Early Intervention, Positive Behavior Support, and Transition to School

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Problem behaviors are addressed most effectively when children are young, through the avenues of family-centered early intervention services. These types of services have a great potential for reducing children's problem behaviors and increasing families' competencies and abilities to resolve future problems. As children age, however, the transitions from early intervention and family-centered services to school-based interventions are associated with a variety of challenges that can affect the quality and efficacy of behavior support. In this article, we describe positive behavior support as it is applied in the context of early intervention and as children progress through their preschool years into kindergarten and elementary school. Variables that contribute to effective interventions for young children and families are discussed, as are issues that must be considered in order to construct optimally beneficial transitions and subsequent positive school experiences for young children with behavioral challenges.

MANY YOUNG CHILDREN EXHIBIT problem behaviors that are challenging for families and childcare providers. Much of this behavior is resolved as the child matures, as family members apply appropriate guidance strategies, and as childcare providers deliver developmentally appropriate instruction. For a few children, problem behavior that is outside the bounds of developmental expectations (e.g., prolonged tantrums, persistent self-injurious behavior, incidents of property destruction) may persist and be unresponsive to general parenting and early education interventions. Children who display these types of challenging behaviors are at increased risk of developing more intense problem behaviors and subsequent academic and behavioral difficulties (Campbell, 1995; Patterson & Bank, 1989; Reid, 1993). A number of studies have indicated that young children with severe problem behavior (i.e., behavior problems beyond developmental expectations) are likely to continue to manifest behavioral challenges and to have a high probability of continuing difficulties throughout elementary school and into early adolescence (Campbell & Ewing, 1990; Egeland, Kalkoske, Gottesman, & Erickson, 1990; McGee, Partridge, Williams, & Silva, 1991).

Research has indicated that the onset of problem behavior is associated with multiple factors that act in an additive fashion. When researchers have investigated biological determinants of problem behavior, they have determined that young children who are developmentally at risk due to prematurity or low birthweight are at increased risk of developing problem behavior when there are additional family environmental risk factors or developmental delays (McCormick, Gortmaker, & Sobol, 1990; Minde et al., 1989). Family adversity is a significant factor in problem behavior in young children. Campbell, Szumowski, Ewing, Gluck, and Breaux (1982) noted associations among poverty, caregiving instability, maternal depression, family stress, and poor family relationships. Campbell (1995) indicated that parenting difficulties are among the factors associated with the onset and persistence of problem behavior. A lack of parental warmth and responsiveness, problems in setting limits, poor disciplinary styles, and interaction problems are related to young children's defiant, oppositional, and aggressive behaviors (Lytton, 1990). These difficulties may be further exacerbated by maternal depression, marital discord, and family stress because they create situations where parents are likely to engage in more dysfunctional parenting patterns (Cowan, Cowan, Schulz, & Heming, 1993; Patterson, DeBaryshe, & Ramsey, 1989).

In addition, a child's problem behaviors place families at risk for higher levels of stress (Guralnick, 2000; Harrower, Fox, Dunlap, & Kincaid, 2000; Stormont, 1998). This stress affects the family's ability to parent effectively and places the

family unit at an increased risk of isolation and segregation from activities, events, and places within the community (Harrower et al., 2000). Parents become reluctant to take their child to community settings such as neighbors' homes, churches, playgrounds, grocery stores, and restaurants. The impact of the child's behavior can be pervasive, disrupting all family members' interactions and lifestyles (Harrower et al., 2000; Turnbull & Ruef, 1996).

This article describes some important aspects of early intervention for young children with challenging behavior and their families. We will focus our discussion on the nature and special considerations of early intervention efforts with children who have challenging behavior, the use of positive behavior support as an intervention process, and the critical importance of transition supports as children leave the early intervention system and move to kindergarten and elementary school classrooms.

ELEMENTS OF EFFECTIVE EARLY INTERVENTION

Numerous researchers have found that early intervention can be effective for children with challenging behavior (Dunlap & Fox, 1999; Serna, Nielsen, Lambros, & Forness, 2000; Timm, 1993; Webster-Stratton, 1998). The provision of early intervention services to very young children who display problem behavior or who may be at risk for social–emotional disorders is a relatively new endeavor. Services to children and families may be provided locally through community mental health agencies, private professional providers, and therapeutic programs designed to specifically address the needs of children exposed to specific risk factors (e.g., abuse and neglect). Very young children who experience developmental delays in social and emotional development and their families are also eligible for services under Part C of the 1997 amendments to the Individuals with Disabilities Education Act (IDEA).

With the accumulation of research and practical experience, some vital ingredients of effective programs have been identified. For example, Blair, Umbreit, and Bos (1999), Dunlap and Fox (1996), and Walker et al. (1998) noted that effective programs use an ecological approach, provide interventions across natural environments, and emphasize the use of functional and communication-based approaches to behavioral interventions. In a similar vein, Lucyshyn, Dunlap, and Albin (2002), Shonkoff and Phillips (2000), and Webster-Stratton (1998) emphasized the importance of family support and parent education. These authors highlighted the essential role played by families in establishing an ecological context that can promote the development of desirable, prosocial repertoires. Four elements of early intervention appear to be crucial in establishing an effective milieu for resolving serious problem behaviors and creating a foundation for longitudinal resilience. These elements are family centeredness, partnerships between families and professionals, assessment-based positive behavior support, and successful participation in inclusive environments.

