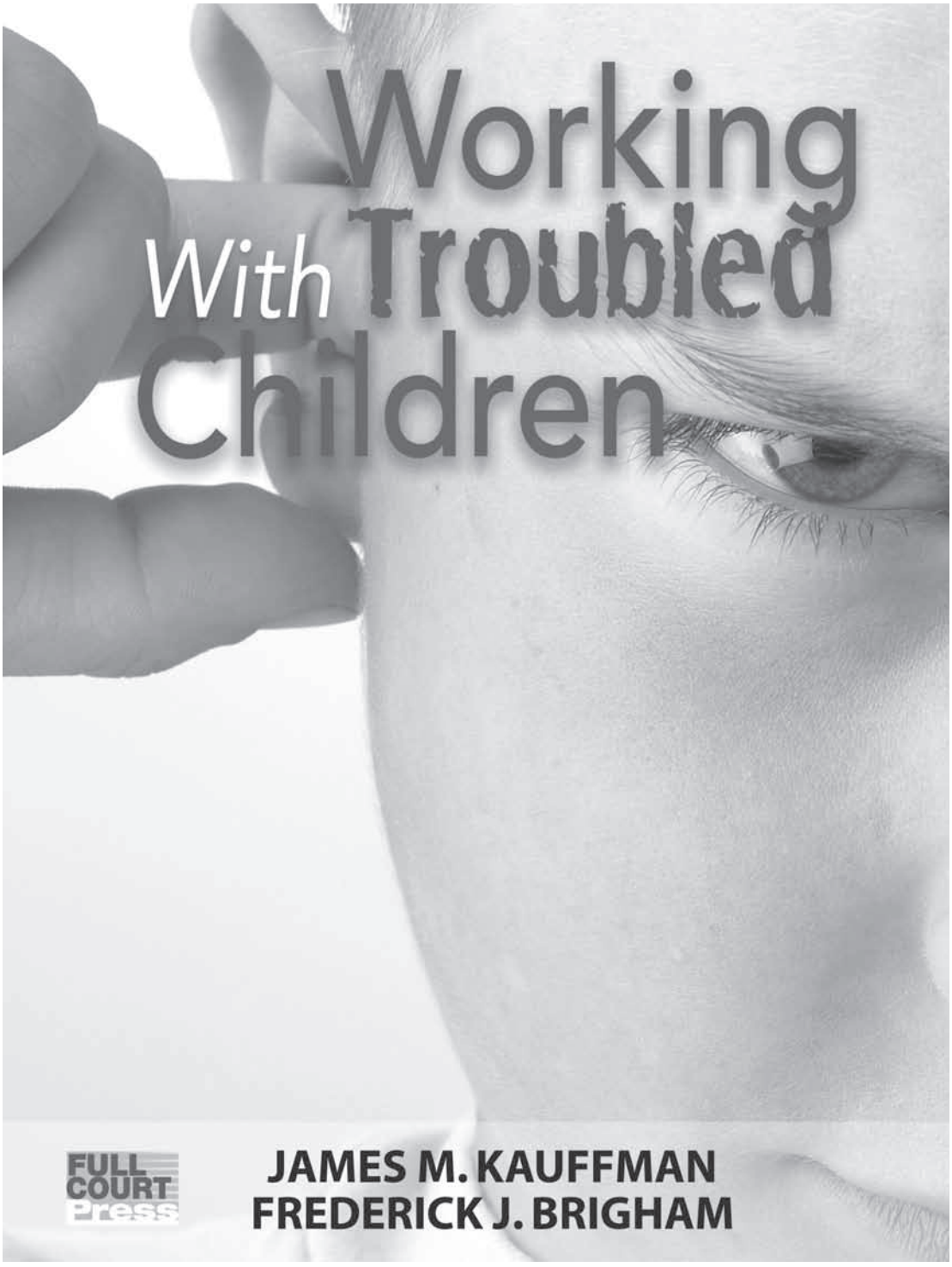

Working With Troubled Children

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Contents

Preface

The lives of young people with behavioral problems tend to be among the least satisfying of all. If their problems become the disorders that are defined as disabilities in the Individuals with Disabilities Education Act (IDEA), then their happiness or quality of life, their academic and social progress in school, their employment, and their adult life course is likely to compare unfavorably to those of others. But children and youths are not the only ones affected by their problem behavior. Their families tend to suffer, their teachers tend to be disappointed, and their peers and observers tend to wonder what is the matter with them.

Even when a problem turns into a disability as defined in special education law, we say "tend to" because, in some cases, there is an unexpected outcome. In rare cases, the turn-around of the misery and the bleak outlook occur for unknown reasons—there is a "spontaneous recovery" from the typical life course of youngsters with the problems we call "emotional disturbance." In other instances, things get better and there are happier outcomes because adults provide help in the form of better child management. Better management might include any combination of adept social reaction to problems, skillful instruction, helpful changes in the physical environment, or medication.

Among the most helpful things adults can do is to recognize problems early—before they become the severe, protracted difficulties for which special education is designed. Early recognition that something appears to be wrong is the first step, and taking that step is necessary before other helpful action can be taken. Ignoring trouble, whether because of lack of knowledge or understanding or because of denial, is certain to short-circuit any other helpful action.

We give teachers and parents a basis for making judgments and taking action if they spot what seems to be trouble—behavior problems or difficulties. We do not encourage teachers or parents to be hypersensitive or overly critical, nor do we suggest what to look for and then fail to provide guidance for what to do.

In our opening chapter, we give teachers and parents a basis for comparison by talking about what to expect during normal development, what to look for as signs of possible trouble, and how significant difficulties are defined. We encourage you to understand that early identification means not only looking for signs of trouble early in the child's life but understanding that problems can begin at any developmental stage. We also encourage you to understand the importance of responding to trouble early in its manifestation, regardless of the life stage at which it occurs.

