

BehaviorHelp

Supporting Teachers So Children Can Reach Their Potential!

2024 UPDATE

Table of Contents

List of Abbreviations..... Page 2

Executive Summary..... Page 3

The Problem of Suspension & Expulsion..... Page 4

The Call to Action..... Page 4

The Arkansas Response..... Page 5

The BehaviorHelp System..... Page 5

Reaching the State..... Page 7

Description of Referrals..... Page 7

Description of Children Referred..... Page 7

Opportunities to Strengthen & Improve Classroom Supports.... Page 9

Supporting Teachers & Preventing Expulsion..... Page 10

Teacher Perception of Change in Behavior..... Page 11

Satisfaction with BehaviorHelp Services..... Page 11

Case Studies ..... Page 12

OEC Parent-Specific Support..... Page 12

A-State CHS Technical Assistance..... Page 12

Project PLAY IECMHC..... Page 13

References..... Page 14

BehaviorHelp Support Partners..... Page 15

List of Abbreviations

A-State CHS	Arkansas State University Childhood Services
BH	BehaviorHelp
OEC	Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Early Childhood
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; now the Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Early Childhood), 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: 1) Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Early Childhood (OEC), 2) the University of Arkansas for Medical Sciences (Project PLAY), and 3) Arkansas State University Childhood Services (A-State CHS). These supports are classroom or child-specific, geared to meet the needs of each individual case referred.

Since BehaviorHelp began in 2016, 3248 BehaviorHelp requests were received related to challenging classroom behavior. Requests for help were received on children who ranged from 0 to 12 years of age, and most referrals involved male children (80%). More than half of the children referred (55%) 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.

In FY'24, BehaviorHelp served the teachers of 455 children at 253 centers in 51 counties and 97 cities.

Of the BehaviorHelp cases assigned for support, the A-State CHS technical assistance team was the lead agency in 69.8% of cases, with 28.1% of referrals assigned to Project PLAY as lead. An additional 2.1% of cases were worked by the OEC. Within these assigned cases, the work of the lead agency was supplemented with assistance from a partner agency 1% of the time. Of the 3197 cases that BH has closed since 2016, **3% of children were expelled** (N=86). For cases receiving child-specific support, teachers reported improvements in child behavior and social skills on standardized screening tools. Overall, ECE staff expressed feeling better equipped to manage the behavioral challenges of children referred for services (94%), and most would use BehaviorHelp again and refer colleagues to our services (88%, respectively).



The Problem of Suspension & Expulsion



The success of young children in ECE settings is closely tied to their social skill development and positive mental health. As children progress through early childhood, they need 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]

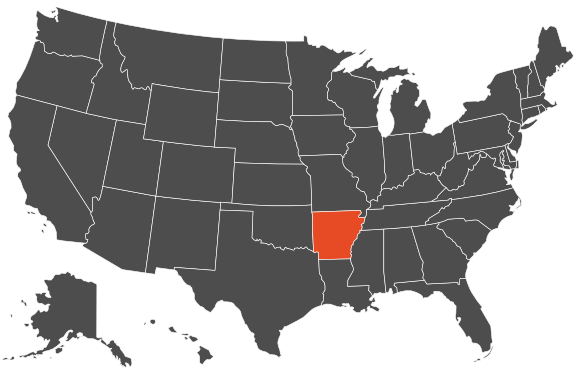
Without intervention, children with emotional and behavioral concerns are at risk of suspension and expulsion, as well as problems in later childhood. In fact, children who are suspended or expelled are more likely to have long-term negative outcomes, including teen pregnancy, substance abuse, school 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 skills, positive mental health, 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; now the OEC) 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). Likewise, 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 have been reviewed annually to ensure providers are aware of both the policy and the supports available.