Family Centeredness

Under IDEA, early intervention programs have been designed to ensure that family needs, concerns, and priorities guide all intervention efforts. Early intervention efforts are intended to support the family system that is caring for the young child with social–emotional, behavioral, and/or intellectual delays or disorders. As a result, national policy requires that a family-centered approach guide the development and implementation of intervention strategies. This is altogether appropriate because the family is the overwhelmingly dominant influence on the child's behavioral development and functioning.

Because the family is a critically important and sustaining influence on a young child's development (Bailey et al., 1998; Dunst, 1985; Dunlap & Fox, 1996; Kaiser & Hester, 1997), the goal of a family-centered approach is to strengthen and empower the family unit. Intervention efforts are focused on (a) providing the supports, resources, and services the family needs to support their child and (b) enhancing the developmental and behavioral progress of the child (Brooks-Gunn,

Berlin, & Fuligni, 2000; Guralnick, 2000; Simpson, Jivanjee, Koroloff, Doerfler, & Garcia, 2001). Supports that are effective cultivate the abilities of families to enhance the quality of their child's life over time by guiding families in developing skills in parenting, problem solving, and advocacy (Bailey et al., 1988; Kaiser & Hester, 1997; Shonkoff & Phillips, 2000).

Family-centered early intervention begins with family members actively participating in the development of an Individualized Family Service Plan (IFSP) by providing information about their needs and strengths and selecting supports and services to augment their needs and the needs of the child. The IFSP is a document that describes child needs, family needs, and the supports and intervention services that will be provided. IDEA guidelines promote the active involvement of families in the planning, implementation, and evaluation of their child's IFSP. Providing families with control over where, when, and how the services will be provided and implemented ensures that the supports, resources, and services are individualized, are comprehensive, and fit contextually with the beliefs, values, logistics, and idiosyncrasies of family life (Bailey et al., 1998; Harrower et al., 2000). In addition, family involvement increases the likelihood that the interventions will be effective and serves to build the family's capacity for supporting the child. Family members who participate in the process learn how to deal with problem behavior and increase the social and communicative competence of the child. By working with professionals as partners in the development, implementation, and evaluation of intervention strategies, parents also learn valuable team-building and communication skills.

In family-centered early intervention, the kinds of supports that are provided facilitate the family's ability to intervene effectively with the child. The focus of intervention is driven by family needs, strengths, and preferences. Services are individually determined and constructed to adapt to the specific needs of the family. Early interventionists provide those services within the natural environments (e.g., home, childcare center, and com-

munity) the family identifies as important. Behavior support efforts are individually designed and may include providing families and childcare providers with instruction in positive parenting and effective discipline, teaming with families and other care providers in functional assessment and the development of behavior support plans, teaching family members and other caregivers behavior support strategies, and demonstrating effective instructional techniques.

Family–Professional Partnerships

Another key factor in the effectiveness of behavioral intervention efforts is the development of family–professional partnerships. Although intervention efforts for young children need to be centered on the families' needs and preferences, such efforts cannot be developed in an optimal way unless they are informed by professionals working in close association with the parents and other family members. The families bring the essential context and an intimate knowledge of the child; the professionals contribute technical knowledge, rich experience with other children and families, and valuable information about available resources. Families often encounter tremendous and frustrating difficulties in accessing appropriate services and supports unless they are engaged in a close, constructive alliance with professionals who interact as reciprocal and respectful partners with family members.

Studies by Harrower et al. (2000) and Timm (1993) have shown that parent–professional partnerships increase the likelihood of coordinated, integrated, and useful behavioral interventions. Families function as critical participants in the process of functional assessment and in the development and implementation of behavior support plans (Arndorfer, Miltenberger, Woster, Rortvedt, & Gaffaney, 1994; Dunlap, Newton, Fox, Benito, & Vaughn, 2001; Wacker, Peck, Derby, Berg, & Harding, 1996). As we have noted, families possess the necessary knowledge about the child's routines and activities and about communication abilities, relationships, and critical events that are likely to trigger problem behavior. In the functional assessment process, the family contributes by guiding the professional in identifying the routines, activities, and environments that are linked to problem behavior. Once a behavior support plan is developed, the family becomes the most important intervention agent (Division for Early Childhood, 1999; Dunlap & Fox, 1999; Harrower et al., 2000; Hester & Kaiser, 1998).

The partnership that must be developed between the family of a child with challenging behavior and the early intervention professional extends beyond interactions that are solely focused on changing the child's problem behavior. Early intervention professionals extend support and understanding to family members who are likely to be frustrated and to be experiencing stress. The family system may need the professional's guidance in accessing knowledge, resources, and support to enable and empower family members (Dunst, Trivette, & Deal, 1988; Shonkoff & Phillips, 2000).