Our second chapter deals with possible causes of behavior problems. All too often, adults want to find a single causality while overlooking the contribution of other factors. We explain how a single cause is rarely sufficient to explain a behavior problem and coax you to think of what might increase or decrease the risk of trouble.

In our third chapter, we confront the downside of identifying a child with behavior problems. Identifying something as a problem carries its own risks, and it's important to recognize two realities. First, identifying nonproblems does more harm than good. Second, even when a real problem is identified, identification can create another set of difficulties. In a lot of cases, we simply weigh potential costs versus benefits.

Chapter 4 looks at the benefits of early intervention. Our emphasis is on recognizing early signs of trouble and taking the best steps to deal with it. We discuss not only what needs to be changed but how things might improve socially and academically for the youngster when problems are recognized early.

Our fifth chapter expands on what to do and how to make life better for everyone. It is a guide to child management that is based on the best evidence behavioral scientists have accumulated over decades of research with families and teachers.

Chapters 6 and 7 offer guidelines for those who intend to use what we know about changing behavior. We suggest ideas for using both incentives and deterrents—better known as reinforcement and punishment among behavioral scientists. Incentives and deterrents are the basic tools that any humane society, classroom, or family use to rear children and help adults lead satisfying lives. Of course, they are only tools, and they can therefore be used skillfully or unskillfully, for good or ill.

Our last chapter shows teachers and parents where to turn for additional help. No one can go it alone in dealing with behavioral difficulties. We all need to know where to go for support.

We acknowledge the helpful assistance of our editor, Tom Kinney. We also thank our wives, Patty and Michele, both teachers and partners extraordinaire, for their support and forbearance during our work on the manuscript.

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James M. Kauffman is Professor Emeritus of Education at the University of Virginia, where he has been chair of the Department of Special Education, Associate Dean for Research, the Charles S. Robb Professor of Education, and the William Clay Parrish, Jr. Professor of Education. He is a former teacher in both general elementary and special education for students with emotional and behavioral disorders.

Kauffman received his Ed.D. in special education from the University of Kansas in 1969. He is a past president of the Council for Children with Behavioral Disorders (CCBD), and among his honors are the 2002 Outstanding Leadership Award from CCBD and the 1994 Research Award of the Council for Exceptional Children. He served as director of doctoral study in special education at the University of Virginia and taught seminars in special education.

He is author or coauthor of numerous publications in special education, including the following books: *Exceptional Learners: Introduction to Special Education* (11th ed., 2009), *Characteristics of Emotional and Behavioral Disorders of Children and Youth* (9th ed., 2009), *Learning Disabilities: Foundations, Characteristics, and Effective Teaching* (3rd ed., 2005), *Special Education: What It Is and Why We Need It* (2005), *The Illusion of Full Inclusion: A Comprehensive Critique of a Current Special Education Bandwagon* (2nd ed., 2005), *Children and Youth with Emotional and Behavioral Disorders: A History of Their Education* (2006), and *Classroom Behavior Management: A Reflective Case-Based Approach* (4th ed., 2006).

For more information, see Kauffman's website at www.people.virginia.edu/~jmk9t/.

Frederick J. (Rick) Brigham

Rick Brigham is Associate Professor of Education at George Mason University. He has also served on the faculties of the University of Virginia, Bowling Green State University, and Valparaiso University. His teaching experience includes service as a work experience instructor, as a general elementary school teacher, and as a special education teacher for secondary school students with emotional and behavioral disorders. Additionally, he has served as a special education program consultant in Iowa and a director of special education in North Dakota. Brigham received his Ph.D. in education from Purdue University in 1992. He is currently the president of the Council for Exceptional Children—Division for Research (CEC-DR) and was a two-term editor of the Council for Children with Behavioral Disorders (CCBD) journal, *Behavioral Disorders*. He was coordinator of graduate studies in education at Valparaiso University and coordinator of the M.Ed. in special education program at the University of Virginia. He has also served as the chair of the Virginia State Special Education Advisory Committee. He teaches courses in assessment and methods of instruction for students with learning disabilities and behavioral disorders, as well as numerous doctoral seminars in special education and research methodology. His research interests include promoting recall of declarative information through keyword mnemonics, the effects of teacher behavior upon student performance, and decision-making in educational settings. His current work focuses on the use of eyegaze technology to evaluate instructional materials and also student performance in various learning tasks. He is the author of numerous articles and book chapters regarding special education and also two issues of the Council for Exceptional Children Division for Learning Disabilities (DLD) and CEC-DR co-sponsored Current Practice Alerts—one on keyword mnemonics and the other on reading comprehension strategy training.

Rick is also an active musician who has performed frequently as percussionist with choral groups directed by his wife, Michele. He has also performed regularly with Jerome and Lois Tibor, Valparaiso University Percussion Ensemble, the Mark Duray Quartet, the Joe Tucker Quartet, Billy and the Backbeats, Big Ray and the Kool Kats, and most recently, the Rod Garcia Band. His favorite performances were at the America Sings festival, which raises funds for homeless children, with Michele's excellent choirs and at recent benefits for typhoon victims in the Philippines with the Rod Garcia Band.

Rick would like to thank his wife, Michele, for a list of things too long to include here. Her wisdom, clarity, kindness, and affection are beacons for me. In all that I do.

Chapter 1

Recognizing Early Signs of Behavior Problems:

An Overview of Early Intervention and Prevention

When a child gets into serious trouble or have a behavior problem, we always wonder what might have been done to prevent it. We also wonder what the early signs were that the child was headed for trouble. Apparently, nobody recognized the signs or did anything about them. Occasionally, no one saw trouble coming; it seems to have come out of the blue. But usually, at least in hindsight, we see that there were signs of trouble brewing, yet no one took them seriously or gave the kid effective help.

Think about the following real-life cases. They illustrate how people tend to wait until difficulties become extreme before doing anything.

When a child gets into serious trouble or have a behavior problem, we always wonder what might have been done to prevent it. But in hindsight, we see that there were signs of trouble brewing, yet no one took them seriously or gave the kid effective help.

