PBIS in Preschool

Challenging Behaviors in the Preschool Setting: Universal Screening and Tier I Interventions through Positive Behavior Intervention Supports (PBIS)

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The early childhood years are vital for all students. For children with behavior disorders or demonstrating challenging behaviors though, the time frame known as early childhood is even more important (Henderson & Strain, 2009). Preventative measures and interventions implemented early on demonstrate higher success rates when it comes to reducing challenging behaviors later on down the road (Kaiser, 2007; Hemmeter, Ostrosky, & Fox, 2006). One system that addresses this is Positive Behavior Interventions and Supports (PBIS). Research has already supported the success of PBIS systems in elementary and secondary settings when working with children with challenging behaviors (Benedict, Horner, & Squires, 2007; Steed, Pomerleau, Muscott, & Rohde, 2013). Therefore, since early interventions yield the best outcomes, it is possible that PBIS could be used in the preschool setting and result in the same if not better outcomes for students.

Through an analysis of current literature on this topic, it can be demonstrated that early intervention in preschools using PBIS with students at risk for emotional and challenging behaviors allows for necessary and effective outcomes. To establish the validity of this claim, three premises were determined to help demonstrate the authenticity of the main claim. The first premise is that Early Intervention is needed for children demonstrating challenging behaviors. This point is meant to establish that intervening early provides better outcomes than if you were to wait until the child were to enter the elementary education track (Bruder, 2010). The second premise is that PBIS goals work with components for quality early childhood education. To establish this, the necessary components of a quality early childhood education experience according to the Center on the Social and Emotional Foundations for Early Learning (CSEFEL)were examined, and then compared to the goals and outcomes for PBIS in the preschool setting. Finally, the third premise is that universal screening and Tier I interventions have benefits for all children and teachers. To demonstrate this premise, three items on both universal screening and Tier I interventions are identified and examined in further depth. These areas are: the goals of universal screening and Tier I interventions and how they meets the needs of an inclusive preschool classroom, examples of how they can implemented in the classroom, and studies that demonstrate successful outcomes for preschoolers demonstrating challenging behaviors that are in programs using PBIS. To better build the foundations of these premises, background and definitions on early childhood education as well as challenging behaviors are necessary.

**Early Childhood Education**

Early childhood education encompasses a broad span of ages, and is defined in a variety of ways depending upon the source and purpose of the definition. The broad definition of early childhood is all children from birth through age eight years old (Bruder, 2010). However, PBIS would look different depending on which age group it is being utilized with because certain age groups are served in a different way. In the earliest part of early childhood education, interventions are usually provided in the home and focus on whole family outcomes. Then, starting when children are around three-years old a transition occurs to their first formal experience with school, preschool. This is the first time many children, both with and without disabilities, will be in a classroom setting. Then, the final part of early childhood is the 5 year old to 8 year old time frame in which children are in an early elementary school setting. For the purposes of this review, the early childhood age group being examined is preschool, typically ages three and four years old. This age group was selected for a variety of reasons. The main reason is that preschool is one of the first times that children in the early childhood age group are entering formal education and would therefore be most similar to the elementary setting in which PBIS has been studied more extensively (Duda, Dunlap, Fox, Lentini, & Clarke, 2004). The difference between the elementary setting and the preschool setting comes into play most directly in the differing expectations for a quality education.

According to Center on the Social and Emotional Foundations for Early Learning (2013), the components necessary for quality early childhood education can be organized into a pyramid model. The foundational piece is an effective workforce. This means that the policies and systems surrounding the classroom support the use of evidence based practices. The next step up on the pyramid is the universal piece, which is addressed in the general education classroom. It focuses on relationships and environments. It explains that both positive relationships between children and peers and children and adults, and a positive classroom environment are necessary for a quality early childhood education. The next two portions of the pyramid are additional supports and interventions for children not successful with the foundation set in the universal blue level. First, you attempt to add additional supports for the child in the environment to make them successful, but in some cases more intensive 1:1 or small group interventions are necessary (Center for Social Emotional Foundations for Early Learning, 2013).