Assessment-Based Positive Behavior Support

Effective behavioral intervention efforts use an assessment-based approach to understanding and intervening in a child's challenging behavior. In this type of approach, problem behavior is viewed as being functionally related to stimuli that can be identified. Intervention strategies are based on understanding the relationship of the problem behavior to specific antecedents and consequences through the processes of functional assessment (O'Neill et al., 1997) and then developing intervention plans that are focused on preventing the occurrence of problem behavior and replacing problem behavior with functionally equivalent social and communication skills (Kern, Ringdahl, Hilt, & Sterling-Turner, 2001).

The early development years are an optimal time to use assessment-based approaches in addressing challenging behavior. These years are critical in the development of communication, social-interaction, and language skills. In addition, young children have very brief learning histories and have not been exposed to multiple interventions that result in more complex functional assessment processes. Furthermore, parents are more likely to spend time teaching and providing intensive care to their child when he or she is young. Families thus are often more eager to collaborate with professionals in understanding how to guide a child's social and communication development (Dunlap & Fox, 1996).

Positive behavior support is an assessment-based approach to behavioral intervention. It offers a behavior support plan that can be implemented across all of the child's environments. This plan is based on a functional assessment and is composed of a number of individualized strategies that address the prevention of problem behavior and the development of new skills and improved patterns of social interaction (Harrower et al., 2000; Strain & Hemmeter, 1997).

The process of positive behavior support for very young children begins when the professional conducts a functional assessment in partnership with family members and relevant caregivers. Professionals who may initiate and provide leadership to the behavior support process may include the early interventionist, a behavior specialist or behavior analyst, a psychologist, or other early intervention professionals who have been trained in behavior analysis, functional assessment, and positive behavior support. Functional assessment typically involves observing the child in multiple environments (e.g., home, childcare center) and within relevant routines (playing with peers, eating meals). The use of both indirect measures (e.g., interviews) and direct measures enhances the richness of data that may be used in the development of hypotheses about the function of behavior. Once behavior hypotheses are developed that describe the relationship between problem behaviors and factors in the environment, a behavior support plan is created. In circumstances where there may be ambiguity about specific hypotheses, functional analysis may be used to systematically manipulate antecedents or consequences to verify their impact on behavior.

The behavior support plan should be developed with the participation of the family and other relevant caregivers. This plan will include long-term instructional and family support strategies, prevention strategies to affect the immediate antecedents of challenging behavior, instructional strategies for teaching the child replacement skills that are functional equivalents to challenging behavior, strategies for providing reinforcement for appropriate behavior while withdrawing consequences that maintain problem behavior, and a plan for monitoring the implementation and outcomes of the support plan (Dunlap & Fox, 1999; O'Neill et al., 1997). Once the behavior support plan is developed, the family and other caregivers receive training and coaching in the implementation of the plan within routines in the child's natural environments.

Successful Participation in Inclusive Environments

Early intervention efforts for young children with problem behavior should also be aimed at supporting successful participation by the child and family in the range of community environments that are common to young children and their families. From a young age, children need to learn to interact comfortably and successfully in diverse social circumstances. Similarly, families need to acquire confidence and competence in supporting the child in these settings. Such access to community participation promotes the belief that regardless of the disability, children should be able to interact in community environments (Dunlap & Fox, 1996). The perspective that their child belongs in the community helps families maintain a normalized, balanced lifestyle. Often, families with children who display difficult patterns of behavior are at serious risk of segregation and isolation, which in turn limits access to friends and community supports (going to church, visiting with neighbors, engaging in leisure activities, and building and maintaining networks and friendships). Helping families to maintain interactions and natural supports thus can be instrumental in reducing family stress, which in turn can be extremely use-

ful in the process of resolving the child's problem behaviors.

Access to natural contexts promotes opportunities for communication and exposure to contextually relevant interactions with peers. As a general rule, children with difficult patterns of behavior need greater access to inclusive environments, not less. Children with challenging behavior are at an increased risk for more problems later in life and are likely to experience peer rejection due to their lack of social skills. When the presence of problem behavior results in decreased access to inclusive contexts, the child has little opportunity to practice, imitate, or develop essential social interaction and communication skills.

Inclusive childcare and early childhood education environments offer the child with challenging behavior competent communication, social interaction, and play partners; competent models of adaptive behavior for imitation; and opportunities for friendship formation and social relationships (Buysse & Bailey, 1993; Odom, 2000). Children with challenging behaviors need focused instruction within inclusive natural environments to develop the skills to become competent communicators. A number of empirical studies have demonstrated the efficacy of behaviorally based, systematic instructional techniques in building the skill repertoires of children with developmental delays and disabilities (Bailey & Wolery, 1992; Wolery & Fleming, 1993). These studies have shown that thoughtfully designed instruction can be embedded within a child's routines and play activities. This approach, described as activity-based instruction, ensures that children with significant learning needs can be included in natural environments while receiving instruction within relevant contexts (Bricker, Pretti-Frontczak, & McComas, 1998). In activity-based instruction, systematic prompting and fading is embedded into routines (e.g., eating meals, bathing, riding in the car) and play activities (playing with a parent, playing with peers) to teach critical skills to the child. For the child with challenging behavior, activity-based instruction is used to provide intensive instruction on the re-

placement skills targeted in the child's behavior support plan.