Cases in Point

Nathan

Nathan is an eighth grader with an IQ in the gifted range. Although he is highly intelligent and creative and scores high on standardized achievement tests, his report cards contain only Ds and Fs. All his teachers and the school principal are exasperated with his constant clowning in class, his refusal to complete assignments (and his insistence that sloppy, incomplete work is sufficient), and his frequent macho behavior that gets him into fights with other students. His mother, a divorced former teacher, is at her wit's end with him at home; he is slovenly, refuses to do chores, threatens her and his older sister with physical violence, and was recently caught shoplifting.

Source: Kauffman & Landrum (2009b, p. 9)

Why, we ask ourselves, did teachers and Nathan's mother allow this kind of problem behavior to develop in the first place? When did Nathan's academic slide begin, and how did Nathan's teachers and his mother respond to it? Precisely what did school personnel and Nathan's mother do to stop his troublesome behavior? Did Nathan's behavior catch everyone by surprise, or did someone notice its beginning? If nobody took effective preventive action, why? What is to be done now?

Pauline

Pauline entered the school bedraggled. Tall and slender, she hobbled in more like a wounded crow than a graceful swan. This was Pauline's first day in a special school for students with emotional and behavioral difficulties. She was now 14 years old.

For the past 3 years in secondary school her life had been a story of daily trauma. Due to her height, she had very quickly become the butt of jokes among her peer group. The jokes led to bullying—verbal taunts and eventually physical attacks. Teachers tried to intervene, but always the hunting pack of students would seek out its prey, and Pauline would again fall victim to abuse from her peers.

Pauline changed from being an outward-going student of average ability, always eager to contribute in class. She became withdrawn, pale, shoulders hunched, frightened to speak or to be spoken to for fear of ridicule. When teachers, unaware of the peer pressure she was suffering, urged her to play a more active role in class she became distraught. School was no longer a safe place; Pauline began to [be] truant. When her parents discovered this, they forced her to attend school daily by taking her there themselves. This caused Pauline physical distress to the extent that she would vomit. Her peer group turned on her even more, barring her from entering the bathroom when she needed to be sick (pretending, if a teacher passed by, to be helping her).

Source: Carpenter & Bovair (1996, pp. 6–7)

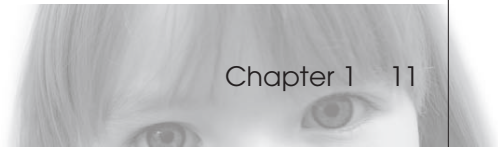
Here we see a girl apparently bullied into emotional and physical illness by her classmates. Why did school personnel fail to take this problem seriously and not stop the bullying years ago? Why did Pauline's parents fail to respond with sympathy, and why did they not confront the school staff and demand that the bullying be stopped? What are the best options for Pauline now?

Larry

Mystery, age 9, and his older brother Larry, age 12, often got into fights with other kids in the neighborhood. One time they were observed beating an autistic child on the neighborhood playground. But in spite of such incidents, Mystery was well liked by neighbors and was said to be a happy child.

Mystery's older brother Larry, however, was another matter. Neighbors said he liked sports and video games and had a girlfriend, but he also got into frequent fights, hit people in the face with sticks, and said to them, "I'm crazy. Don't mess with me." He often wore masks to hide his face. According to neighbors, he would walk around the area with his face covered by a bandanna and a book cover over his head to make it look as if he had horns.

Mystery and his mother were bludgeoned to death by Larry, apparently with a metal bar. The 12-year-old did not have an arrest record, nor was there any documented history of his abuse, and the police have been able to identify no



motive for the crime. The mother was said to be devoted to her children. She was a single mom and held two jobs to support her family. Larry is scheduled for a psychiatric evaluation in the youth facility where he is being held.

Source: Kauffman & Landrum (2009b, pp. 61–62)

When we learn about incidents like this, we find ourselves outraged that no one intervened before the murders. We're stunned that signs of trouble were overlooked or explained away. And now we're left to bemoan the loss of Larry's brother (Mystery) and mother and wonder what will become of Larry and boys like him. Did nobody take the fighting seriously? What should have been the consequence of these kids' beating an autistic boy on the playground? Why did no one respond by seeking help for him when Larry acted as odd and aggressively as he did?

Typical Responses to Early Signs of Behavior Problems

Larry's story appeared in a large city's newspaper (in this case, the *Washington Post;* see Klein & Harris, 2006). Often, the early signs of trouble don't lead to such dramatic and horrible acts of violence as those depicted in Larry's story. Most of the time, nobody dies. True, when children and youth have behavior problems, people suffer and lives are often made less fulfilling than they might otherwise have been. However, most often these consequences don't make the news. They just cause what many consider run-of-the-mill miseries or the everyday slings and arrows that most of us typically experience. This is true for both the youngster with behavioral difficulties and those who are responsible for his or her care (Earley, 2006; Kauffman, 2008; Sacks & Kern, 2007).

We know from medical research the value of catching early signs of illness.

Most people *don't* suggest that we should allow problems to become extreme before we do something about them. This is true whether we're talking about either physical or mental illnesses. Most people, in fact, suggest that we ought to intervene early, that we ought to catch problems before they get out of hand, that prevention is smart and humane. We know from medical research the value of catching early signs of illness (e.g., cancer) and treating such illnesses before they become severe. That is, we know that physical illness can often be detected early and that such illnesses are more treatable—that the outcomes are more likely to be positive—when the problem is caught in its earliest stages. Yet most behavior problems are very seldom caught early. They're usually allowed to fester until

they become intolerable, until someone concludes that something has to be done because the behavior is just awful (Kauffman, 1999, 2005; Kauffman, Mock, & Simpson, 2007).

We must do better. And we'll suggest how teachers and parents might do better at catching problems early and responding to them in ways that are helpful.