**Challenging Behaviors**

The group of students being examined specifically in the case of this review is further refined to students who are demonstrating or are at risk to demonstrate challenging behaviors. Therefore, a definition of challenging behaviors is necessary to better qualify the purpose of the review. According to Smith in Fox in a 2003 publication, challenging behavior can be defined as “any repeated pattern of behavior, or perception of behavior, that interferes or is at risk for interfering with optimal learning or engagement in pro-social interactions with peers and adults” (Dunlap et al., 2006, p. 30). This definition would include behaviors such as aggressive outbursts, self-injury, tantrums, and other socially inappropriate behaviors. Furthermore, the behaviors classified as challenging behaviors can be divided into two categories: externalizing which includes the behaviors just mentioned or internalizing which includes depression, withdrawal, and anxiety among others. Other more severe emotional and behavior disorders exist, such as schizophrenia, but the review is focused on behaviors and disorders that are more likely to be present and addressed in an inclusive preschool environment instead of an institution or hospital. Benedict et al. points out in the article *Assessment and Implementation of Positive Behavior Support in Preschools,* that most children will demonstrate some level of undesirable behavior in the preschool setting. It is when these behaviors occur in more frequency or higher intensity that they become a real concern and require more intensive interventions (2007). Another reason for concern is if students are not meeting specific expectations for skills that preschool students will demonstrate in regards to social-emotional development. These include: self-confidence, ability to form positive relationships with peers and adults, concentration, persistence, ability to communicate emotions effectively, listen to and follow directions, and social problem solving skills. Deficits in these areas can be indicators for a more serious problem and place the child at greater risk for a behavior disorder diagnosis (Hemmeter, Ostrosky, & Fox, 2006).

When undesirable behaviors move into the spectrum of persistent challenging behavior(s) or a risk of developing into a behavior disorder, preventative measures or interventions are needed. According to the article Assessment and Implemention of Positive Behavior Support in Preschools, approximately 10% of children will fall into this category (Benedict, Horner, & Squires, 2007). Children with another disability are at a greater risk of falling into this 10% than their typically developing peers. Additionally, children from high risk backgrounds such as low income homes or homes in which abuse is present are at an increased risk. Therefore, in an average inclusive preschool classroom approximately 1/3 of the students could be demonstrating challenging behaviors (Hemmeter et al., 2006).

**Why Use Early Interventions**

Understanding the risk factors for challenging behaviors makes it easier to target students for preventative interventions. However, as stated previously, not all children who demonstrate challenging behaviors will be part of a group of students seen as at risk. It is important for all children to receive interventions to prevent the long term outcomes that have been shown to result from challenging behaviors. These risk factors include, but are not limited to, academic failure, peer rejection, substance abuse, delinquency, anxiety, anti-social behaviors, and frustrations for the child and their family (Reinke, Splett, Robeson, & Offutt, 2009). Additionally, the earlier these interventions are provided, the greater the chance of them being successful.

There are several reasons that early interventions, which “promote the children’s acquisition and use of behavioral competencies to shape and influence their prosocial interactions (Bruder, 2010)”, are integral in addressing the needs of children demonstrating challenging behaviors. After a certain point, this according to Hemmeter et al., is age nine, the chances of the intervention being successful decrease (2006). This is not to say that interventions after age nine should not be attempted if necessary or that they cannot decrease the severity of the behaviors. What it implies is that early interventions reach children before the behavior has become entrenched (Reinke et al., 2009). They provide the child with the skills needed to communicate more effectively or address the area of deficit that the behavior is resulting from. Therefore, the younger the interventions begin, the better the chances of success are for the child.