POSITIVE BEHAVIOR SUPPORT IN PRESCHOOL

Early intervention programs for children from birth to 3 years of age occur within the natural environments of the child and family. This means that interventionists provide support and instruction in the home, childcare centers, and the community. When children are 3 years old, specialized instruction and related services are provided through Part B of IDEA and may occur in childcare centers; early childhood programs such as HeadStart; or specialized preschool programs, which are often operated by the local public schools system. The transition from Part C programs to preschool is a time of change and vulnerability for both the family and the child. In this section, we discuss three issues of considerable importance for children and families affected by serious problem behavior: transition from Part C to Part B, intervention strategies in preschool and childcare settings, and teaming and family involvement.

Transition Issues

Family members experiencing transition from Part C to Part B in IDEA not only must address changes in eligibility requirements and in types and location of services and supports, but also must contend with a radical philosophical shift concerning their role. Once a child turns 3, the family-centered approach espoused in Part C is replaced with a child-centered or school-centered approach in Part B. Due to this shift, services that families accessed under Part C, such as respite care and home therapies, may no longer be covered financially. Families thus often have fewer support options. The locations of services and service providers may also change. These changes may be disruptive to the daily routines of the child and family and are often a cause of increased stress to the family system (Fowler, Chandler, Johnson, & Stella, 1988; Rosenkoetter, Hains, & Fowler, 1994).

When children leave Part C programs, the IFSP may be replaced by an Individualized Education Program (IEP). The IEP reflects the focus on child interventions, whereas the IFSP identifies both child and family as targets for early intervention services. As the emphasis changes, families often find it difficult to participate actively in the decision-making and monitoring processes (Rosenkoetter et al., 1994).

The transition experience can be particularly difficult for children with challenging behavior and their families. Families may be fearful that changes in their support providers and services will result in increases in their child's problem behavior or a loss of supports that are critical to the child and the family. The goal of transition planning is to mitigate the stress that may be incurred through the transition process by maximizing continuity of services and supports and minimizing interruptions in services and disruptions caused by changing services, locations, and personnel (Rosenkoetter et al., 1994). A written plan ensures that all relevant people are involved in the process, that a framework for the transition process exists, and that roles and responsibilities are delineated. Preparing and orienting the child with challenging behavior for the transition and ensuring that parents participate in the process, that receiving staff are prepared, and that all necessary services are coordinated are emphasized (Hains, Fowler, & Chandler, 1988; Kaiser & Hester, 1997).

Families must be encouraged to participate in developing a clear plan for facilitating the child and family's transition to Part B (preschool) services. This written transition plan should (a) systematically incorporate ways to orient the child and family to the receiving site and (b) outline methods for supporting the child and family in building competence and confidence (Harrower et al., 2000; Rosenkoetter et al., 1994). The plan should include information regarding roles and responsibilities of relevant participants (family members, sending and receiving agencies), a timeline, information to be shared between agencies, specific mechanisms for ensuring family participation,

procedures for reducing repetition in child evaluations, and a description of issues pertaining to the least restrictive environment. The plan should identify the person who will be responsible for coordinating all efforts and for ensuring that supports are in place prior to the transition, that staff in the receiving environment are fully prepared to receive the child, and that needed services are maintained without interruption (Rosenkoetter et al., 1994).

Because transition can be complicated for the child with a problem behavior, transition plans should include the elements of a behavior support plan that are essential to the maintenance and generalization of appropriate behavior and adaptive skills. Specific strategies that are considered essential to the child's behavioral success should be listed in the plan. Special efforts must be taken to incorporate the new personnel and settings into the behavior support plan. For example, receiving childcare staff may need to be informed of environmental arrangements, scheduling considerations, or skill maintenance strategies that are vital to the child's continued success. Training may be required so that all preschool or childcare staff members can follow the procedures that have been developed under Part C. In some instances, the plan may need to be adjusted. It is common for new problems to occur with the advent of new settings, social complexities, and expectations. The transition plan should anticipate and account for these challenges, and it should be extended for enough time that a smooth behavioral adaptation can be assured.

Intervention Strategies

Comprehensive behavior support efforts during preschool will continue to focus on preventing problem behavior, developing replacement skills, and responding to challenging behavior in ways that reduce the effectiveness of that behavior. Preschool behavior support plans often include strategies for promoting social interactions with peers, developing appropriate language, and promoting inclusion into the numerous contexts that make up the child's natural environment.