Understanding Normal Developmental Differences

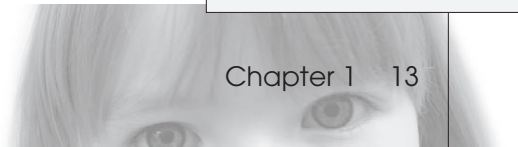
The Concept of Normal

Part of the problem in early identification and intervention (by intervention we mean help from a parent, teacher, therapist, or other adult) in behavior problems is telling normal differences from differences that aren't normal. Normal includes wide variation, but it refers to differences that are clustered around the mean, the average, or the typical. Normal doesn't include extreme outliers, the individuals who are way different from most. Some people may want to claim that normal doesn't exist or that the idea is oppressive because it demands conformity to the idea that there is a right way to behave. According to these objectors to the idea of *normal,* all variation is okay. To us, it is not; rather, some is, some isn't.

What's considered normal isn't necessarily right, but it is typical, and the idea of normal behavioral development is, in our judgment, more helpful than not. In many other areas of life, *normal* isn't just an important concept—it's a matter of life or death. For example, normal temperature, blood pressure, kidney function, eating, growing, sleeping, walking, talking, and so on are essential concepts for anyone concerned with child health, growth, and development. True, there are variations, and there are deviations from typical that aren't necessarily an indication of disease or disorder. Nevertheless, *some* differences from the norm in these and other signs of development will cause parents or others who care about a child to seek special treatment to avoid later problems or disastrous consequences. The particular difference and the extent of that difference make all the difference in the world!

Our point is simply this: The concept of *normal* is essential in child rearing and child welfare, and it's ignored at considerable peril to a child's wellness. This is true not only for biological development but for behavioral and cognitive development as well. Signs that a child's social or academic development is markedly different from that of most children should prompt as much concern and as much determination to seek help as a child's biological development. But there has been an

There has been an unfortunate tendency to dismiss social and academic problems, to see their very mention as stigmatizing.



unfortunate tendency to dismiss social and academic problems, to see their very mention as stigmatizing, and to believe that (1) they're a reflection of incompetent parenting or teaching or (2) they'll resolve themselves, so adults should stop worrying about them.

Differences That Aren't Normal

Of course, many problems resolve themselves. Children get sick—they get the typical childhood diseases—and sometimes they get well without medical treatment. Most children have behavior problems of some kind at some age, too (Kauffman & Landrum, 2009a; Kazdin, 2008). But illness or other developmental problems that are *not normal* are seldom resolved without treatment. Even the best treatment sometimes isn't enough to eliminate a problem entirely. However, the earlier a problem for which treatment is appropriate is noticed and treatment is begun the better the prospects for the child.

Everyone knows people who become worried inappropriately and unnecessarily—parents who become concerned at their child's first sniffle or a minor conflict over a toy or a child's slightest unhappiness, teachers who worry if a child slips slightly below average on one assignment, and so on. Overconcern or overprotectiveness can, itself, be abnormal and maladaptive. But such hypersensitivity to differences isn't typical of what happens in the case of children's behavioral development.

A far more common problem is lack of concern that a child is showing serious and protracted signs of behavioral difficulty. The child's behavior is way different from normal and acceptable, and yet no one takes it seriously. Recognition of problems is often long delayed, and the problems are often allowed to become severe before help is sought. Then, there is either a very long and difficult struggle with a very bad problem or an even more tragic consequence. Either way, people suffer needlessly because early signs of trouble weren't recognized at all or were ignored.

The problem is complicated by the fact that abnormal behavior usually starts out as a normal problem. But if we don't catch problems in their beginning stages, then the problem of correcting them becomes very much more difficult. In the words of researchers Walker et al. (2004),

> *Small children often exhibit the "soft" signs of antisocial behavior that are relatively trivial (e.g., noncompliance, arguing, lying) and gradually progress to much more severe "hard" signs (e.g., cruelty, aggression, bullying, harassment, violence, theft, arson) as they mature . . . Thus, it is important to address these early signs and less serious acts while we still have a chance to affect them.*

> *Far too often, we wait until it's too late to turn around vulnerable children before we define their problem behavior as in need of intervention. (p. 55)*
>
> *Preschool children, particularly boys, often engage in oppositional, overly active, and pestering behavior that may not seem serious at this developmental level. However, the manifestations of this behavior pattern in adolescence are very different and can be quite destructive … The myth that preschoolers will outgrow their antisocial behavior is pervasive among many teachers and early educators. Unfortunately, this belief leads many professionals to do nothing early on, when the problem can often be addressed successfully. (pp. 57–58)*

One of the understandable consequences of this is that in cases of uncertainty there is a strong bias toward waiting for the problem to become *clearly* abnormal. We tend to say, with some justification, "this is just normal behavior" and let it go.

The real issue here for adults isn't as much deciding whether the child's behavior is or isn't normal now, but whether it *is or isn't likely to become abnormal*. Is it or is it not a problem that is going to go away without intervention? There are risks regardless, but there is almost always a desire to see it disappear on its own rather than to do something about it. Too many of us are willing to take the chance that doing nothing is better than doing something (Kauffman, 2007).

The real issue here for adults isn't as much deciding whether the child's behavior is or isn't normal now, but whether it is or isn't likely to become abnormal.

We'll provide guidance for thinking about when to become concerned enough to seek intervention. Understanding which early signs of behavior problems to look for starts with the definition of disorders in their full bloom.

Definitions of Disorders for Special Education

Lots of different definitions of emotional or behavioral disorders (commonly referred to as EBD) have been written. For special education purposes, the Individuals with Disabilities Education Act (IDEA) defines the category of *emotional disturbance*. However, the National Mental Health and Special Education Coalition suggests a different definition and recommends using the terminology *emotional or behavioral disorder* (Forness & Knitzer, 1992). Many different definitions are used by various private and public agencies serving children who need special education and related services. Some people have tried to make distinctions between *emotional* and *behavioral* or between *disturbed* and *maladjusted*, and so on. These distinctions can't be made reliably and aren't helpful (Kauffman & Landrum, 2009a).