**Positive Behavior Interventions and Supports (PBIS)**

PBIS in the preschool setting seeks to provide not only early interventions but also preventative measures to reduce the likelihood of an undesirable behavior occurring at all. It is a “proactive prevention program that focuses on promoting social-emotional development, supporting the use of adaptive, pro-social behaviors, and preventing challenging behavior” (Carter & Pool, 2012). In all aspects of PBIS, the goals include establishing positive relationships, a positive organized and predicable environment, and developing and teaching classroom expectations (Steed, Pomerleau, Muscott, & Rohde, 2013). These goals align closely with the characteristics of quality early childhood education which include “nurturing relationships, supportive environment, and effective workforce” (Center for Social Emotional Foundations for Early Learning, 2013, p. 1). This indicates that the PBIS model fits with the preschool framework at least to the extent that they agree upon necessary aspects in the environment and instruction for young children.

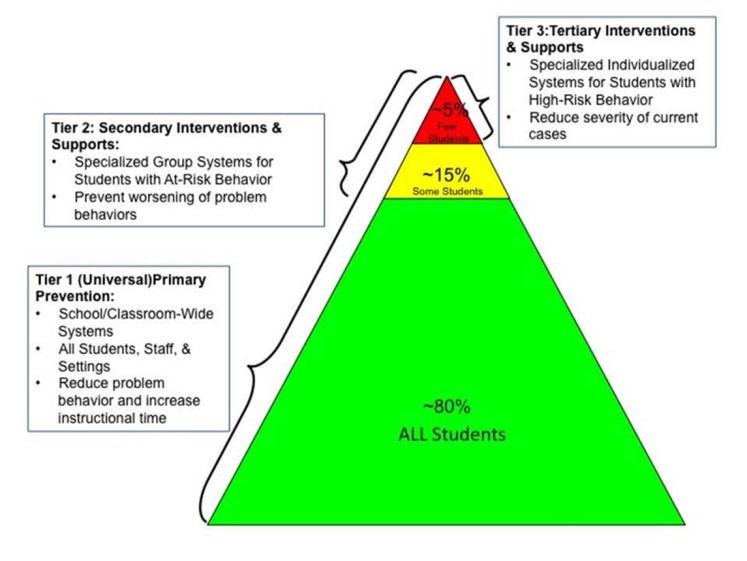
 To achieve these desired outcomes, PBIS utilizes two main components, universal screening and a tiered framework of instructional supports. The tiered framework has three parts, as can be seen in Figure 1. Tier I is the universal level and focuses on prevention. It includes all students in the classroom and for 80% of students will most likely be sufficient to prevent or address challenging behaviors. For 15% of students, Tier I instruction will not be sufficient. For those students, another level of supports and interventions will be provided to supplement the Tier I instruction. For 5% of students, Tier II instruction still may not be sufficient. These students will be targeted for more intensive and most likely 1:1 interventions to try and reduce the severity of the behavior (Benedict, Horner, & Squires, 2007).   
 Several studies have been conducted on the effectiveness of PBIS in the preschool classroom. Two such studies are a 2013 study by Steed et al., and a 2007 study by Benedict et al. The study in 2007 examined the use of PBIS in rural preschools where there were high unemployment rates. Over the course of three years it examined the implementation of strategies, consistent environments, family involvement, team leadership, and a variety of other areas. The outcome of the study demonstrated that PBIS can be successful in the preschool setting, but it requires several years to fully establish the school-wide and team aspects needed for PBIS.

Figure 1 Tiers of PBIS (Benedict, Horne, Squires, 2007, p. 30)

The 2007 study examined 15 preschool classrooms from a variety of demographic areas. This particular study did not last as long as the study in 2013 by Steed et al. It did, however, take a closer look at the implementation of the environment which is crucial in Tier I instruction. The outcome of this study showed that PBIS consultant feedback throughout the implementation was beneficial and that like the study by Steed, PBIS could be successfully implemented in the preschool setting. While these studies did not provide specific child outcomes, several other studies according to Hemmter et al. report such findings. The findings of these studies include decreased incidence of challenging behaviors, increase in academic success, improved social relationships with peers, and lower expulsion rates in the preschool (Hemmeter et al., 2006).