Preschool intervention services under IDEA may be provided within local childcare programs, community early education classrooms, Head Start programs, and preschool classrooms within the public school system. In preschool programs, children engage in learning through play, routine, and planned activities (Bredekamp & Copple, 1997; Bricker et al., 1998). Appropriate practice has been defined as the provision of early education environments and supports that are individually and developmentally appropriate for young children (Bredekamp & Copple, 1997). Children with special needs, including social and behavioral delays, receive intervention through the use of systematic instruction embedded within the child's play and planned classroom activities. Play provides children with a natural context to practice newly acquired skills and with opportunities to independently understand and explore their world. In addition, play promotes social interactions with others while providing natural opportunities and consequences for expressing and controlling emotions, solving problems, and attempting novel and challenging tasks (Bredekamp & Copple, 1997; Bricker et al., 1998).

Intervention for problem behaviors in preschool and childcare settings may occur at two levels—the universal program level, where expectations and procedures affect all children enrolled in the program, and the individual level, where assessment-based procedures are geared to the needs of the individual child in the form of positive behavior support. Universal program procedures include comprehensive arrangements of curricula and social interaction strategies that are represented by specialized program models (e.g., Strain & Cordisco, 1994; Walker et al., 1998), as well as more circumscribed strategies designed specifically for the management of disruptions in childcare and preschool settings (e.g., Porterfield, Herbert-Jackson, & Risley, 1976). There have also been some emerging efforts to build cultures of positive behavior support within entire childcare environments to prevent the escalation of nascent behavior problems and bring a positive, assessment-based orientation to

the program as a whole (Fox & Little, 2001).

The optimal arrangement for supporting all children is to integrate universal and individual intervention approaches. Such a system provides intervention(s) that increase in complexity, intensity, and comprehensiveness in accordance with the degree of risk status of the child (Serna et al., 2000; Walker et al., 1996). Universal interventions would provide all children with instruction in social interaction, communication, and resolution of peer conflict. When children become disruptive and exhibit problem behavior that exceeds developmental norms, more focused and individualized interventions are warranted (Blair et al., 1999; Kamps, Tankersley, & Ellis, 2000). Those interventions should be driven by a functional assessment and be focused on the development of appropriate, alternative behaviors. For children who are highly disruptive and engage in challenging behavior in multiple environments, individualized interventions are comprehensive, entail significant family involvement and family support efforts, and involve collaboration with community agencies (Walker et al., 1996).

Procedures at the individual level should be constructed in a team-based manner, as is done for children younger than 3 years of age. In other words, the process of positive behavior support should be followed through all its phases (Koegel, Koegel, & Dunlap, 1996; O'Neill et al., 1997), beginning with team building, goal setting, and the operations of functional assessment, and culminating in the development, implementation, and monitoring of a comprehensive support plan. Individual approaches to challenging behavior include gathering functional assessment information within preschool, home, and community routines. Comprehensive support plans are designed on the basis of functional assessment data and the hypotheses that emerge from the assessment process (O'Neill et al., 1997). Comprehensive plans include antecedent strategies to prevent the occurrence of problem behavior (e.g., Blair et al., 1999), instruction on replacement skills that are functional equivalents to the problem behavior (Kern et al., 2001), and consequences that defuse difficult situations without reinforcing the problem behavior. In addition, comprehensive plans include supports that are needed to assist the child and family in achieving the desired quality of life.

At the individual level, the emphasis is on strengthening functionally equivalent social and communication skills and preventing problems (Dunlap & Fox, 1999; Kern et al., 2001). The differences between the intervention strategies under the Part B (preschool) and Part C (family-centered early intervention) programs are largely a matter of incorporating program variables and personnel, managing team-based decision making, and ensuring strong connections between families and program personnel.

Teaming and Family Involvement

Although there are notable exceptions, the vast majority of problem behavior exhibited by infants, toddlers, and preschoolers can be resolved with relatively unsophisticated behavior support strategies (Dunlap, Johnson, & Robbins, 1990). Functional assessments are generally straightforward, replacement skills and preventative strategies are relatively easy to identify, and "crises" are usually minor due to the young age of the child (Dunlap et al., 1990). In short, the technical knowledge is available to validly assess and successfully intervene in most of the problem behaviors of young children. The technical aspects of assessment and intervention are only part of the answer, however. Equally (if not more) important are the personal aspects having to do with implementing the behavior support plan with consistency and integrity (Hieneman & Dunlap, 1999). For young children in childcare and preschool settings, these aspects involve the development of cohesive teams composed of individuals who share a common goal, who are invested in the achievement of positive outcomes, and who are teachers and family members. For behavior support efforts to be successful in resolving serious problem behaviors, program personnel and family members must collaborate in the assessment and intervention processes.

Collaboration can be more difficult to arrange when children are in preschool settings under the auspices of Part B than when they are served under the family-centered orientation of Part C and are guided by an IFSP. Nevertheless, the concept of partnerships between family and staff is a vital one. It thus is important for preschool and childcare programs to plan carefully for family involvement and to ensure that time and resources are available for team activities. Family members should be involved from the outset in the development of all plans and, as far as possible, should be regular participants at the preschool or childcare site. Although such participation can be difficult for many families to arrange, the importance is such that conscientious administrators need to operate their programs to be as flexible and accommodating as possible (Dunlap et al., 2001).