The general idea of all definitions, regardless of the particular words they use (e.g., emotional disturbance, behavioral deviance, emotional or behavioral disorder, social maladjustment), is that a child's behavior or social interaction (1) goes to an extreme (isn't just slightly different from the usual), (2) is a chronic problem (not one that quickly disappears), and (3) is unacceptable (in the light of social or cultural expectations) (Hallahan, Kauffman, & Pullen, 2009). Of course, just what is extreme or chronic or unacceptable is open to interpretation. But interpretation is just the reality of what we're dealing with here.

So, we could ask about a given child's behavior:

1. Is it extreme?
2. Is it a chronic problem?
3. Is it socially unacceptable?

If the answer to all three questions is yes, then concern and action are justified. If the answer to two of these questions is yes, then concern and action probably are justified. This is because when it comes to number 3, community standards for what is socially acceptable or unacceptable are so varied.

For example, a behavior may not be what most people would judge extreme, yet it is persistent and violates community standards. A youngster's dress, grooming, or behavior may not be very different from that considered normal in the larger society, but it may cause serious concern in a smaller, more insular community.

If the answer to all three questions is no, then concern and action are premature. But in many cases there is ambiguity—uncertainty about how to answer a given question (i.e., whether a behavior is extreme or chronic or unacceptable).

In the end, judgment is required in defining emotional and behavioral problems for special education purposes and there's no avoiding it. And sometimes we will be wrong. What we really have to think about is what kind of mistake is worse. Here we provide some general guidelines for judging whether the behavior should be a cause of concern and intervention, but we can't provide a detailed accounting or index of all the behavior that might be involved.

We are concerned about intervening in behavior problems both before and after they become the concern of special education. Overwhelming evidence tells us that *most* of the students who need special education or mental health services, because their behavior is problematic, receive neither—they're not identified for special education, and they don't receive mental health services (Kauffman & Landrum, 2009a; Kauffman et al., 2007). Furthermore, they're very unlikely to receive these services. This means two things: (1) general education teachers deal with these kids day in and day out, so they need strategies for working with them *now,*

and (2) we need to do a better job of intervening in these problem early, *before* things get so bad that special education or mental health services are required. Of course, special educators serving students in all categories also need to do a better job of intervening early in behavior problems.

General Guidelines for Judging Signs of Behavior Problems

One general principle to keep in mind is that single problems are relatively rare and that one problem often begets another. Thus, the greater the number of problems, the more guarded the prognosis for an individual child. Furthermore, the earlier a problem occurs, the more the different situations or environments in which that problem is in evidence, and the longer the problem has been in evidence the more likely that significant problems lie ahead.

Another general idea to keep in mind is that children with behavior problems are not set apart from those without them by appropriate conduct or "nice" behavior. Rather, they are set apart by their inappropriate conduct, by their *mis*behavior. In fact, a lot of kids with behavioral problems do lots of nice things. But in addition, they do a lot more of the behavior that makes others worry or not like them. This is important, because people often think of children with behavior problems as those who never do nice things to or for other people. This is a serious misunderstanding.

Yet another misconception is that children with behavior problems are really just a pain in the neck. The truth is, children both can have problems and can be disturbing in their more outlandish behaviors, but also can be charming and likeable. It's equally true that there are many irritating children who don't have serious behavior problems. Nonetheless, a student who is consistently irritating is at higher risk of acquiring a behavior problem if he or she doesn't already have one. Realize too, that a child with a behavior problem often encourages similar problems in others, simply because the reactions of other children and adults to the irritating behaviors tend to be negative.

Finally, we note that most students with behavior problems don't exhibit them continuously, 24/7. Often even people who work with them don't seem to fully understand that behavior problems are generally episodic, highly variable, and often situation-specific. For example, such problems might be exhibited only when demands are placed on children to perform, or only when the child is outside the home or family. Also, too often people don't understand that they may be observing the child precisely at a time when the problem in question is not being exhibited. They then might assume that a complaint about a child is unfounded, that they have seen no problem and therefore there isn't any! This creates a substantial problem for some

parents or teachers who report a child's misbehavior only to find that someone else reacts with disbelief.

Signs of Problems in Infancy

A general principle to keep in mind is that the younger the child the more difficulty everyone has in judging whether a behavior signals future difficulties. This is because the behavior of children varies a lot from child to child and from time to time, but also because the child is developing rapidly and the developmental trajectory or trend is harder to predict. As children get older, their behavior tends to become more stable and predictable. Nevertheless, even in infancy (the first year of life), certain behavioral characteristics can be identified that *could* signal that there is trouble ahead.

All babies have a temperament at birth—a typical way of responding to things in their lives. Some babies have temperaments that most people consider "easy." They are usually happy, predictable, outgoing, and adaptable. Other babies are considered "difficult" in that they are generally cranky or fussy, intensely negative, withdrawn, slow to adapt to changes, or unpredictable. These differences in temperament were first described and researched in the 1960s, but research in intervening decades and into the 21st century confirms their importance in children's development from infancy into school age (Chess & Thomas, 2003; Keogh, 2003; Nelson, Stage, Duppong-Hurley, Synhorst, & Epstein, 2007; Thomas & Chess, 1984; Thomas, Chess, & Birch, 1968).

We don't want to give the impression that "easy" babies are never fussy or cranky. But "easy" babies are easier to satisfy than are "difficult" babies. "Difficult" infants often don't respond well even when good caretakers are quick to care for the children's needs.

Even in infancy, certain behavioral characteristics can be identified that signal trouble ahead, such as a difficult temperament.

Probably, it is no surprise to you that signals of possible trouble ahead are associated with a difficult temperament. Of course, "easy" babies sometimes grow up to be troubled children, and "difficult" babies often turn out okay. A lot depends on life experiences and other factors that no one has explained yet. Parenting and the infant's early experiences may affect the outcome, and sometimes it's possible to understand how parents' treatment smoothed out a "difficult" baby's behavior or how an "easy" baby became a troubled child because of neglect or abuse, but we often don't really know just why things turn out the way they do.

