

Including Children with Challenging Behavior in Child Care Settings

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Models of Inclusion in Child Care Project

Supported by:

National Institute on Disability and
Rehabilitation Research (grant # H133B990025),
United States Department of Education,

and

the Center for Mental Health Services, Substance
Abuse and Mental Health Services Administration.



Problem Statement

- ◆ Although 5-10% of employed parents care for a child with emotional or behavioral challenges, family support resources are notably lacking.
- ◆ Particularly, child care has been found to be difficult to find and maintain for these families (Rosenzweig, Brennan, & Ogilvie, in press).



Families Need Child Care for Children with Emotional or Behavioral Challenges

- ◆ Focus group study with 41 parents (Rosenzweig, Brennan, & Ogilvie, in press) revealed child care as a major issue:
 - ◆ hard to find, since few qualified providers.
 - ◆ expensive.
 - ◆ lacked flexibility to meet family needs.
 - ◆ if given at home, required major adjustment of family members' lives.



Child Care Issues (Emlen, 1997)

- ◆ Parents having children with emotional or behavioral disorders reported lower quality of care than other parents.
- ◆ Child care arrangements were changed significantly more frequently.
- ◆ Children with behavior problems were 20 times more likely to be dismissed from care than other children.



Aim of Models of Inclusion in Child Care Project

- ◆ To investigate programs and strategies that result in improved access for families of children with emotional or behavioral disorders to child care that is:
 - ◆ **inclusive**
 - ◆ **family-centered**
 - ◆ **culturally appropriate**
 - ◆ **high quality**



Inclusion

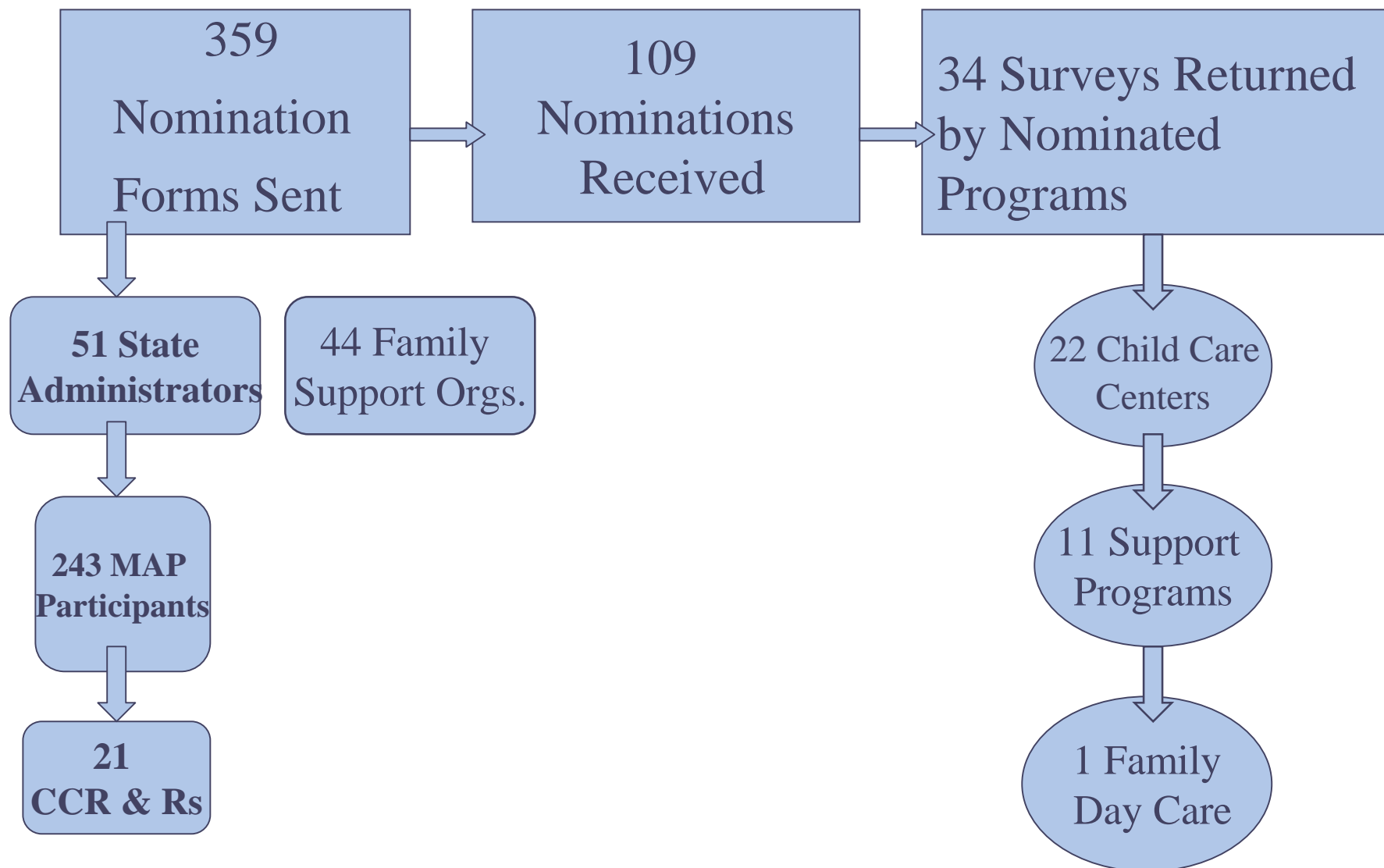
- ◆ “Children with special needs receiving comprehensive services in a program side by side with children without special needs and participating in the same activities with adaptations to those activities (or the child’s involvement in them) as needed” (Kontos, Moore, & Giorgetti, 1998).