It is important to maintain a strength-based approach in collaborating with families whose children exhibit challenging behavior. In a strength-based approach, all families are seen as having resources and competencies they can build on and use to meet their needs and promote the well-being of the various family members (Powell, Batsche, Ferro, Fox, & Dunlap, 1997). Many families of young children with challenging behavior face multiple and complex family system issues, including poverty, emotional stress, and health concerns (Campbell, 1995). In a strength-based approach, families are provided with both broad-based and individualized supports that are driven by family-identified needs (Dunst et al., 1988; Powell et al., 1997). Collaborative teaming, multi-agency efforts, and family support services may be needed to adequately support family members in caring for their child and implementing behavior support efforts in the home.

A number of researchers have identified methods that can be useful for building and maintaining effective collaborations between educators and family members (Hieneman & Dunlap, 1999; Thomas, Correa, & Morsink, 2001). One approach to team building that has been

effective in the context of behavior support (and in many other contexts) is person-centered planning (Kennedy et al., 2001; Kincaid & Fox, in press). This process includes individuals who are close to the target child and who are involved and invested in the process of support. It provides a rich, collaborative picture of the child and leads to a shared vision for the child's future. The process produces group-created goals that serve as the foundation for subsequent action planning. Person-centered planning has been described as an excellent way to establish a team identity while providing the contextual substance needed to develop an optimal functional assessment and behavior support plan (Dunlap & Kincaid, 2001).

In person-centered planning processes, a network of family members, friends, and professional providers gather together within an informal meeting to express their interest in supporting the child and family. A structured process is used to identify the child and family strengths and challenges and to develop a vision for the child's future. Once a vision is identified, persons in the child's support network develop strategies for assisting the child and family in achieving their goals.

Ideally, a team established during the preschool years serves multiple purposes: planning the program; coordinating home, preschool, and/or childcare center efforts; and monitoring behavioral, cognitive, social, and emotional development. Person-centered planning can be useful in setting the stage for all of these functions, particularly if the process is renewed periodically. Such planning is most urgent as the next major transition, from preschool to kindergarten, approaches. Like the move from Part C services to Part B services, the transition to kindergarten can be very challenging for both the child and the family. Team-based transition planning can be the best way to see that the transition is a smooth one and to ensure that behavior support programs are retained or adjusted in a thoughtful and collaborative manner.

Conclusions

A great deal of progress has been made in our ability to provide effective early intervention for young children with problem behaviors. A large amount of data and systematic program development over the past 25 years have indicated that the knowledge exists to provide highly effective services that result in the functional prevention of serious problem behaviors (Dunlap et al., 1990; Kaiser & Hester, 1997). The challenge is to create mechanisms so that this knowledge can be implemented in a consistent and thorough manner in the family, program, and community contexts in which children live, play, and develop. Assessment-based positive behavior support provides the technical basis for effective early intervention. Family centeredness and the development of constructive partnerships and behavior support teams represent the philosophical and interactional contexts that are necessary for the behavior support plans to be implemented in a manner that will produce meaningful and durable outcomes for the child and the family. If these elements are in place during the few crucial years of early intervention and preschool programming, then the prospects for positive experiences during the subsequent years of elementary and secondary schooling are greatly enhanced.

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References

Arndorfer, R. E., Miltenberger, R. G., Woster, S. H., Rortvedt, A. K., & Gaffaney, T. (1994). Home-based descriptive and experimental analysis of problem behavior in children. *Topics in Early Childhood Special Education, 14,* 64–87.

Bailey, D. B., McWilliam, R. A., Darkes, L. A., Hebbler, K., Simeonsson, R. J., Spiker, D., & Wagner, M. (1998). Family outcomes in early intervention: A framework for program evaluation and efficacy research. *Exceptional Children, 64,* 313–328.

Bailey, D. B., & Wolery, M. (1992). *Teaching infants and preschoolers with disabilities* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.

Blair, K. C., Umbreit, J., & Bos, C. S. (1999). Using functional assessment and children's preferences to improve the behavior of young children with behavioral disorders. *Behavioral Disorders, 24,* 151–166.

Bredekamp, S., & Copple, C. (Eds.). (1997). *Developmentally appropriate practice in early childhood programs.* Washington, DC: National Association for the Education of Young Children.

Bricker, D., Pretti-Frontczak, K., & McComas, N. (1998). *An activity-based approach to early intervention.* Baltimore: Brookes.

Brooks-Gunn, J., Berlin, L. J., & Fuligni, A. S. (2000). Early childhood intervention programs: What about the family? In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 549–587). New York: Cambridge University Press.

Buysse, V., & Bailey, D. B. (1993). Behavioral and developmental outcomes in young children with disabilities in integrated and segregated settings: A review of comparative studies. *The Journal of Special Education, 26,* 434–461.

Campbell, S. B. (1995). Behavior problems in preschool children: A review of recent research. *Journal of Child Psychology and Psychiatry, 36*(1) 113–149.

Campbell, S. B., & Ewing, L. J. (1990). Hard-to-manage preschoolers: Adjustment at age nine and predictors of continuing symp-

toms. *Journal of Child Psychology and Psychiatry, 31,* 871–889.

