

Policy & Practice Briefs to Eliminate Child Care & Preschool Exclusion

An NCECF & TREP Project Collaboration



Learning With and From Child Care and Preschool Providers to Improve Outcomes for Children At-Risk of Suspension and Expulsion

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This final brief

in our [series on policies and practices that can minimize exclusion from early learning environments](#) is a reporting-out of a collaborative workshop for over 100 child care and preschool professionals. This workshop was directed toward providers, teachers, and technical assistance specialists who are serving at least one child who is exhibiting dysregulated behaviors. Spanish interpretation services were provided to reduce barriers to participation.

Workshop participants represented a broad range of programs: 68% from child care centers, 14% from preschool/pre-K classrooms, 9% from child care homes, and 9% from non-profit and government offices supporting child care providers. They also represented a broad range of roles: 48% were classroom teachers, 22% were center director or assistant directors, 17% were behavior and instructional coach/technical assistant specialists; 12% were owners and teachers. Because the workshop was conducted online using Zoom we were able to reach providers across the state, from Alamance, Bladen, and Cumberland county, to Mecklenburg, Nash, and Orange county to Rowan, Transylvania, and Wake counties.



Each child's acting-out behavior is communicating that they need support.

Participants attended the workshop because they are committed to reducing and minimizing the use of exclusion to manage challenging behaviors. Over 60% of them have been working in early care and learning for 10 or more years, only 25% have been providing care for five or fewer years. Despite the substantial amount of experience providing care, participants reported many struggles and the need for technical assistance/professional development and direct resources to enable them to meet the needs of children exhibiting challenging behaviors.

Our primary takeaway message

for workshop participants was that the lens through which we perceive young children's challenging behavior has a substantial effect on how we respond to it. It is important that providers [view all behavior through the lens of communication](#): each child's acting-out behavior is communicating that something is wrong, and that they don't know what they need or don't have the words to ask for what they need.



Before digging into the benefits of viewing all behavior as communication, we discussed the need for providers to develop routines and practices of [professional self-care](#), which includes all of the things that professionals do at work and for work that enable them to meet their workplace responsibilities while also managing the many stressors that occur at work.

There are many structural factors that can undermine the wellbeing of early care and learning providers, which diminish their ability to be supportive and responsive when children display challenging behaviors. Some of these structural factors include:



Low pay and the need to care for large numbers of children to make programs financially viable



Balancing the multiple roles of being a business owner, administrator, and a care provider



Low professional respect because of the public perception that early care and learning providers are babysitters

One workshop participant summarized many of these challenges in one of her comments:

“We have way too many children enrolled in each classroom with challenging behaviors because we take the most needy children. Many of our enrolled children have already been kicked out of all the private child care centers. We need to reduce our child-staff ratios but then we cannot maintain our budget.”

[Preventing and managing stress](#) is a critical component of providing care. A significant amount of mental and emotional capacity and effort are necessary to both maintain calm in response to escalating behaviors and balance the cognitive, emotional, and behavioral needs of all the infants and children in one's care.

Behavior Is Communication



Children engage in challenging behaviors for a reason. They may act out to get someone's attention, stop an activity they don't like, or satisfy their sensory needs. One of the difficulties for providers is that the same behavior can mean many different things depending on the child and the circumstance. One child may engage in destructive behavior because they are under stimulated and are seeking attention--positive or negative. For another child, those same destructive behaviors may be because they are overstimulated and desperately need to escape and reset.

Punishing infants and young children for acting-out behaviors may stop the behavior in the short-term, but it does not provide the developmental support and learning opportunities needed to shift their behaviors when they experience similar needs in the future. The task for the provider is to determine what environmental modification can make the behavior unnecessary, or what skill the child can learn to enable them to meet or communicate their needs in ways that educators can readily understand.

Research shows that there are four common reasons for challenging behaviors:

- 1 To get attention and sensation (positive or negative)**
➡ Some children are insecure about how to and whether they will get attention without acting-out, and others need more than average amount of stimulation.
- 2 To get attention and sensation (positive or negative)**
➡ Some children, especially those with low impulse control, act-out to get what they want, immediately.
- 3 To escape attention and sensation**
➡ Some children cannot handle and overreact to an average amount of interpersonal interaction and stimulation.
- 4 To escape a task or activity**
➡ Some children develop avoidant coping and "run away" or "hide" in response to tasks, expectations, people, and interactions that make them uncomfortable.

It is easy to remember that acting-out behavior is communication when responding to an infant's crying, screaming, whining, and wailing. We are very aware that they don't have the verbal skills needed to tell us what they need, therefore, most adults respond with a problem solving approach to identify their underlying needs and then a teaching approach to build their capacity to make their needs known in more prosocial ways. It is critical that we maintain this same approach for all young children under our care.

