive, high quality child care with well trained and educated staff. In year 2, we began gathering data on the special needs of children and found that 19% had an Individualized Education Plan, 12% were receiving support from the local educational cooperative, and 41% were receiving services such as speech, occupational, or physical therapy.

Upon initial referral to BehaviorHelp, almost half (49%) of children referred had reportedly gone through recent changes in their life. Center staff also indicated that 44% of children 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 proportion of children who were reported to have experienced trauma rose to 50%.

Among children with a history of trauma, the experiences below were most common:

- Grief and loss/ Other traumatic event: 48%
- Foster care: 25%
- Parental drug abuse/mental illness: 24%
- Abuse/neglect: 21%
- Parental divorce: 20%
- Parental incarceration: 19%
- Domestic violence in the home: 12%

**N=277 Children with known trauma**

Description of Classrooms Served

Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (61%). Staff utilized the Teaching Pyramid Observation Tool (TPOT) 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 is designed to align with the Pyramid Model for Supporting Social Emotional Competence in Infants 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.
PREVENTING SUSPENSION & EXPULSION

BehaviorHelp cases were assigned to either the ASU technical assistance team (66%), Project PLAY (31%), or to both (3%). These numbers exclude the cases that were not assigned outside of DCCECE for various reasons (attempts to contact school were unsuccessful, parent had already moved child, etc.). In some cases, ASU and Project PLAY staff also collaborated with early childhood special education professionals.

Of the 602 cases that the BH team has closed across both fiscal years, only 17 children were expelled (3%). Most children (67%) remained in the center that initiated the BH referral, with 83% of those still in the same classroom as intake. Other children were transferred to another center (5%). 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, most children remained in the ECE center.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remained in center</td>
<td>67%</td>
</tr>
<tr>
<td>Other outcome</td>
<td>11%</td>
</tr>
<tr>
<td>Parent withdrew, kept at home, outcome unknown</td>
<td>8%</td>
</tr>
<tr>
<td>Transferred to another center</td>
<td>5%</td>
</tr>
<tr>
<td>Aged/screened out of services</td>
<td>4%</td>
</tr>
<tr>
<td>Moved out of area</td>
<td>4%</td>
</tr>
<tr>
<td>Expelled from center</td>
<td>3%</td>
</tr>
</tbody>
</table>

N=602; Numbers exceed 100% if multiple outcomes were marked

Strengths
- 61% of teachers support children in problem-solving
- 60% of teachers support children in managing anger
- 95% of classrooms have at least 4 learning centers
- 85% of teachers have conversations with children
- 65% of teachers use positive, calm tones

Opportunities to Improve
- 56% of teachers rarely discuss emotions in classroom
- 61% of teachers do not remind children of behavioral expectations
- 65% of classrooms have chaotic transitions between activities
- 55% of classrooms have no visual schedule for the day
- 28% of teachers rarely join children’s play
CASE STUDIES*

Project PLAY Early Childhood Mental Health Consultation

BehaviorHelp received a referral for a 5 year old boy named ‘Darion.’ Darion had just transitioned to both a new childcare center and a new foster home a few days prior to his BehaviorHelp referral. The director at Darion’s childcare center indicated that he had been physically aggressive and was having difficulty in his interactions with both peers and adults. Darion also struggled with focusing, paying attention and impulsivity. A Project PLAY mental health consultant was assigned to the case and quickly observed Darion’s aggressive behaviors. The mental health consultant visited Darion’s classroom each week. She was also available to Darion’s teacher, ‘Alecia,’ through text, email, and phone calls. During the consultant’s visits, she modeled appropriate behaviors for Darion, as well as appropriate ways for Alecia to prevent and manage Darion’s outbursts. The mental health consultant also talked with Alecia about the impact that traumatic experiences have on young children’s brains and explained that Darion’s emotional and behavioral concerns could improve with time in a safe and secure environment. Darion’s parents also needed their own supports, and the mental health consultant provided them with referrals for both individual and family therapy. Alecia said of the consultant, “Having [the consultant] in the classroom was supportive and calming during a very stressful time.”

ASU Technical Assistance

‘Janie’ requested BehaviorHelp in her classroom because she was struggling to manage challenging behavior, including the behavior of 4 year old ‘Mario’ who frequently refused to cooperate. When Janie tried to get Mario to cooperate, he would hit, kick, or run around the classroom destroying materials. The TA consultant identified opportunities to strengthen Janie’s skills in ways that would be likely to help all children, including Mario. The consultant coached Janie in breathing to regain her composure when she was irritated by Mario’s refusal to cooperate. To strengthen relationships between the teacher and children, the consultant also recommended scheduling specific times to connect with individual children in her classroom, especially children like Mario. Janie scheduled these daily connecting moments and also made additional effort to join Mario in play, following his lead and interests. As their relationship strengthened through the increased connecting moments, Mario became more cooperative. As Janie practiced her ability to maintain composure, she was also able to offer empathy when Mario was upset and calmly offer two positive choices, supporting Mario’s ability to make good choices. Janie learned that by keeping her composure and working to build relationships, many challenging behaviors in her classroom could be diffused.

*Satisfaction with the Consultant’s 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. Response rates were lower than desired, but not uncommon for web-based surveys.

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 84% and 86% of those surveyed stating they would use BH again and recommend BH services to others, respectively.

While most ECE providers (65%) 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>Perception</th>
<th>Percent agree/strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received help in a reasonable amount of time after making a BH request.</td>
<td>90%</td>
</tr>
<tr>
<td>BH staff respected my knowledge and opinions.</td>
<td>87%</td>
</tr>
<tr>
<td>Overall, I would recommend BH to another teacher.</td>
<td>86%</td>
</tr>
<tr>
<td>I would use BH if I needed help with challenging behavior in the future.</td>
<td>84%</td>
</tr>
<tr>
<td>Because of BH, I made changes that have improved the way things work in the child’s classroom.</td>
<td>78%</td>
</tr>
<tr>
<td>Because of BH, I learned new strategies for dealing with children’s behaviors.</td>
<td>78%</td>
</tr>
<tr>
<td>I communicated with parents about strategies suggested by the BH team.</td>
<td>77%</td>
</tr>
<tr>
<td>I feel better able to manage behavior concerns because of the support I received.</td>
<td>71%</td>
</tr>
<tr>
<td>Because of BH, I saw a difference in a child’s behavior.</td>
<td>65%</td>
</tr>
</tbody>
</table>

Comments from Those Receiving BehaviorHelp Services:

“If teachers are lacking in skill or support, BehaviorHelp could be an asset in professional development. The partnership provides another voice to connect with parents who may need encouragement and support.”

“We’ve had [ASU Technical Assistance through BehaviorHelp] come out to observe in our classrooms a couple of time for different children...Any advice given by [ASU Technical Assistance consultant] has been very practical and easy to implement. She would model for the teachers and work with the students. I would strongly recommend BehaviorHelp for any program that is struggling with challenging behaviors.”

“It was very successful. We worked well as a team and got a handle on all of the concerning behaviors.”
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 chaotic transitions, 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