Campbell, S. B., Szumowski, E. K., Ewing, L. J., Gluck, D. S., & Breaux, A. M. (1982). A multidimensional assessment of parent-identified behavior problem toddlers. *Journal of Abnormal Child Psychology, 10,* 569–592.

Cowan, P. A., Cowan, C. P., Schulz, M., & Heming, G. (1993). Prebirth to preschool family factors predicting children's adaptation to kindergarten. In R. Parke & S. Kellam (Eds.), *Advances in family research* (Vol. 4). Hillsdale, NJ: Erlbaum.

Division for Early Childhood. (1999). *Concept paper on the identification of and intervention with challenging behavior.* Reston, VA: Author.

Dunlap, G., & Fox, L. (1996). Early intervention and serious problem behaviors: A comprehensive approach. In L. K. Koegel, R. L. Koegel, & G. Dunlap (Eds.), *Positive behavioral support: Including people with difficult behavior in the community* (pp. 31–50). Baltimore: Brookes.

Dunlap, G., & Fox, L. (1999). A demonstration of behavioral support for young children with autism. *Journal of Positive Behavior Interventions, 1,* 77–87.

Dunlap, G., Johnson, L. F., & Robbins, F. R. (1990). Preventing serious behavior problems through skill development and early intervention. In A. C. Repp & N. N. Singh (Eds.), *Current perspectives in the use of non-aversive and aversive interventions with developmentally disabled persons* (pp. 273–286). Sycamore, IL: Sycamore Press.

Dunlap, G., & Kincaid, D. (2001). The widening world of functional assessment: Comments on four manuals and beyond. *Journal of Applied Behavior Analysis, 34,* 365–377.

Dunlap, G., Newton, J. S., Fox, L., Benito, N., & Vaughn, B. (2001). Family involvement in functional assessment and positive behavior support. *Focus on Autism and Other Developmental Disabilities, 16,* 215–221.

Dunst, C. J. (1985). Rethinking early intervention. *Analysis and Intervention in Developmental Disabilities, 5,* 165–201.

Dunst, C. J., Trivette, C., & Deal, A. (1988). *Enabling and empowering families: Principles and guidelines for practice.* Cambridge, MA: Brookline.

Egeland, B., Kalkoske, M., Gottesman, N., & Erickson, M. F. (1990). Preschool behavior problems: Stability and factors accounting for change. *Journal of Child Psychology and Psychiatry, 31,* 891–909.

Fowler, S. A., Chandler, L. K., Johnson, T. E., & Stella, M. E. (1988). Individualized family involvement in school transitions: Gathering information and choosing the next program. *Journal of the Division for Early Childhood, 12,* 208–216.

Fox, L., & Little, N. (2001). Starting early: School-wide behavior support in a community preschool. *Journal of Positive Behavior Interventions, 3,* 251–254.

Guralnick, M. J. (2000). Early childhood intervention: Evolution of a system. In M. L. Wehmeyer & J. R. Patton (Eds.), *Mental retardation in the 21st century* (pp. 37–58). Austin, TX: PRO-ED.

Hains, A. H., Fowler, S. A., & Chandler, L. K. (1988). Planning school transitions: Family and professional collaboration. *Journal of the Division for Early Childhood, 12,* 108–115.

Harrower, J. K., Fox, L., Dunlap, G., & Kincaid, D. (2000) Functional assessment and comprehensive early intervention. *Exceptionality, 8,* 189–204.

Hester, P. P., & Kaiser, A. P. (1998). Early intervention for the prevention of conduct disorder: Research issues in early identification, implementation, and interpretation of treatment outcome. *Behavioral Disorders, 24,* 57–65.

Hieneman, M., & Dunlap, G. (1999). Issues and challenges in implementing community-based behavioral support for two boys with severe behavioral difficulties. In J. R. Scotti & L. H. Meyer (Eds.), *Behavioral intervention: Principles, models, and practices* (pp. 363–384). Baltimore: Brookes.

Individuals with Disabilities Education Act Amendments of 1997, 20 U.S.C. § 1401(26).

Kaiser, A. P., & Hester, P. P. (1997). Prevention of conduct disorder through early intervention: A social-communicative perspective. *Behavioral Disorders, 22,* 117–130.

Kamps, D. M., Tankersley, M., & Ellis, C. (2000). Social skills interventions for young at-risk students: A 2-year follow-up study. *Behavioral Disorders, 25,* 310–324.

Kennedy, C. H., Long, T., Jolivette, K., Cox, J., Tang, J., & Thompson, T. (2001). Facilitating general education participation for students with behavior problems by linking positive behavior supports and person-centered planning. *Journal of Emotional and Behavioral Disorders, 9,* 161–171.

Kern, L., Ringdahl, J. E., Hilt, A., & Sterling-Turner, H. E. (2001). Linking self-management procedures to functional analysis results. *Behavioral Disorders, 26,* 214–226.

Kincaid, D., & Fox, L. (in press). Person-centered planning and positive behavior support. In S. Holburn & P. Vietze (Eds.), *Research and practice in person-centered planning.* Baltimore: Brookes.