**Universal Screening**

The key component to moving students up and down through the tiers, which is necessary for the outcomes found in the studies, is the universal screening aspect of PBIS. Universal screening is for all students. There are a variety of tools that can be used to complete the screening. These universal screenings are helpful in that they identify students with challenging behaviors, but do not necessarily fit the typical family and disability related risk factors which is vital for early identification and intervention (Hemmeter et al., 2006; Bruder, 2010). This screening is an ongoing cycle. It begins with a screening tool to determine which tier of instruction best fits the child’s needs, and then the outcomes are monitored and interventions are adjusted as needed.

Universal screening enables service providers and families to quickly identify difficulties and implement strategies that are likely to lessen the probability of long-term negative outcomes (Henderson & Strain, 2009). Through this ability to quickly identify need and implement strategies, universal screening makes it more likely that students who may have previously been unidentified are identified earlier on. Ultimately, universal screening would hopefully ensure that well over the 10% of students in need, mentioned earlier, receive the necessary intervention strategies (Benedict et al., 2007).

While Kaiser and Dunlap both suggest that there is a need to develop more effective universal screening tools and criteria in the preschool setting, other studies demonstrate that there are a variety of scientifically validated tools that can be used to screen children in the preschool setting (Henderson, Strain, 2009). Many of the tools discussed in the literature took the form of a questionnaire completed by the parent, teacher, or multiple sources. The screenings are typically designed to be quick, and evaluate a number of different skills associated within the developmental area of Social Emotional skills. Three examples that portray how universal screening is effective in PBIS were the Early Screening Profile, Ages and Stages Questionnaire, and Temperament and Atypical Questionnaire. Each of these tools take a somewhat different approach to the screening process. For example, The Early Screening Profile is a 3 stage process completed by the teacher on the students in the classroom. These stages include ranking the top 5 students demonstrating challenging behaviors, completing a checklist about the frequency and intensity of the behaviors, and observing and measuring academic and social behaviors (Conroy & Brown, 2004)

This tool and the Temperament and Atypical Behavior Scale, are designed specifically for the preschool age group making them a more effective screening tool for the preschool setting than the Ages and Stages Questionnaire that is also intended for child as young as 11 months old. Despite this fact, all three of these screening tools have been shown to be effective and easily implemented in the preschool setting (Conroy, Brown, 2004; Henderson, Strain, 2009).

**Tier I Interventions**

PBIS does not just address the needs of students who are already demonstrating challenging behaviors. It addresses all students in the classroom through Tier I instruction. This is important because according to the study by Benedict and her associates, a “concentration on individualized interventions for a particular child is important to remedy severe problem behaviors, but it fails to address the needs of all children in the classroom” (Benedict et al, 2007, 175). Therefore, this focus on all students is one of the reasons that PBIS has been effectively used to reduce discipline problems and promote positive school climate, which is vital for the overall success of all students (Reinke et al., 2009).

For most students in an inclusive preschool classroom, universal screening will show that quality instruction in Tier I is sufficient to prevent and/or reduce challenging behaviors. The key to this success is that the instruction and environment in Tier I is one of high quality. Some of the aspects of Tier I that I have already mentioned are that it is provided to all students in the classroom and is embedded into the classroom routines (Duda et al., 2004). The goals of this tier, in alignment with the components of quality early childhood education are to define and teach clear expectations, foster strong relationships, and create a supporting, predictable, and natural environment (Steed et al., 2013).

The implementation of strategies to reach these three goals are backed by significant research demonstrating positive outcomes for all children in the preschool classroom (Duda et al., 2004; Benedict et al., 2007; Steed et al., 2013). To understand why Tier I instruction, with these goals in place, has been shown effective, it is necessary to look at the rationale for each of the main components of the tier. To do this, research on early childhood education to support each of the components was examined.

