

EARLY HEAD START TIP SHEET

No. 37

Individual Support Plan for Infant/Toddler Challenging Behavior, September 2009

How do you know if infants or toddlers with challenging behavior need an individualized support plan? What is the process of developing a plan? What if it doesn't work?

Response:

For infants and toddlers, many challenging behaviors are likely to be developmentally appropriate, typical, and normal. Very few children actually need intensive intervention such as creating and using an individualized support plan for behavioral concerns. However, some children can benefit from this more intensive process. Using the *CSEFEL Pyramid Approach*, intensive interventions should be considered when the child's behavior is ongoing and/or intense and:

- **Interferes with the child's ability to engage in positive interactions and relationships** with peers or adults;
- **Interferes with the child's ability to explore the environment and learn;** and/or
- **Does not improve** even when positive family and caregiving relationships are in place, the care setting has been carefully arranged to promote appropriate behavior, and an intentional approach to supporting the child's social and emotional development exists.

What is the process of developing an individualized support plan?

Individualized intensive intervention involves an ongoing process of observation, reflection, assessment, planning, and intervention. The purpose is to gain information and insight regarding a child's behavior, to develop an individualized support plan, and to consistently use agreed-upon strategies designed to help a child learn more appropriate behaviors.

Furthermore, individualized support plans help determine if (and what types of) additional support may be needed for a child. Programs and families may also consider working with the child's health care provider to rule out any underlying medical cause for the behavior.

Although the following steps imply a sequential order to the process, these steps may (and often should) occur simultaneously and be repeated over time.

1. **Create a team** to explore the behavior, share concerns, and develop goals. Potential members should include parents and family members, direct service staff, a mental health consultant, program administrators, health care providers, and any other adult who is concerned and knowledgeable about the child.
 - This process builds upon relationships and previous conversations between family and staff members to determine issues and design ongoing communication procedures. The program's mental health consultant may also be included during the initial steps to provide guidance and expertise.
2. **Gather information and data on the child's behavior** including observations of the child in the environment where the behavior occurs. The goal is to determine the meaning behind the behavior (or the purpose the child has in using the behavior).

3. Develop and implement a consistent plan based on a hypothesis (best guess) about the meaning behind the behavior. The plan should include:

- **Strategies designed to prevent the behavior.** Strategies may include modifying the curriculum, environment, routines, activities, and interactions.
- **Procedures to teach the child new skills** to replace the challenging behavior such as using words, gestures, and gentle touches.
- **New responses for adults to use** when the behavior occurs. For example, a teacher who usually tells a child to “Use indoor voices” when a child screams from frustration might need a more specific strategy, such as of reminding the child to say, “Help.”
- **Assurance that everyone understands the plan** and that they **are able to consistently implement the strategies.** The plan should fit into the values, caregiving styles, and activities of the parents and staff in order to facilitate implementation.
- **Description(s) of staff and/or family support** needed to implement the plan. For example, the program will supply an additional teacher to the classroom for a certain amount of days or for specific time frames so that the primary teacher can focus more on the individual child.
- **Timelines to assess and monitor** the infant’s or toddler’s progress. This includes allowing time for staff and family to meet on a regular basis to evaluate progress. Remember, it takes time for young children to master new skills, and oftentimes, a behavior can get worse before it gets better.

Behavior planning discussions should also include information about the child’s developmental age and stage. Some challenging behaviors are developmentally expected, and changes in the behavior will emerge with appropriate guidance, time, and maturity.

What if the plan doesn’t work?

Intervention plans should offer an ongoing process that continually assesses whether the plan is being implemented, and if so, if the child is making progress. Sometimes behaviors worsen, go away, and then return, or the original (targeted) challenging behavior is replaced by a new one. When team members do not see developmental progression toward more acceptable behaviors taking place with adequate time and consistent use of supportive strategies, they should:

- **Ensure the plan is being consistently implemented.**
- **Continue to observe** to determine if the team correctly identified the meaning of the behavior. If needed, re-do the process to verify the child’s meaning of the behavior.
- **Review the plan** to determine if it needs to be revised.
- **Determine if additional supports, evaluation, and/or expertise (such as Part C) are needed.**

Questions to Consider for Planning and Programming:

- What is the program’s overall approach for supporting infants’ and toddlers’ social and emotional development?
- How does staff individualize the approach to meet each child’s unique social and emotional needs?
- How does the program respond when an infant or toddler presents concerns in his or her social and emotional development? How does the program identify challenging or concerning behaviors?
- How does the program determine who is involved on the planning team? How does the program ensure the active involvement of the parents and family?