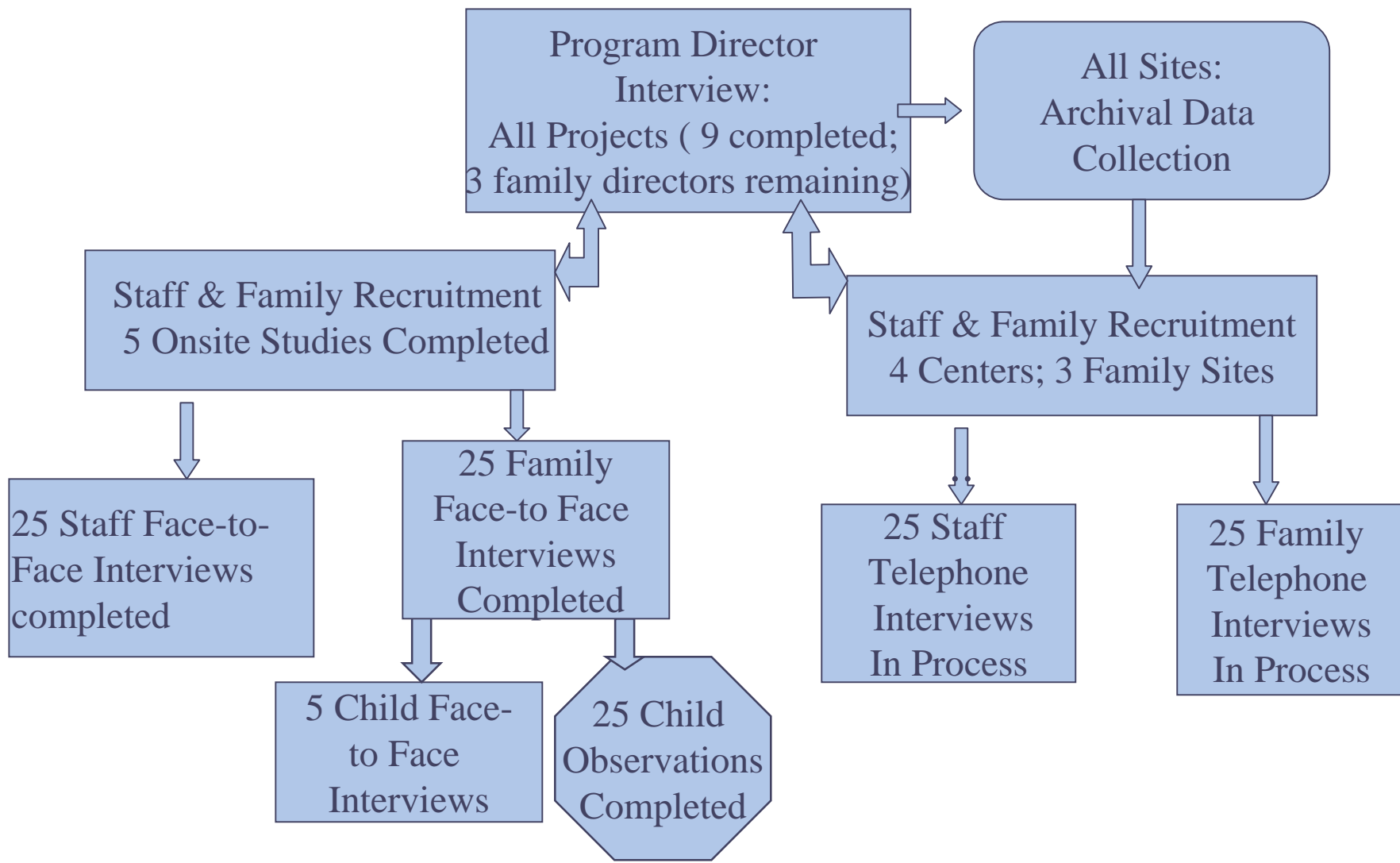
Project Methodology

- ◆ Obtained Nominations of Model Programs (Year 1)
- ◆ Selected Model Programs for Study (Year 2)
- ◆ Performed Intensive Case Studies of Model Programs (Year 2 & 3)

Model Program Identification Process



Case Study Methodology-Inclusive Child Care





Study Participants

- ◆ **Five staff members from each of the five child care centers visited for case studies.**
 - ◆ **Broken Arrow Club House, Broken Arrow, OK**
 - ◆ **Fraser School, Bloomington, MN**
 - ◆ **The Family Service Center, Lenoir, NC**
 - ◆ **Little Angels Child Care Center, Milwaukie, OR**
 - ◆ **St. Benedict's Special Children's Center, Kansas City, KS**
- ◆ **Total N = 25.**