The BehaviorHelp System

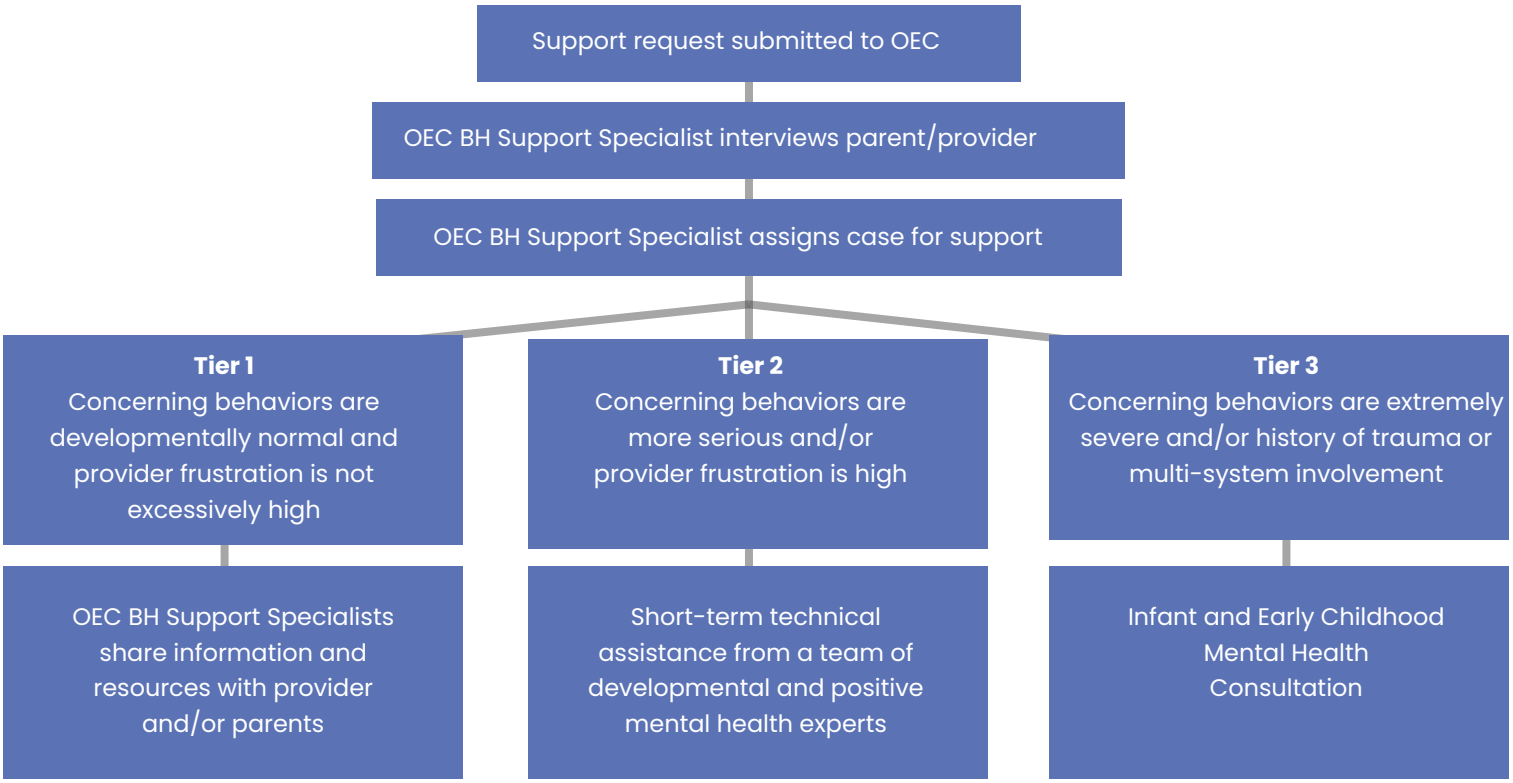
Arkansas' BehaviorHelp (BH) system was designed to provide a single point of entry to access support for teachers experiencing behavioral challenges in the classroom. Launched July 1, 2016, the system coordinates key training, technical assistance (TA), and mental health consultation resources in the state to help ECE providers quickly and easily access the support that is likely to best match their needs.