Externalizing Behaviors Create the Most Challenges for Providers

To strengthen workshop participants' understanding of behavior as communication, we engaged in an exercise that asked them to focus on one child where they are considering telling the family that they couldn't meet their child's needs in the child care or preschool program/classroom. We asked them to describe the behaviors that create challenges, and then identify the need the child may be communicating through their behaviors. Almost all described externalizing behaviors that can be classified as angry and/or aggressive behaviors that include a physical interaction between the dysregulated child and the staff member, other children in care, and or classroom materials.

Some of the examples provided include:

- *"Physical aggression with classmates and environment (kicking furniture, throwing materials), shutting down and not expressing emotions."*
- *"Climbing and jumping off furniture also biting the co-teacher and constantly fighting other students, constant meltdowns. Student pose safety risk."*
- *"When a child is extremely defiant, disruptive, and unsafe in the classroom it's almost like what you say doesn't matter. Toys may be thrown. Hands are put on other students. It makes for an unsafe learning environment for the other students."*

Only after being prompted to think about the ways that dysregulation can show up as internalizing behaviors did one participant share an example of a child whose withdrawn and shy behaviors create challenges.

Externalizing behaviors

Externalizing behaviors occur when children "act-out" their feelings in ways that we can see. These behaviors break social norms (hitting, destroying toys) and are distressing for others. These behaviors are often met with a disciplinary response.

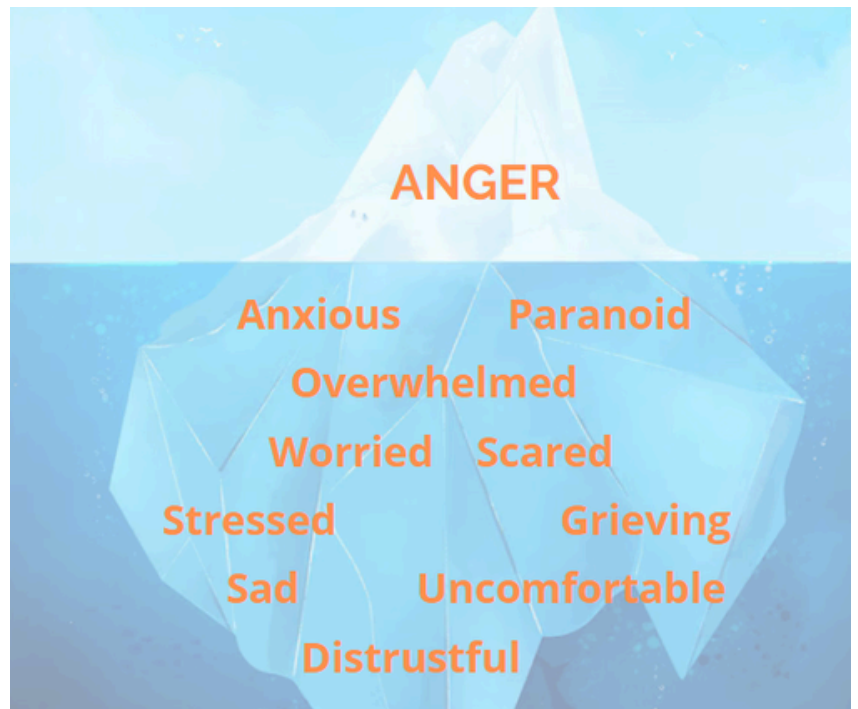
Internalizing behaviors

Internalizing behaviors occur when children "act-in" their feelings in ways that are not immediately observable. Although these behaviors also break social norms (isolating in a corner, not speaking) they are easier to ignore.

During the workshop we asked participants to consider the ways that young children may use anger and aggressive behaviors to communicate complex emotions they don't understand. We shared examples of emotions and experiences that may be below the surface, leading a child to display anger or aggression.

Anger is often a surface emotion that is expressing more complicated needs. It takes repeated practice to connect one's angry feelings with the true emotions underneath and then develop the verbal and emotional maturity to express those deeper feelings.

Unless we take time to look beneath the surface of acting-out behaviors, we miss opportunities to help children understand the true needs they are trying to express and opportunities to teach them more appropriate ways of getting their needs met.



When asked to reflect on the challenges created by a child's dysregulated behaviors, participants' primary responses were regarding the ways that dysregulated children's repeated displays of challenging behaviors makes it difficult for them to meet the needs of other children in care:

“I found that the majority of the day the other children in the class were getting very little time with me and the time I could share was not positive because of constantly deescalating the child in distress.”