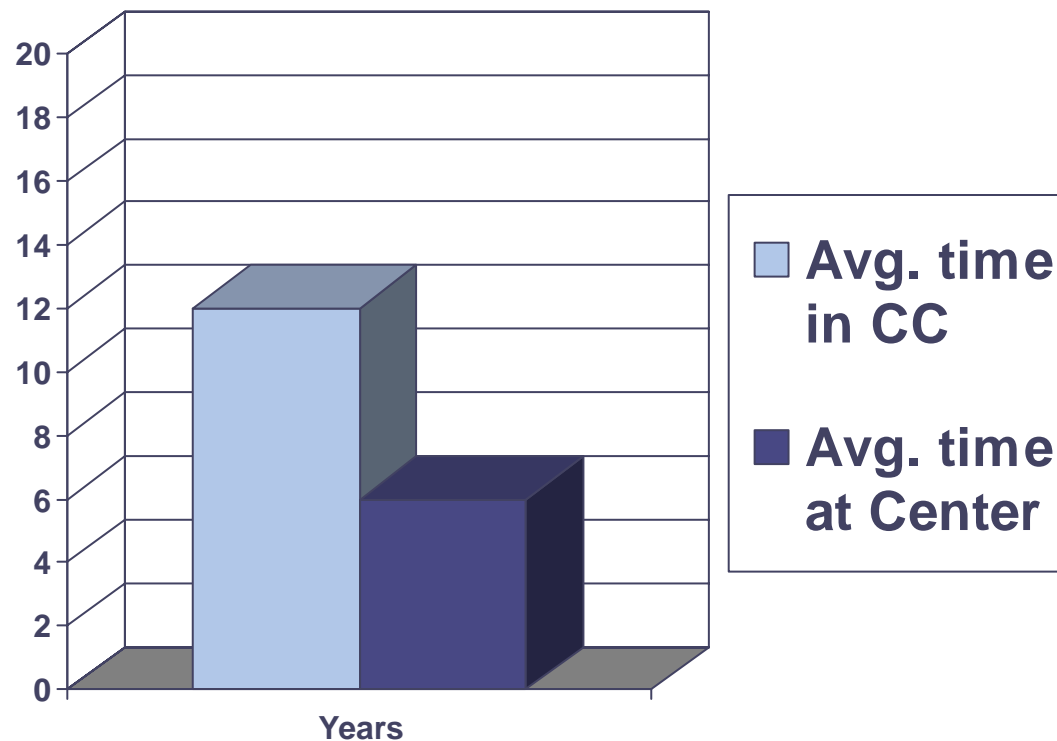


Procedure

- ◆ On-site face-to face interviews lasting approximately 60 minutes.
- ◆ Semi-structured staff interview schedules including questions on:
 - ◆ **Demographics of staff and the children they served.**
 - ◆ **Practices used to include children with challenging behaviors.**