We'll discuss temperament more in the next chapter under the heading of biological causes. Suffice it to say here that babies that are considered "difficult,"

particularly for skilled caretakers, are those most likely to have later trouble in school and other environments to which most children adapt happily and well.

Signs of Problems in Toddlerhood

Our term *toddlerhood* here refers to the period from approximately age 1 year to entry into kindergarten—the preschool years. Most children learn to walk and talk by about 1 year of age, and they're rapidly learning to do things for themselves. Behaviorally, they're becoming separate from their parents and learning to interact with other children. Children who don't master developmental milestones such as walking, talking, feeding themselves, and learning to help in dressing themselves are at elevated risk of developing emotional or behavioral problems as well.

An important thing to realize about toddlers is that they normally show a wide range of emotions and are often cantankerous, especially when they're tired. Broad descriptions like *terrible twos* and *trying threes* were invented simply because toddlers typically go through periods that are difficult for their parents. They're often oppositional, throw tantrums, and otherwise demonstrate exasperating behavior that isn't typical of them when they're infants or older children. They're often fearful of many things and often become "clingy" when they're frightened. Toddlers often exhibit highly selfish and egocentric behavior. They often grab what they want without considering anyone else. It's a time of learning social and play skills, of learning how to get along with others. Toddlers don't have much experience in social interaction, and they typically make a lot of social mistakes before learning the social graces that we expect of reasonably well-adjusted older children or adults.

Although it's important to keep typical toddler behavior in mind, toddlerhood can be a time when we see the early emergence of problems. Having experience in observing a lot of young children is a distinct advantage here, because it's only through comparisons with many typically developing children that anyone can get a handle on what is and isn't normal. We can point to two primary behavioral patterns that are a cause for concern and possible intervention. The first is unusual aggression, compared to other children of similar age. The second is unusual withdrawal from others, again in comparison to children of similar age. We'll expand on each type of problem.

Toddlers who are unusually aggressive hurt other children more often than most. They may hit, scratch, bite, or throw things. Usually, we see that their potential playmates try to avoid them if they can or become cowed into submission. Hyperaggressive toddlers may seem to understand positive social interactions, but they gravitate toward intimidation and domination through their aggressive behavior. They aren't merely assertive but domineering and harsh.

Toddlers who are unusually withdrawn may react fearfully when other children approach them in nonaggressive ways. They may avoid eye contact or show few signs of attachment to adults. They would sooner play alone than with anyone. They may treat other children and adults more as objects than as people. Their behavior goes beyond the usual shyness or bashfulness of toddlers and avoids the kind of reciprocal social interaction that's typical of normally developing children.

Again, we emphasize the importance of knowing that what you are seeing is atypical of children of a given age. All children exhibit all of the types of the behavior we have described to some extent and at some times. Children whose behavior will become problematic show such behavior persistently and to an extreme compared to most children of similar age. As toddlers, they're becoming skilled in hurting others or causing them to react in ways that don't foster positive, reciprocal social interactions. A toddler's proficiency at thwarting happy and positive interactions is certainly a danger sign, whether he or she is proficient at aggression or withdrawal.

Signs of Problems in the Early School Years

The early school years, as we discuss them, are kindergarten through grade 2 or 3. Entry into school demands much of children, and their success or lack of it in the early school years may have very important implications for their later achievement. They must learn to focus attention, follow directions, work in groups, and get along with others who may differ considerably from themselves in ability, social status, culture, and so on. Failure to master any of these expectations will almost certainly bode ill for the child's later development.

As in the toddler period, both unusual aggression and unusual withdrawal are the primary concerns. This is the period during which screening instruments and interventions show particular promise in picking out and helping those children who show behavioral signs that they're headed for trouble (see Walker, Severson, & Feil, 1994; Walker & Sprague, 2007). The screening instruments generally identify children whose behavior is either *externalizing* or *internalizing*. Externalizing behavior refers to acting out—most obviously to aggressive and disruptive behavior. Internalizing behavior refers to acting in—most obviously to social withdrawal; excessive fearfulness, shyness, or timidity; and signs of depression. Internalizing behavior is no joke; it increases the chances of trouble ahead. However, of the two dimensions of behavior, externalizing behavior problems, particularly high levels of aggression, carries the higher risk.

A toddler's proficiency at thwarting happy and positive interactions is certainly a danger sign.

Children whose behavior is considered maladaptive and externalizing are more than typically aggressive—they are hyperaggressive. They're

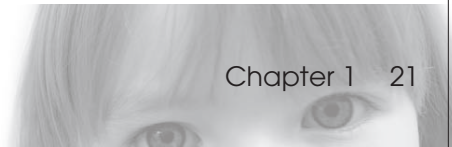
the children most likely to be noticed by and to cause concern for teachers. This is simply because they're harder to ignore than internalizing or withdrawn children. Externalizing behavior is the in-your-face variety, disruptive of routine and order and destructive of the kind of classroom in which learning can occur. Screening instruments like those of Walker et al. include strategies designed to keep teachers from picking out only externalizing children.

Learning basic academic skills is critically important to emotional and behavioral development in the early grades, and children who don't learn basic math and reading skills are at high risk for later difficulties in school. But they're at particularly high risk of difficulty if in addition to failure at academics they show serious signs of externalizing or internalizing problems. The highest risk of all is created by academic failure and hyperaggressive behaviors (see Kauffman & Landrum, 2009a).

Signs of Problems in Middle Childhood

Here we're referring to children about 8 or 9 to 12 or 13 years of age (roughly grades 3–6 or 7). It will come as no surprise that there is continuity in the kinds of behavior that are associated with later trouble—that unusual aggression and unusual social withdrawal are themes that run throughout a child's development. Again, as in the early school years, externalizing and internalizing are the major dimensions of problem behavior. In fact, it appears that all of the more specific categories of emotional and behavioral disorders can be classified on these two dimensions. Actually, externalizing and internalizing are dimensions of *normal* behavior, too. It's just that the behavior of children who have emotional or behavioral disorders runs to the extremes of these dimensions. Children with disorders persist in these extremes and exhibit them under more than one condition, and they violate social standards of normal conduct.