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

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. BehaviorHelp is a multi-tiered approach to



services and includes team members from OEC, 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 OEC. 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 OEC 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.
- Services are flexible but often include between 4 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 skill development, 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 the development of individualized plans to support caregivers in managing challenging behaviors, strengthening social skill development, and positive mental health 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 68% of Arkansas counties in FY '24. Utilization of the BehaviorHelp system continues to rise post-pandemic. Numbers this fiscal year, shown in the graphics below, are similar to pre-pandemic years, as FY18-19 saw 552 children referred to BehaviorHelp.

455 *children*

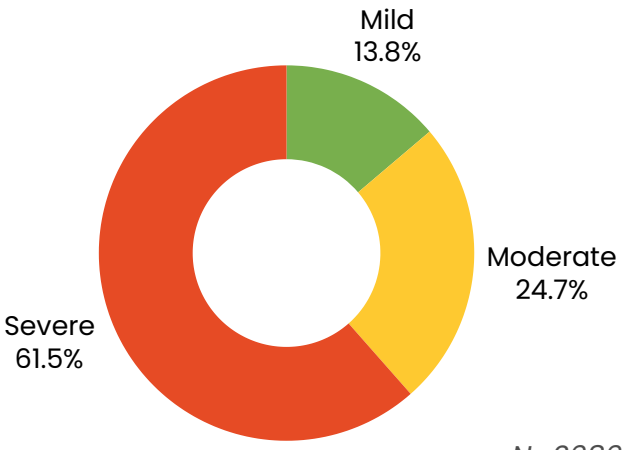
253 *childcare centers*

51 *counties*

Description of Referrals

Description of Children Referred

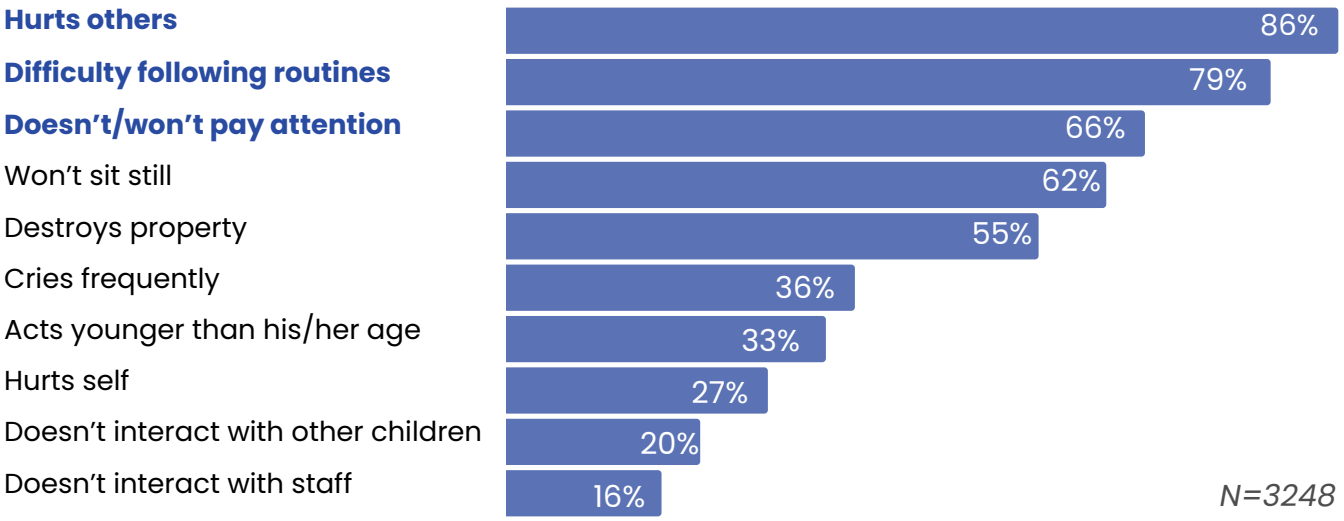
Data presented below are inclusive of children served across all program years. Since BehaviorHelp began in July 2016, the program has received referral requests on 3248 children across the state. Initial requests for service often came from the center director (48%). Other times, it was a teacher, parent, mental health professional, or caseworker who made the referral for supports. Those requesting assistance indicated children were demonstrating an average of five challenging behaviors, including harming peers and inattention.