They consume a lot of time. You don't get anything else done except work with the child with the severe behaviors. As a director, I also then have to support my teachers and help them process/give ideas/etc. It prevents a program from growing and meeting the needs of all children.”



Workshop participants' responses suggest that the urge to suspend or expel children from care often arises because externalizing behaviors can undermine the quality of the care and learning environment, are emotionally distressing, and are sometimes harmful for providers and other children in care. It is important to note that, unlike in the K-12 context, child care providers don't receive additional fees or funding to cover the cost of classroom aides when they care for children with emotional and behavioral challenges. It is important that educators receive the training and resources necessary to provide differentiated and developmentally appropriate support based on the needs of the children in their care.

No provider wants to remove children from their classroom or program. They are professionally and personally distressed when they are unable to manage dysregulated behaviors in the moments when they occur and unable to support children and their families in reducing the occurrence of challenging behaviors. Workshop participants' feelings of distress are reflected in the following statements:



It is draining to repeat the same instructions over and over throughout the day when working over an extended period of time working with the same child.

Doubting myself. Doubting my career. Doubting who I am if I am NOT a teacher.



The overall quality of the early care and learning workforce is diminished when providers don't have the skills and families don't have the resources needed to support children who are struggling with emotional and behavioral dysregulation. As several of the center directors stated: "It is really difficult because we have had several teachers leave." Despite their low wages, child care providers and preschool teachers take their jobs seriously, and it is professionally demoralizing to not have the training and resources needed to manage children's externalizing behaviors.

Providers Understand Children's Needs But Have Limited Capacity to Respond with Necessary Supports

When asked to list what the child might be trying to communicate with their challenging behaviors that they are unable to say with their words, workshop participants quickly identified examples that fell into the [*four common reasons for challenging behaviors*](#), detailed above: attention seeking, accessing a tangible item or activity, sensory avoiding, and escaping interactions.

Essentially, the challenge is that our early education systems are not resourced in ways that make it easy for early educators to take appropriate steps to address developmental challenges that children communicate through their behavior. Once staff and teachers have identified the reasons for a child's challenging behavior, they need planning time (that they don't have) and professional consultation (that often has a long wait list) to learn how to teach the deficient skill and/or make changes to the care and learning environment to prevent the issue from arising in the future. [*This is a crucial juncture where technical assistance, social and emotional coaching, and mental health consultation can make a substantial difference in reducing expulsion.*](#)

Child care providers also need to be able to refer families to supportive home visiting and parent training programs that have proven efficacious in improving relationships between parents, children, and educators; and, in turn, reduce children's educational exclusion. However, workshop participants reported that they sometimes struggle to get parents access to the limited resources available to ensure that all families who would benefit from services can receive them.

An important issue for policymakers to keep in mind is that early care and learning providers are [*some of the lowest paid workers in this country*](#), and they are expected to shoulder the burden of managing young children's externalizing behaviors, which are often the result of adversity and toxic stress. We asked participants whether they learned anything from parents regarding what may be happening in the lives of children exhibiting dysregulated behaviors that may be contributing to their dysregulation. Participants reported that many of the family challenges and stressors require more support than they can provide.

Good policy making on this issue will be based on the extent to which decision makers understand the many connections between broader economic and family support policies and child care and preschool exclusion. As discussed in our [*previous brief*](#), it is critical that policies aimed at ending child care and preschool exclusion look upstream because children's wellbeing is highly dependent on the socioeconomic characteristics of the neighborhood and family they are growing up in. For example, research shows that [*food insecurity is associated with an increase in the types of dysregulated behaviors that get children expelled from care*](#). Fortunately, the negative effects of poverty on children's development can be alleviated by [*investing in public policies*](#) that either reduce family poverty, or reduce the impacts of poverty on parents and children.

Recommended Resources for Building Staff Capacity

- [*National Center for Pyramid Model Interventions*](#)
- [*Center for the Social Emotional Foundation for Early Learning \(CSEFEL\)*](#)
- [*NAEYC: Building Environments that Encourage Positive Behavior*](#)
- [*North Carolina's Healthy Social Behaviors Project*](#)
- [*North Carolina's Healthy Social Behaviors Project*](#)
- [*Illinois Early Learning: Challenging Behaviors in Young Children*](#)
- [*Sesame Street: From Attention to Connection: Responding to Challenging Behavior in Caring Ways*](#)



The **North Carolina Early Childhood Foundation** (NCECF) promotes understanding, spearheads collaboration, and advances policies to ensure each North Carolina child is on track for lifelong success by the end of third grade.



The **Trauma Responsive Educational Practices (TREP) Project** aims to create schools and classrooms that can meet the social, emotional, and academic needs of students coping with toxic levels of stress and trauma.