Ordinary children can be expected to do all or nearly all of the things that children with problems do. At all stages of development it appears that children who will have significant problems are set apart from those who will not by several aspects of their behavior. First, they exhibit certain troublesome behaviors far more often in a given period of time than does the typical child. That is, the rate at which they do problem behavior is considerably higher than is the rate for typical children. Second, they do these problem behaviors in more different situations or settings than is typical. That is, their troublesome behavior is generalized to a lot of different kinds of places (e.g., classroom, playground, neighborhood, and home). Third, their misbehavior persists over a longer period of time than is typical. Their pattern of maladaptive behavior is ongoing; it isn't transient. Finally, they're skilled in doing things that are inappropriate. That is, they know and practice lots of different ways of misbehaving—their repertoire of misbehavior is large (see Patterson, Reid, & Dishion, 1992; Patterson, Reid, Jones, & Conger, 1975; Walker et al., 2004).



Middle childhood is a relatively quiet time in child development. Most children during this period (roughly ages 7–12) seem pretty much at ease with school and at being kids under their parents' control. Normally, they've adapted well to school expectations, don't need a lot of help with daily routines, and obey their parents and perceive them as important sources of knowledge, guidance, and support.

However, some kids do go "off track" during this period. They have academic or social trouble (or both) or start showing signs of troublesome or even illegal behavior. Those who start doing illegal or seriously deviant acts before the age of 12 are at particularly high risk for later trouble (see Kauffman & Landrum, 2009a). It is at this stage of development that things like attention deficit-hyperactivity disorder (ADHD) and conduct disorder (CD) become obvious. Conduct disorder is "a broad range of antisocial behavior such as aggressive acts, theft, vandalism, fire-setting, lying, truancy, and running away" (Kazdin, 1998, p. 199). It violates social norms and expectations.

Children headed for serious trouble aren't difficult for teachers to spot at this age.

The children who are likely headed for more serious trouble in the future aren't difficult for most teachers and others familiar with children to spot at this age. They usually distinguish themselves clearly, either by their aggressive, disruptive conduct or by their social withdrawal—or, in some cases, by alternating between the two extremes. And those headed for serious trouble also seem, particularly by this stage of development, to choose as their closest friends and associates others with similarly inappropriate behavior. They may be bullies or, conversely, be bullied.

Signs of Problems in Adolescence

Adolescence is usually assumed to start at about age 13 or about grade 7 and last until adulthood, at least until age 18. Normal adolescents are difficult for their parents and teachers. Adolescence is difficult to define precisely, but it generally is said to start at puberty or about the beginning of the teen years. However, as Kazdin (2008) points out, children vary enormously both in the age at which they enter puberty and in the way they behave during their adolescence. Normal adolescents challenge adult authority to some extent, try out various social roles and styles of behavior (in addition to what most adults consider odd styles of clothing, personal grooming, and personal preferences), are impulsive, and often appear "at loose ends" to the casual observer.

Many adolescents try out drugs, including alcohol and tobacco, violate laws or engage in delinquent acts, engage in risky sexual behavior, and otherwise violate social norms. In early adolescence, youngsters are seeking independence and trying to establish themselves as separate from their parents. They don't want to be perceived as "babyish," and they often engage in bravado in attempts to make sure that others don't see them as children. Especially in later adolescence, they're trying to establish themselves as adults. It's a trying, troublesome period, both for young people and for their parents.

Here again, however, we see that academic and social difficulties, whether externalizing or internalizing, are early signs of greater impending trouble. Bullying and being bullied are serious problems. Adolescents whose academic skills are seriously lagging are at elevated risk of behavior problems. Add to this the problem of high levels of aggression, illegal conduct, social withdrawal (especially being a friendless loner), or association primarily with companions who show similarly maladaptive behavior and the risk of emotional or behavioral disorder—the kind of trouble that is our concern—goes higher.

The Need for Early, Accurate Labels

For reasons that we discuss in later chapters in more detail, labels simply can't be avoided entirely unless we don't talk about problems. You can't talk about something without using a name for it (that is, having some sort of label). And vague, global labels are useless for getting down to problem-solving specifics (Kauffman, Mock, Tankersley, & Landrum, 2008). So the problem, which we discuss further in chapter 3, is really what label you're going to use, how accurate it is, and how specific it is. If we're going to have early identification and intervention, then it's clear that we have to have early labels for the difficulty we're going to address.

Labels—like our judgments, which, in fact, they are—can be wrong. But remember that there's a cost to being wrong either way—labeling what you shouldn't or failing to label what you should. Our suggestion is to be careful lest you make a mistake and try to avoid making the more costly one, that of ignoring an obvious problem and its label.

The Dimensions of Early Intervention and Prevention

If the idea is to catch trouble before it becomes bad, then we need early intervention. We need to recognize problems early, but more than that we need to do something to stop them. In short, we need to practice prevention. Usually, people think of early intervention as working with young children—catching problems early in the child's life. That is important

and feasible (Walker & Sprague, 2007). However, people often forget a second and equally important dimension of early intervention—at whatever age, catching the problem behavior when it's just starting (Kauffman, 1999, 2005). We need early intervention that is early along two dimensions: (1) the age of the child and (2) the stage of the behavior.

Teachers and parents who see a pattern in problem behavior anticipate difficulties and do something constructive about it.

Children's overall development goes through the stages we have discussed from infancy to adolescence. Problem behavior also goes through stages or cycles, beginning with things that trigger problems and signs of agitation in response to the trigger—indications that unless steps are taken to short-circuit it, the problem is likely to progress to something more serious (see Kauffman & Landrum, 2009a; Kauffman, Mostert, Trent, & Pullen, 2006). We'll discuss the cycle or pattern of misbehavior more in chapter 5, but here are some examples of triggers—events or conditions that set the child off or are the first in a series of things leading to more serious trouble: an event outside school (like a fight at home or on the way to school); hunger or low blood sugar; a "dissing" comment by another student; demands that the student sees as unreasonable; call by the teacher for participation in an activity (like reading or math) with which the student has particular difficulty and knows that he or she will likely be unsuccessful or humiliated.