 - ◆ **Barriers they faced to full inclusion**
 - ◆ **Views on the role of family members.**
 - ◆ **Resources used to assist families.**

Staff Member Characteristics

Experience in Child Care



•Range:

In Child Care

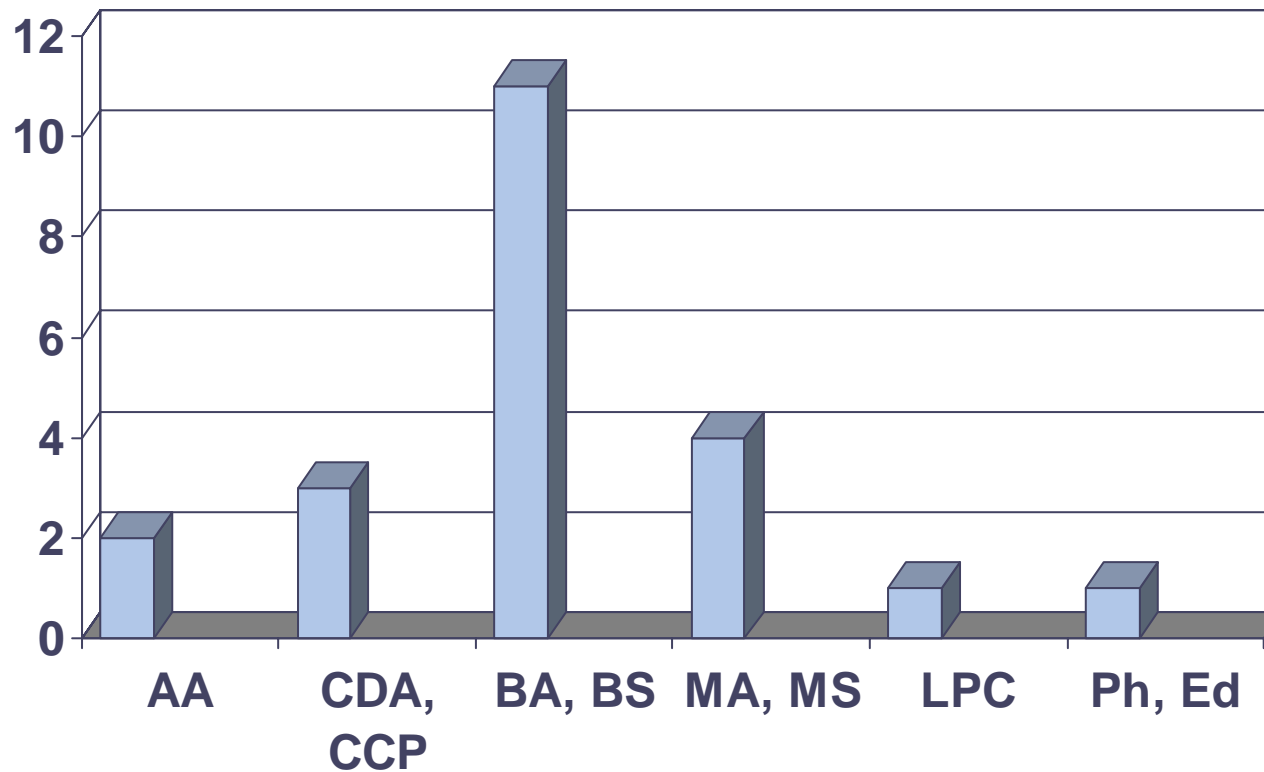
•6 months to 25 years.