Koegel, L. K., Koegel, R. L., & Dunlap, G. (1996). *Positive behavioral support: Including people with difficult behavior in the community.* Baltimore: Brookes.

Lucyshyn, J., Dunlap, G., & Albin, R. W. (Eds.). (2002). *Families, family life, and positive behavior support: Addressing the challenge of problem behaviors in family contexts.* Baltimore: Brookes.

Lytton, H. (1990). Child and parent effects in boys' conduct disorder: A reinterpretation. *Developmental Psychology, 26,* 683–697.

McCormick, M. C., Gortmaker, S. L., & Sobol, A. M. (1990). Very low birth weight children: Behavior problems and school difficulty in a national sample. *Journal of Pediatrics, 117,* 687–693.

McGee, R., Partridge, F., Williams, S., & Silva, P. A. (1991). A twelve-year follow-up of preschool hyperactive children. *Journal of the American Academy of Child and Adolescent Psychiatry, 30,* 224–232.

Minde, K., Goldberg, S., Perrotta, M., Washington, J., Lojkasek, M., Corter, C., & Parker, K. (1989). Continuities and discontinuities in the development of 64 very small premature infants to 4 years of age. *Journal of Child Psychology and Psychiatry, 30,* 391–404.

Odom, S. L. (2000). Preschool inclusion: What we know and where we go from here. *Topics in Early Childhood Special Education, 20,* 20–27.

O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional assessment and program development for problem behavior: A practical handbook* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Patterson, G. R., & Bank, L. (1989). Some amplifying mechanisms for pathological processes in families. In M. R. Gunnar & E. Thelen (Eds.), *Systems and development: The Minnesota symposia on child psychology* (Vol. 22, pp. 167–209). Hillsdale, NJ: Erlbaum.

Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist, 44,* 329–335.

Porterfield, J. K., Herbert-Jackson, E., & Risley, T. R. (1976). Contingent observation: An effective and acceptable procedure for reducing disruptive behavior of young children in a group setting. *Journal of Applied Behavior Analysis, 9,* 55–64.

Powell, D. S., Batsche, C. J., Ferro, J., Fox, L., & Dunlap, G. (1997). A strengths-based approach in support of multi-risk families: Principles and issues. *Topics in Early Childhood Special Education, 17,* 1–26.

Reid, J. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology, 5,* 243–262.

Rosenkoetter, S. E., Hains, A. H., & Fowler, S. A. (1994). *Bridging early services for children with special needs and their families: A practical guide for transition planning.* Baltimore: Brookes.

Serna, L., Nielsen, E., Lambros, K., & Forness, S. (2000). Primary prevention with children at risk for emotional and behavioral disorders: Data on a universal intervention for Head Start classrooms. *Behavioral Disorders, 26,* 70–84.

Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press.

Simpson, J. S., Jivanjee, P., Koroloff, N., Doerfler, A., & Garcia, M. (2001). Promising practices in early childhood mental health. In *Systems of care: Promising practices in children's mental health, 2001 series* (Vol. 3). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Stormont, M. (1998). Family factors associated with externalizing disorders in preschoolers. *Journal of Early Intervention, 21,* 232–251.

Strain, P. S., & Cordisco, L. K. (1994). LEAP preschool. In S. L. Harris & J. S. Handleman (Eds.), *Preschool education for children with autism* (pp. 225–244). Austin, TX: PRO-ED.

Strain, P. S., & Hemmeter, M. L. (1997, November). Keys to being successful: When confronted with challenging behaviors. *Young Exceptional Children, 1,* 2–8.

Thomas, C. C., Correa, V. I., & Morsink, C. V. (2001). *Interactive teaming: Enhancing programs for students with special needs* (3rd ed.). Columbus, OH: Merrill.

Timm, M. A. (1993). The Regional Intervention Program: Family treatment by family members. *Behavioral Disorders, 19,* 34–43.

Turnbull, A. P., & Ruef, M. (1996). Family perspectives on problem behavior. *Mental Retardation, 34,* 280–293.

Wacker, D. P., Peck, S., Derby, K. M., Berg, W., & Harding, J. (1996). Developing long-term reciprocal interactions between parents and their young children with challenging behavior. In L. K. Koegel, R. L. Koegel, & G. Dunlap (Eds.), *Positive behavioral support: Including people with difficult behavior in the community* (pp. 51–80). Baltimore: Brookes.

Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., & Kaufman, M. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders, 4,* 194–209.

Walker, H. M., Kavanagh, K., Stiller, B., Golly, A., Severson, H. H., & Feil, E. G. (1998). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders, 6,* 66–80.

Webster-Stratton, C. (1998). Preventing conduct problems in Head Start children: Strengthening parenting competencies. *Journal of Consulting and Clinical Psychology, 66,* 715–730.

Wolery, M., & Fleming, L. A. (1993). Implementing individualized curricula in integrated settings. In C. A. Peck, S. L. Odom, & D. D. Bricker (Eds.), *Integrating young children with disabilities into community programs* (pp. 109–132). Baltimore: Brookes.