- How does the program ensure that support provided to staff and families is timely and effective?
- What types of resources does the program have or can access to support concerns about challenging behaviors?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.21(b)(1)(i)-(iii) Grantee and delegate agencies' program approach of services for infants and toddlers must encourage:
 - (i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time ...
 - (ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level.
 - (iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.
- 1304.21(b)(2)(i)-(ii) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:
 - (i) Encourages the development of self-awareness, autonomy, and self-expression.
 - (ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.
- 1304.20(b)(1)-(3) Screening for developmental, sensory, and behavioral concerns.
 - (1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.
 - (2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the finding to address identified needs
 - (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.
- 1304.24(a) Mental Health Services
- 1304.40(f)(4)(i)-(iii) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum:
 - (i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health.
 - (ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff.
 - (iii) The active involvement of parents in planning and implementing any mental health interventions for their children.

Resources:

Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

<http://www.vanderbilt.edu/csefel/> Infant/Toddler Resources: <http://www.vanderbilt.edu/csefel/inf todd.html>

Decision Making Guideline: How Do I Determine if a Child Needs More Support? CSEFEL. DHHS/ACF/ACYF/CCB & OHS. In press.

Early Head Start National Resource Center (EHS NRC). **Digging Deeper: Looking Beyond Behavior to Discover Meaning. A Unit of Three Lessons: Watch, Ask “I Wonder” Questions, and Adapt Using “Flexible Responses.”** DHHS/ACF/OHS. 2006.
http://eclkc.ohs.acf.hhs.gov/hslc/Professional%20Development/On-line%20Lessons/Digging%20Deeper%20-%20Looking%20Beyond%20Behavior%20to%20Discover%20Meaning/Digging_Deeper_intro.html
(accessed August 14, 2010).

EHS NRC. **Technical Assistance Paper, 10: Strategies for Understanding and Managing Challenging Behaviors in Young Children: What is Developmentally Appropriate – and What Is a Concern?** DHHS/ACF/OHS. 2006.

EHS NRC. **Early Head Start Tip Sheets.** *The Early Childhood Learning and Knowledge Center.* DHHS/ACF/OHS.

- **27: What are "Behavioral Skills" in Infants and Toddlers? How Do We Screen Them?** October 2007.
- **35: What is CSEFEL? Can EHS programs use the infant and toddler materials?** March 2009.
- **36: What are "Challenging Behaviors" when working with Infants and Toddlers?** September 2009.

Fox, Lise. **Supporting Infants and Toddlers with Challenging Behaviors.** Tampa: Center for Evidence-Based Practice: Young Children with Challenging Behaviors, University of South Florida. http://challengingbehavior.org/do/resources/documents/rph_supportInfantsToddlers.pdf
(accessed August 14, 2010).

Honig, Alice. S. **Behavior Guidance for Infants and Toddlers.** Little Rock, AR: Southern Early Childhood Association. 1996.

Liberman, Alicia. **Emotional Life of the Toddler.** New York: Free Press. 1993.

Parlakian, Rebecca and Nancy Seibel. **Building Strong Foundations: Practical Guidance for Promoting the Social/Emotional Development of Infants and Toddlers.** Washington, DC: ZERO TO THREE. 2002.

Policy Clarifications, OHS-PC-B-008: Should a Head Start program remove a child from the program when, despite a mental health intervention, the child continues to display very aggressive behaviors toward other children and program staff? DHHS/ACF/OHS. June 19, 2009.

Program for Infant/Toddler Care (PITC). Sausalito: California Department of Education and WestEd. <http://www.pitc.org/> Resources: http://www.pitc.org/pub/pitc_docs/resources.html

Technical Assistance Center on Social Emotional Interventions (TACSEI). DOE/OSEP. www.challengingbehavior.org

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.