At Center

•4 months to 21 years

STAFF CHARACTERISTICS

Formal Education



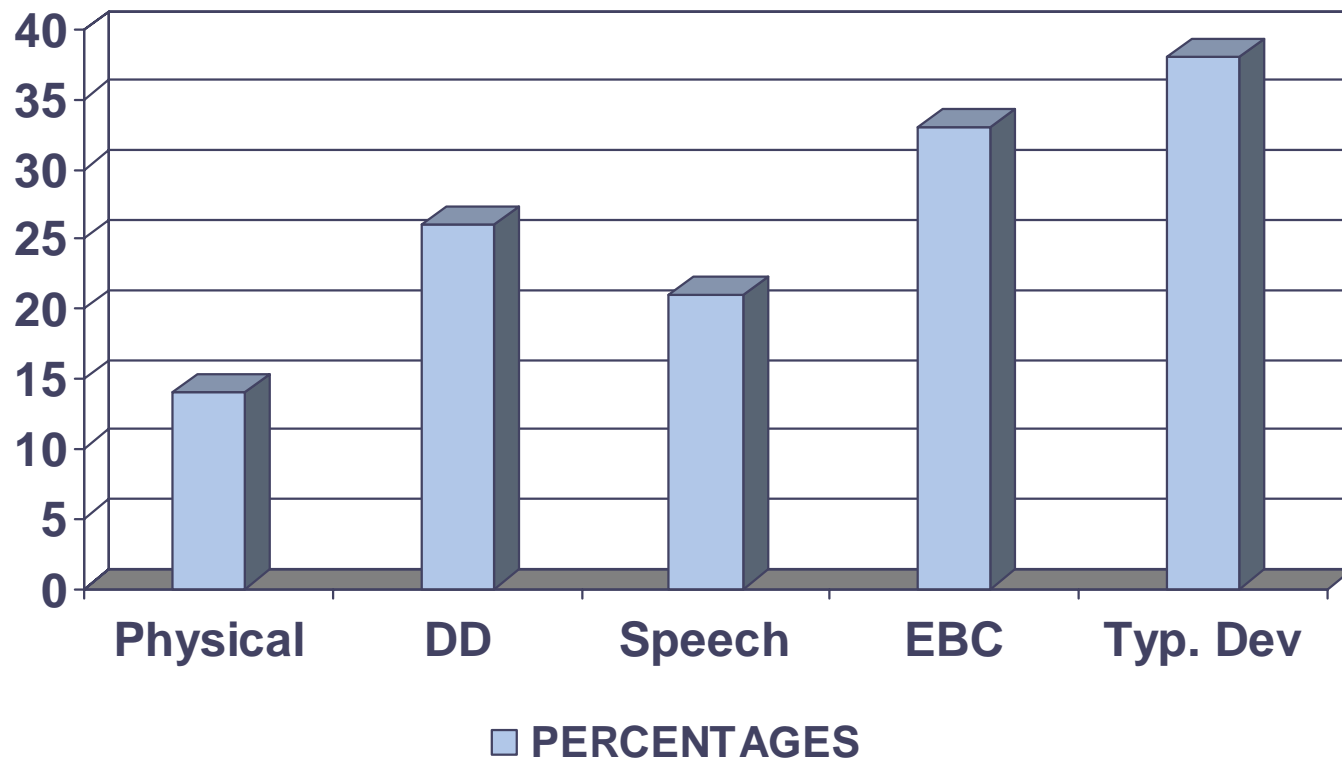


Staff Characteristics

Job Titles, Duties

- ◆ 11 out of 25 described themselves as teachers.
- ◆ Teaching duties included lesson planning, meeting with family members, and classroom maintenance.
- ◆ One described her job as administration, but subbed several hours per day.
- ◆ 13 respondents were specialists either in language, family support, or inclusion.