Teachers and parents who can see a pattern in problem behavior are in the best position to anticipate difficulty and step in to do something constructive about it. Actually, if you stop to think about it, you can only prevent that which you can anticipate. If things are totally unpredictable, then there is no basis for prevention. Only when you can see a pattern and develop a way of assessing the probability of an event can you take preventive action (Kauffman, 2003). So it's important to see patterns in behavior, to say to yourself, "I see where this is going; I've seen it before." Then you have some basis for stepping in to change what is about to happen.

Besides anticipation, it's important to know what level of prevention is involved: primary, secondary, or tertiary. All three levels of prevention are important, but it's necessary to think about the differences among them (Kauffman, 1999, 2005).

Primary prevention means that the problem behavior never occurs—not even once. This is what most people think about when they think about prevention, but it's often just a pipe dream in working with real children, because the problem behavior has usually already occurred at least once before people take action. Putting fluoride in the water is an attempt to practice primary prevention of tooth decay, and it is successful to the extent that tooth decay never occurs but would

have otherwise. Having a good schoolwide discipline plan is an attempt to practice primary prevention of behavior problems, to keep them from occurring at all.

Secondary prevention is sort of the "meat-and-potatoes" level, because it means that although the problem behavior has been observed at least once, we step in to keep it from getting worse. In fact, whereas primary prevention involves things that keep problems from occurring at all, secondary prevention means we catch the problem early and do something that stops it from occurring again or keeps it from worsening. This level of prevention is really important because, first, we know that the problem exists and thus its recurrence is more likely than if it had never occurred and, second, keeping it from recurring or keeping it manageable is a necessary goal.

We could think of many examples, but consider the example of seizures (convulsions). We don't want children to have seizures at all, and we ought to do what we can to prevent them from occurring in the first place (which would be primary prevention). But, once a child has a seizure, we don't want to throw up our hands and assume that it's too late to do something worthwhile. If a child or youth has a seizure, we want to do whatever we can to prevent another one or minimize the problems created by future seizures (that is to say, we want to do secondary prevention). Likewise, if we observe that a youngster has exhibited an emotional or behavioral problem, we want to keep it from happening again or minimize future problems. In secondary prevention, there is no hope at all that the problem will never occur—it has, and that is that—but there is always the hope that we can keep it from happening again, that we can reverse its course. And we have a realistic hope that the problem will not progress to an intolerable stage.

Finally, there is the matter of tertiary prevention, recognizing that the problem is serious, perhaps even intolerable, and then that of taking action to keep it from becoming even worse, involving more people, or causing unnecessary complications. Without tertiary prevention, problems are almost certain to become more complicated and pervasive. Sometimes, a problem has developed to the point that the main goal is just to make or keep it tolerable; there is no realistic hope that the problem will go away. This is certainly a worthy goal in emotional and behavioral disorders, just as it is in many areas of health treatment. To return to the example of tooth decay, tertiary prevention might involve doing a root canal to prevent an infected tooth from spreading infection to other teeth. In the area of emotional or behavioral disorders, we might consider hospitalization in a special facility to keep the youngster whose behavior is extremely and persistently disruptive from totally destroying the family, class, or school.

Of course, we should try to achieve the earliest level of prevention we can—primary if possible, secondary when primary isn't possible, and tertiary as a last resort. But we should not disparage any level of prevention, because all three levels play an important role in responses

to behavior problems. Moreover, practicing all three levels depends on our ability and willingness to catch problems early in the child's life and early in the stage of a given problem behavior. It's critically important to remember that prevention at any one of these levels requires anticipation—the ability to predict the circumstances under which problem behavior is likely to occur or get worse. No anticipation means no possibility of prevention at any level.

Summary

Unfortunately, the earliest signs of behavioral trouble are too often ignored and problems are allowed to become serious before constructive action is taken.

The concept of normal development is useful, and it's important to recognize behavior that isn't normal. However, most serious behavior problems arise from behavior that was originally considered "normal," but then becomes worse and eventually develops into a serious problem.

Definitions of emotional and behavioral disorders are many and varied, even those proposed for special education or mental health. However, all definitions emphasize behavior that

1. goes to the extreme,
2. is a chronic problem, and
3. is socially unacceptable.

Children with behavior problems are distinguished most clearly by the unacceptable things they do, not their appropriate behavior. Most of them are disturbing to other people, but they don't exhibit maladaptive or unacceptable behavior continuously; their problems are usually episodic—on-again off-again.

At every stage of child development, there are signs or signals that trouble may lie ahead. Moreover, the greater the number of problems, the longer the problem has existed, and the more different situations or circumstances in which it occurs, the worse the outlook for the child. In infancy, a baby's difficult temperament may (but doesn't necessarily) lead to later difficulties. From toddlerhood through adolescence, failure to master developmental milestones, including academics, places children at elevated risk of developing behavior problems. Problem behavior, especially when paired with other developmental problems, places them at an even higher risk.

The behavior problems that children develop can be described as occurring along two major dimensions—externalizing and internalizing, or more simply, aggression and social withdrawal. Although both types of problems are undesirable and carry risks of future trouble, hyperaggression places children at higher risk than does withdrawal.

Identification of behavior problems should be early in two ways. It needs to occur as soon as possible in the child's life. It also needs to occur as early as possible in the stage of the problem.

Prevention can occur at any of three levels: primary, secondary, or tertiary. Intervention at all three levels is important to prevent behavior problems from occurring at all (primary), to prevent their recurrence or worsening (secondary), and to prevent them from becoming more complicated and pervasive (tertiary). At all levels, only anticipation of problems allows us to practice prevention.