N=2686

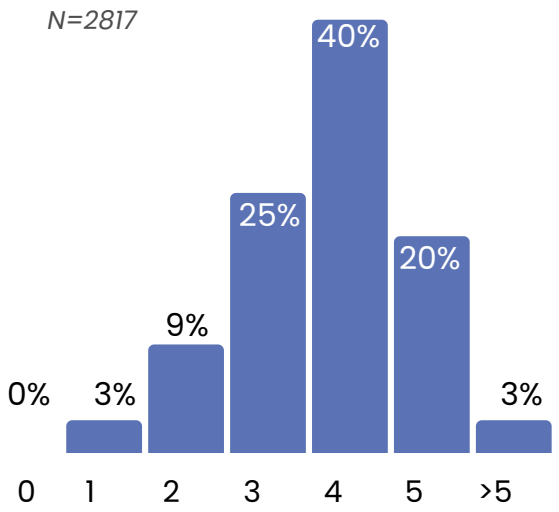
Teacher frustration with child behaviors was **high.**

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



N=3248

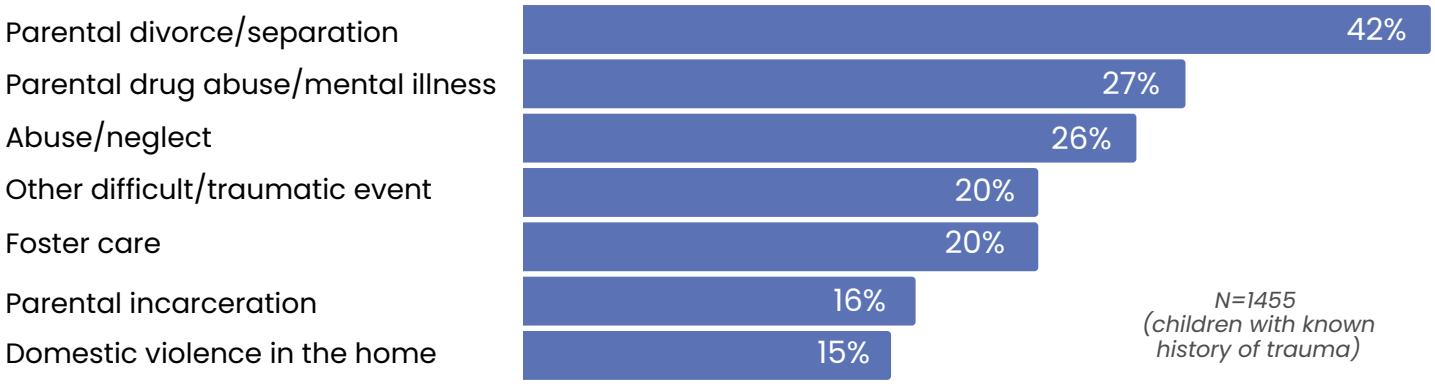
While the system was primarily designed to serve children birth to five, some referrals were received for school-aged children (3%). Referrals involved children ranging in age from 0 to 12 years of age (M=3.80, SD=1.26), though most were between the ages of 3 and 5. Most referrals involved male children (80%). In terms of race and ethnicity, the majority of children were non-Hispanic Caucasian (62%), followed by non-Hispanic African American (23%) and multi-racial (11%). Three percent of families were of Hispanic ethnicity. Reports indicated that 8% of the children referred were currently in foster care at the time of the initial support request. Families received support for children's care from a variety of funding sources, including ABC (32%), CCDF or Foster Care Voucher (24%), Head Start/Early Head Start (9%) and other sources (35%), including private pay and Medicaid.