Staff Estimations of Challenges of Children in their Care





Qualitative Analysis

- ◆ Answers to open-ended questions were coded using content analysis with four separate research foci:
 - ◆ Inclusion practices
 - ◆ Barriers to inclusion
 - ◆ Role of family members
 - ◆ Resources used to assist families.



I. Inclusion Practices: Promotion of Emotional Growth and Positive Behavior

- ◆ Building of relationships between individual staff and children.
- ◆ Encouraging of verbal and artistic expression of emotions.
- ◆ Modifying environments.
- ◆ Modeling of positive behaviors by staff and peers
- ◆ Creating a safe and structured environment for each child.
- ◆ Engaging the child in the problem-solving process.




I. Inclusion Practices: Promotion of Emotional Growth and Positive Behavior

- ◆ Promotion of consistency between home and school.
- ◆ Class activities in structured order; children feel in control.
- ◆ Choices built into program; safe boundaries maintained.
- ◆ Animal care to promote empathy, attachment, and emotional growth.




Examples: Inclusion Practices Promoting Positive Emotional Growth

- ◆ SYMBOLIC EXPRESSION OF EMOTION
 - ◆ “[through drawing] in a matter of minutes the child is turned completely around. He’s no longer mad, he’s calmed down, he’s talking, he’s laughing, he’s showing you his artwork.”
- ◆ EMOTIONAL GROWTH THROUGH ANIMAL CARE
 - ◆ “[a girl] with attachment disorder..got attached to our rabbit..When the realization hit her that Fluffy was dead, and for the first time in her life, she actually cried...from then on she started growing.”



Examples: Inclusion Practices Promoting Positive Behavior

- ◆ ENVIRONMENTAL MODIFICATION
 - ◆ “because she would rather stand in front of the mirror [by herself] and play housekeeping all day long. We are gradually moving the mirror closer to where the other kids are.”
- ◆ SAFE AND STRUCTURED ENVIRONMENT
 - ◆ “sitting behind a child while somebody is presenting at circle time..providing massage or bear hug, to help this kid be calm and focus and stay with whatever is going on in front of him.”




Inclusion Practices: Transforming Negative Emotions or Challenging Behavior

- ◆ Using visual prompts for what child needs to do.
- ◆ Promoting activities to help child get feelings under own control.
- ◆ Teaching peers to assist with child's challenges.
- ◆ Ignoring outbursts.
- ◆ Redirecting attention away from negative reactions.
- ◆ Using physical holding to help child establish control.
- ◆ Removing child from difficult situations, such as transitions



Examples: Inclusion Practices Transforming Negative Emotions/Challenging Behavior

- ◆ **IGNORING OUTBURSTS**
 - ◆ “I have a child that, if she doesn’t get her way, pinches, slaps, or scratches. When she did this on the playground, I went to her victim and didn’t even have eye contact with the aggressor. Just first aid, sympathy for the victim...she was beside herself because we did not recognize [her].”
- ◆ **REMOVING CHILD FROM DIFFICULT SITUATIONS**
 - ◆ “We had a child who the minute we said ‘in five minutes we’re going to clean up’ would go into a major tantrum...So we found something for this kid [and an aide] to do about seven minutes before it was time to clean up...the world didn’t fall apart for him, and he was eventually able to stay.”



Examples: Inclusion Practices Transforming Negative Emotions/Challenging Behavior

- ◆ TEACHING PEERS TO ASSIST WITH CHALLENGES

- ◆ “He loved to just run up to the kids and just knock them down on the floor and just jump right on top of them...He stopped pushing the older children as soon as they started saying ‘No, don’t push me. I don’t like it. It hurts’...[then] He targeted younger children because they could not speak up for themselves...[One younger child] just laid down spread eagle on the ground, and the child who was getting ready to do the pushing just stopped. It was like “what are you doing? Now I can’t push!”...[the younger boy] figured out a way to handle it on his own...So after the children finally stood up for themselves and said, ‘Please don’t push us anymore,’ then he stopped. ”



II. Barriers to Full Inclusion

- ◆ Insufficient time for planning to meet the needs of the individual children, and for coordination of care.
- ◆ Highly challenging situations, such as multiple transitions, part of child care *per se*.
- ◆ Lack of resources for intercultural communication.
- ◆ Not enough staff in each classroom to handle the most challenging children.
- ◆ Low pay for staff; reflected in turnover.
- ◆ Insufficient training opportunities for staff.
- ◆ Lack of mental health consultation time.
- ◆ Not enough centers willing to take on challenging children.



