

Early Intervention Can Help Change Unwanted Behavior

by Diane Bricker

After four months, Jody still clings to her mother, cries, and sucks her thumb when she is left at her preschool. Billy attends a morning kindergarten. He hits and pushes other children even after the teacher has repeatedly reminded Billy that this behavior is not acceptable. Johanne talks little in her child-care setting, appears withdrawn, and is rarely sought out by other children. Willy, who stays at home, has trouble remaining engaged in any activity, has poor articulation, and is clumsy at play.

These are not uncommon behaviors seen in young children. If they occur infrequently, they generally do not cause particular attention or concern. However, if such behaviors do become severe or frequent, should parents, teachers, child-care workers, friends, or family members become alarmed about the child's social and emotional adjustment? Should they take action to manage or eliminate these behaviors?

When behaviors exhibited by children consistently cause problems for themselves (for example, they are avoided by other children); for their caregivers (for example, make it difficult for the parent to leave the child in someone else's care); or for others in their community (for example, require the teacher to monitor interactions between children for fear of aggression), then action should be taken for two reasons.

First, engaging in the types of behaviors described above for Jody, Billy, Johanne, and Willy puts these children and others like them at risk for developing serious problems that may interfere with their emotional, interpersonal, and academic growth. Evidence suggests that if such behaviors are left unattended, the frequency and intensity may increase until the child is identified in elementary school as requiring professional intervention. For example, if bullying and aggression in a four-year-old is left unchecked, this child may be learning that an effective way to get what you want is by hitting, yelling, pushing, and threatening other children. Learning to solve one's problems through aggressive acts is likely to lead to isolation from other children.

Most young children do not like, nor will they spend time with, children who threaten them physically. In addition, aggressive children often receive negative feedback from the adult community and have limited opportunities to learn positive and constructive means for solving problems.

The child who withdraws from interactions with other children and adults is another example of a child who is learning ineffective behaviors to deal with our social world. A variety of reasons may produce such responses in young children, such as an abusive home, emotional difficulties, and shyness. Continued isolation, however, may lead to unwanted outcomes. Isolated children have few opportunities to learn effective ways to develop peer interactions and involvement in daily group activities.

A second reason for taking action with children like Jody, Billy, Johanne, and Willy is elimination of risk behaviors before they become serious problems. A major goal of early intervention and early childhood education has been to help parents, caregivers, teachers, and the general community understand that, as with many medical illnesses and problems, early

identification and treatment of learning and adjustment problems often can lead to effective interventions requiring minimal cost and time. Once behaviors have become habitual, they become difficult and costly to eliminate.

If early identification and intervention is a wise course of action, what can parents, teachers, and other concerned caregivers do? A three-step process is recommended:

First, spend time observing the child's behavior that is of concern. How often does the behavior occur, when does it happen, with whom does it happen, and what are the effects following the behavior? For example, how often does Billy hit, when does he hit, whom does he hit, and what happens after he hits? Obtaining this type of information is essential to the second step, which is devising an intervention.

Second, for the intervention to be effective, it must address the problem, and must be practical so that it can be easily carried out by teachers, parents, or peers. Effective interventions can range from ignoring the child's behavior to physically removing the child from the situation.

Evaluating the effects of intervention is the third and final step. Evaluation is always necessary to determine if the intervention has been successful and evaluation of success should be simple and not require excessive time to use. For example, evaluating success could be as simple as counting the number of times Billy hits other children before and after intervention, or noting how long Jody cries when her mother departs before and after intervention.

If simple interventions do not work or the child's problem becomes increasingly more frequent or troubling, assistance from an appropriate professional is in order. A variety of professionals are available in most community to assist parents and child-care workers.

Early identification and treatment of problems in young children is fundamental to their future adjustment and happiness. It is better to take action early and eliminate a small problem than to wait until the problem has reached crisis proportion which may require major intervention for its remedy.

Diane Bricker, Ph.D., is a Professor of Special Education at the University of Oregon, where she is also the Associate Dean for Academic Programs for the College of Education and Director of the Early Intervention Program.

Original publication date: 12/09/1996 – The Register Guard, Eugene, Oregon