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 20% of children had an Individualized Education Plan, 16% were receiving support from the local education agency, and **41% were receiving services such as speech, occupational, or physical therapy.**

Upon initial referral to BehaviorHelp, more than half (55%) of the children referred had reportedly gone through recent changes in their life. Center staff also indicated that 52% 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 55%.**

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

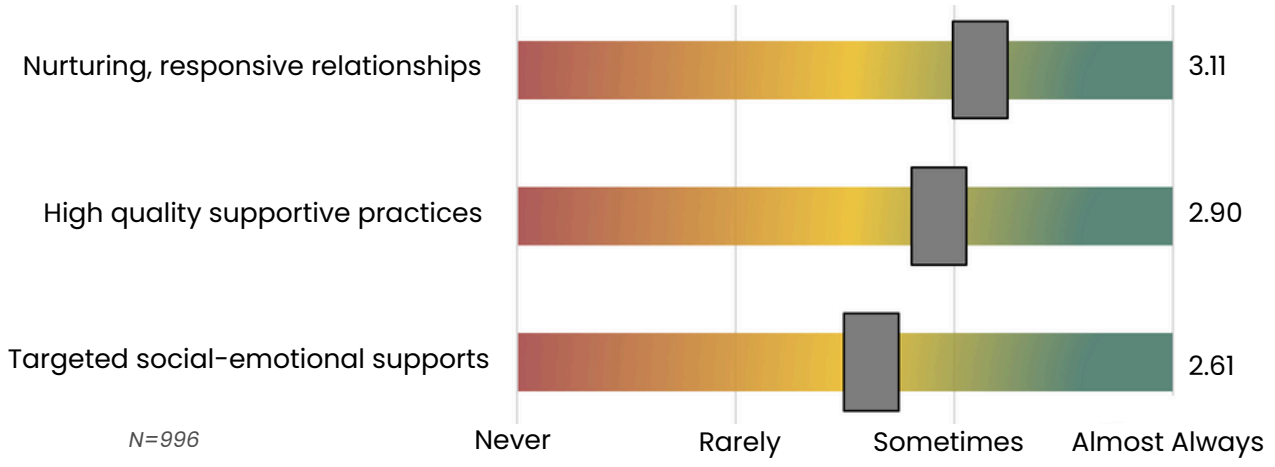


Opportunities to Strengthen and Improve Classroom Supports

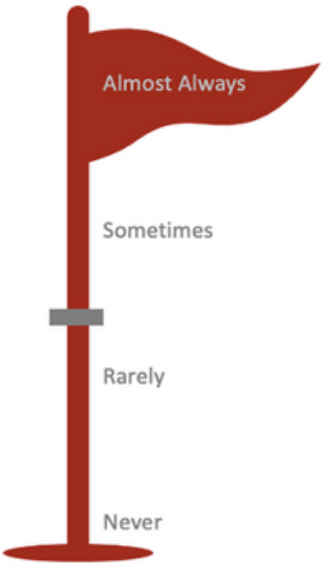


BehaviorHelp staff utilized the Teaching Pyramid Observation Tool – Short Form (TPOT-SF) in their initial observations of classrooms in which teachers were requesting help for managing challenging behavior (for infant-toddler classrooms, a different tool was utilized). The TPOT-SF is designed to align 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-SF 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 (55%). In the figure 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 skills, like naming feelings, self-regulation, and friendship 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, 78% of teachers have conversations with children, and 66% 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 that were less than 20 minutes (85%), only 44% of classrooms were using a visual schedule to help children understand what to expect during the day, and transitions were often chaotic in more than two-thirds of classrooms (68%). The lowest average scores were seen on the use of targeted social-emotional supports. For example, teachers support children in problem-solving (55%) or reminding children of posted expectations (38%) 'sometimes' or 'almost always,' and 59% of teachers rarely (or never) discuss emotions in the classroom.

Classrooms teachers are **fostering nurturing relationships with children**; however, classrooms **need more assistance with building children's social-emotional skills.**



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 (e.g., the teacher says "no," "stop," or "don't"), threatening 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, 32% of teachers threatened children 'sometimes' or 'almost always' during the observation period.