Examples: Barriers to Full Inclusion

- ◆ CULTURAL CHALLENGES

- ◆ “just the language barrier as well as the cultural beliefs about children with special needs were such that [it was difficult to have them]recognize the value of him being involved in the day care, and appreciate the fact that he was down on the floor with the other babies rather than in his own crib.”



Examples: Barriers to Full Inclusion

- ◆ STAFF CHALLENGES

- ◆ “ I think the biggest barrier is child care consistency among staff. You will have a staff person you’ll talk to and they will all be on board with the ideas we talked about. And then they will quit and we are at ground one again.”



Examples: Barriers to Full Inclusion

- ◆ NEED FOR ADDITIONAL CENTERS TO MEET THE CHALLENGES
 - ◆ “I wish there were more and more centers that could meet the needs of the children...parents are driving...thirty, forty, miles...every day to bring their children because they know we can work with their children and get through it.”



III. Role of Family Members

- ◆ Providing information about their children's challenges, family life and culture.
- ◆ Working as team members with staff to provide proper care.
- ◆ Collaborating on setting goals for the child
- ◆ Following through on obtaining services for their own children.
- ◆ Volunteering to provide resources and services for the center.
- ◆ Consulting about program decisions.



III. Examples: Role of Family Members

- ◆ FAMILY MEMBERS PART OF TEAM
 - ◆ “A three-way team [is needed] to be able to provide the proper care that the child is going to need...It takes a child and the family members and ourselves or the counseling staff.”
- ◆ SHARING INFORMATION ON CHILD
 - ◆ “The mom helped a lot with bringing in resources from the different people who have given her written information [about her child’s autism] and just sharing things.”



III. Examples: Role of Family Members

- ◆ FOLLOWING THROUGH ON SERVICES
 - ◆ “The family...told us they would seek counseling, had set up appointments...that were always cancelled...If we have nobody as a support team to back us up...then we’re fighting a battle that we’re never going to get through.”
- ◆ CONSULTATION ON CENTER DECISIONS
 - ◆ “Every six months parents are invited to come and air their opinions on the program, adjust anything they may or may not want in the program.”



IV. Resources Used to Assist Families

- ◆ School district specialists.
- ◆ Public health and mental health staff.
- ◆ Local consultants.
- ◆ Community trainings.
- ◆ Published materials, internet.
- ◆ Charitable organizations
- ◆ Volunteers and interns.
- ◆ Inclusion and early intervention program.
- ◆ Financial assistance agencies.
- ◆ Child care organizations.
- ◆ Community youth development and recreation organizations.
- ◆ Child welfare agencies.
- ◆ Community police.
- ◆ Family support organizations.



Inclusion is a Part of Quality Child Care

- ◆ The inclusive practices reported by staff in the model centers promote social and emotional development, particularly self-regulation (Shonkoff & Phillips, 2000).
- ◆ Successful inclusion of children with challenges has been designated as an indicator of center quality (Irwin, Lero & Brophy, 2000).
- ◆ Inclusion benefits not only the children with special challenges, but typically developing children as well, who learn to function empathetically in a more diverse world.



Inclusive Centers Provide Family Support

- ◆ Defined as “the provision of assistance and resources that families can use to meet their goals” (Rosenzweig, Friesen, & Brennan, 1999), family support is part of the services offered in inclusive centers.
- ◆ Staff of these model centers are well situated within their social ecology (Bronfenbrenner, 1995): connected with individual children, with each other, with center families, with community specialists, and with a wide variety of community resources valuable for family support.