The first component is clear expectations. The establishment of clear expectations creates a common language for talking about behaviors (Kaiser, 2007). Establishing these expectations is a two part process. It begins with the identification of broad expectations, like those in the image of the classroom rules shown. These broad expectations are then further defined and specific examples are established. These specific examples are what would be traditionally considered classroom rules. After the expectations are established, the teacher provides lessons and opportunities to tell, show, practice, and provided feedback for students about their adherence to the expectations. The presence of expectations and instruction in language to discuss them reduces problem behaviors according to the article by Dunlap and his associates, because it provides children with guidelines and alternatives to challenging behaviors to achieve and communicate their desired outcome (Carter & Pool, 2012).

Strong relationships are the second component. It encompasses children, teachers, families, and other members of the community important to the child. While families and environmental factors can put children at risk for challenging behaviors, they can also be part of the solution and prevention of them. Therefore, there is an increase in positive outcomes for interventions that include the family in the process (Dunlap et al., 2006). This is because children’s relationships with the adults in their lives provide a secure foundation for children to see the effects of their behavior on others and practice and develop their social emotional skills (Hemmeter et al., 2006). Additionally, these strong relationships need to exist between members of the school community. It is helpful for the establishment of effective interventions in the ability for general education and special education teachers to have a system in place to plan and coordinate instruction and interventions (Hundert, 2007).

Environment is the final component that is key in Tier I. This environmental structure, as mentioned earlier, needs to be supportive, predictable, and natural. In order for the environment to be supportive and predicable, the other two components of Tier I need to be in place. This is because, in regards to establishing expectations, children are less likely to engage in challenging behaviors when they know what to do and how to do it (Carter & Pool, 2012).

A new aspect in this component though, is that the instruction should be in a natural environment. This is because while some interventions can be delivered outside of the child’s everyday environment, interventions for behavior cannot (Kaiser, 2007). Therefore, PBIS provides instruction on social emotional skills and expectations in the general classroom environment for all students in Tier I allows for them to learn the skills in the same environment they will be expected to practice them.

Creating components of PBIS Tier I instruction is not enough for it to be effective though, it has to be able to be practically implemented in the classroom. There are several possible approaches to implement this, but they can be generalized into a few parts. After establishing expectations with students, it involves incorporating things such as praise and pre-correction into the everyday classroom language (Carter & Pool, 2012). Some systems such as Best in Class provide a framework for teachers to set up a successful Tier I environment. This particular system also has components that have been shown to be successful in Tier II supports as well. In the Tier I level though, according to a study by Vo, Sutherland, & Conroy (2012), it has been shown to demonstrate a significant decrease in problem behaviors by providing a framework for establishing expectations and routines, providing behavior-specific praise, pre-correction and supervision, instructional pacing, and teacher feedback.

**Concluding Remarks and Future Directions**

The review of current literature on the use of PBIS in preschool settings to address and prevent challenging behaviors with special attention to Universal Screening and Tier I interventions has established three premises. The first premise established was that early intervention is needed for children demonstrating challenging behaviors. Second, the PBIS goals fit with the components for quality early childhood education according to CSEFEL. Third, the Universal Screening and Tier I interventions have benefits for all children and teachers. Therefore, it has been demonstrated that early intervention in preschools using PBIS with students at risk for emotional and challenging behaviors allows for necessary and effective outcomes.

To further explore and expand this several additional areas of literature could be carefully examined. These areas for further exploration can be grouped into two sections: tools for PBIS and partnerships in PBIS. In tools for PBIS, further examination and study of literature on specific tools for screening and Tier I interventions in the preschool setting and their long term outcomes. In partnerships, it would be beneficial to further examine the elements of partnership necessary for the effective workforce mentioned by CSEFEL to be established as well as the impact and components of quality partnerships with families in the use of PBIS in preschool.

The research on the use of PBIS in the preschool setting is still fairly new, and there is still need for further research in the area. However, the research and literature that exists on PBIS in the preschool setting has demonstrated positive outcomes and promising results for future research. Through continued research and examination, the claim established by this review can be further solidified, expanded, and refined.

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