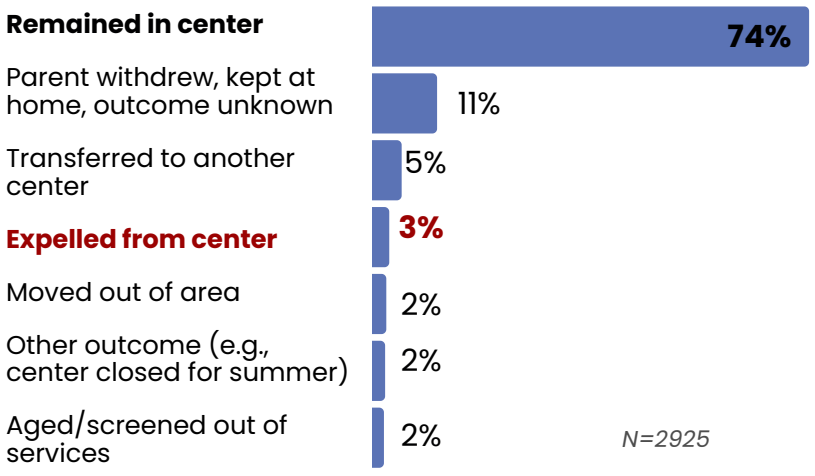


Supporting Teachers & Preventing Expulsion

Since 2016, BehaviorHelp cases were assigned to the A-State CHS technical assistance team as lead (69.8%), Project PLAY as lead (28.1%), or supported by phone and email with OEC as lead (N=55, 2.1%). Within these assigned cases, the work of the lead agency was supplemented with assistance from a partner agency 1% of the time. These numbers exclude the cases that were not assigned outside of OEC 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 3197 cases that the BH team has closed across all fiscal years, **86 children were expelled (3%).** Most children (74%) remained in the center that initiated the BH referral, with 87% of those still in the same classroom as intake. In 11% of cases, parents withdrew the child from the program, or the outcome was unknown. 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.

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



Other children were transferred to another center (5%). In 16 of 138 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/screening out or graduating or moving out of the area.

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 serious nature of the 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 to the right). **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, and peer problems such as:

- Often fights with other children.
- Constantly fidgeting or squirming.
- Picked on or bullied by other children.



Significant increase in prosocial behaviors such as:

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



Satisfaction with BehaviorHelp Services

94% felt better equipped to manage behavior of the child referred

92% felt their knowledge and opinions were respected.

88% would use BehaviorHelp again if they needed help in the future.

88% would recommend BehaviorHelp to another teacher.

86% felt that help came in a reasonable amount of time.

83% made changes that improved their classrooms because of BehaviorHelp.

N=303

Enhancing a teacher's sense of confidence and competence in managing challenging behavior could be as important an outcome as reducing the incidents of challenging behavior. BehaviorHelp consultants work to build 'teachers' capacity to manage big behaviors and foster children's self-awareness, self-regulation, and relationship-building. The BehaviorHelp team sought to explore ECE satisfaction with these services provided through our partnership with centers across the state. Beginning in 2016, ECE staff were asked to complete a brief satisfaction survey once the BehaviorHelp consultation was complete. At case closure, staff expressed feeling better equipped to manage the behavioral challenges of the child referred for services (94%), and most would use BehaviorHelp again and refer colleagues to our services (88%, respectively). Many (83%) also stated that they have implemented recommended strategies that have improved the classroom environment.

Case Studies*



A variety of factors can contribute to a center's decision to expel a child. Teacher stress, low self-efficacy to help the child, lack of access to classroom supports, and organizational stressors are all associated with increased risk for expulsion.[6-8] Building a teacher's skills, reflective capacity, and relevant knowledge can help enhance teacher-child relationships and improve child outcomes, including risk for expulsion. The same is true for the child's caregivers at home. The case studies below are reflective of such relationships and skill building through BehaviorHelp services.

The Office of Early Childhood Parent-Specific Support

Parents periodically reach out to BehaviorHelp for supports that do not fall into our typical scope of service. In these cases, the Office of Early Childhood (OEC) and a Project PLAY manager collaborate to identify resources that may be helpful to a parent. We received one such request this year from a parent who was transitioning out of an unsafe home situation and was worried about her young child, unsure of where to find supports. She was worried about her child's development, was struggling to manage the toddler's big behaviors (including aggression and self-harm), was in need of childcare so that she could search for work, and had no stable transportation. The OEC staff and a Project PLAY manager teamed up to assist the parent. Together they provided the parent with resources and support, included calling local childcare programs to identify openings and connecting with local resources who can assist as additional needs are identified.

The child had never been in childcare prior to this request. With the help of the Project PLAY manager, the parent chose a program that could offer comprehensive and high quality care and completed the application process. Upon enrollment at the new center, the child received the developmental screening that the parent was seeking. At case closure, the parent reported that the child successfully completed the school year, is staying home for the summer, and plans to return to the same program in the fall. The parent shared they are working on adjusting to being back home for the summer and said they have a goal of "progress not perfection." The parent was grateful for the assistance provided through BehaviorHelp when she had no other place to turn.

A-State CHS Technical Assistance

A-State CHS received a BehaviorHelp referral for a foster child who was exhibiting big behaviors. The child had difficulty following routines, would run from the classroom, and had taken items from both the classroom and his peers. He struggled with managing his emotions and maintaining a sense of calm. Classroom teachers were overwhelmed and frustrated with the behaviors in the classroom. They welcomed BehaviorHelp but were unsure if A-State could help.

When the teacher shared her story at the consultant's first visit, she expressed that she felt seen and heard by the A-State classroom consultant. The teacher agreed to work on her composure during times of big behaviors and to learn to view these behaviors from the child's lens. Once the teacher gained skills in managing her own calm, she learned to use breathing strategies with children in the classroom. To help keep children safe, they added a visual stop sign on all the doors and taught the children to stop and look for an adult before leaving. Eventually, the child learned to ask for an adult to take a break with him.

*Identifying information has been changed to protect the privacy of teachers and families.



This child established a special bond with the teacher who came into work in the afternoon, and the director offered her the lead teaching role for the classroom in which the child would be moving. The A-State consultant worked with this teacher to add a visual schedule to the classroom. The teacher felt so equipped that she offered to work with the 'floating' teaching staff to help them create connection routines when they entered the class, so that this child and other children would feel safe when she was away. With the situation stabilized, the A-State consultant was able to successfully close the case.

Project PLAY Infant and Early Childhood Mental Health Consultation

A foster parent made a BehaviorHelp request, seeking support for child in foster care, whose classroom teachers were struggling to navigate the child's frequent incidents of biting and aggressive behaviors. Project PLAY was asked to assist the child and his support system, including childcare center staff, an Arkansas Department of Children and Family Services caseworker, and the foster parents. While working the case, the childcare center experienced significant turnover, making it difficult to provide mental health consultation to classroom staff. The mental health consultant pivoted and began working closely with the director of the center to support center staff as they navigated challenges. Consultation focused on understanding how the child's experiences of trauma may be related to the behaviors they were seeing in the classroom and exploring a trauma-informed response. The consultant worked with the director to understand the importance of consistency and stability in the classroom environment.

The goals developed by the consultant and director to address challenging behaviors were posted on the classroom wall and shared with all teachers. The consultant also assisted the director and regional director in reviewing new staff onboarding training in hopes of more fully supporting new teachers as they transition into their new roles at the center. They scheduled an all-staff training to support staff in developing supportive relationships with children. In addition, the consultant and director held an all-staff meeting to share the collaborative goals created during consultation. At the time of case closing, the director shared with the consultant that she had not realized how supporting her staff with hands-on efforts could promote staff retention and in turn, support the children in their care. In addition to revitalized onboarding training and staff development meetings, the director planned to spend intentional time in the classroom modeling classroom strategies for new teachers.



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BehaviorHelp Support Partners

Project PLAY
Positive Learning for Arkansas' Youngest

ARKANSAS STATE UNIVERSITY

LEADERSHIP SUPPORT SERVICE
DIVISION OF ELEMENTARY & SECONDARY EDUCATION

Contact

This report was prepared by the University of Arkansas for Medical Sciences, Department of family & Preventive Medicine, Research and Evaluation Division.

For more information, contact:
Dr. Nikki Edge
naedge@uams.edu

Angie Kyzer
alkyzer@uams.edu

Maya Williams
williamsmaya@uams.edu

UAMS

COLLEGE OF MEDICINE
DEPARTMENT OF FAMILY AND PREVENTIVE MEDICINE
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