

Behavior Management for Preschool-Aged Children



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KEYWORDS

- ADHD • Preschool children • Early childhood • Behavior management
- Early intervention

KEY POINTS

- Parent training (PT) has been found to be an effective treatment to improve behavior outcomes for children at high risk for attention-deficit/hyperactivity disorder (ADHD).
- Teacher training is also effective in improving child behavior within the classroom context.
- Combination treatments are a strong approach to increasing young children's behavioral outcomes across contexts (ie, home, school, and peer network).

INTRODUCTION/BACKGROUND

Target of Treatment: ADHD Symptoms, Associated Features

Parent, teachers, and mental health professionals are concerned about young children who display significant impulsivity and hyperactivity because the display of these behaviors places these children at significant risk for future maladaptive outcomes.¹ On the other hand, impulsivity, hyperactivity, oppositionality, and aggression are words that accurately characterize almost all preschool children's behavior at some time or other. For about 10% to 20% of 3- and 4-year-old children, and for about 20% to 30% of young children who experience poverty,^{2,3} these behaviors are displayed at levels at home and/or at child care/preschool that significantly impair their functioning within those settings and warrant early effective treatment.⁴ However, preschool children who display significant levels of impulsivity and hyperactivity are not

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Abbreviations	
ADHD	Attention deficit/hyperactivity disorder
CD	Conduct disorder
CSEFEL	Center for the Social Emotional Foundation of Early Learning
ECMHC	Early childhood mental health consultation
ODD	Oppositional defiant disorder
TACSEI	Technical Assistance Center on Social Emotional Interventions

likely to receive a formal diagnosis of ADHD because these behaviors are often transient for this age group of children, even for those who display these behaviors at high levels.⁵ In addition, for young children, the behaviors specifically associated with ADHD often co-occur with externalizing behaviors such as noncompliance, aggression, and emotion dysregulation.² Therefore, this article focuses on the small percentage of preschool children who have a diagnosis of ADHD and the larger percentage of preschool children who are at risk for an eventual diagnosis of ADHD and co-occurring disruptive behavior disorders because they exhibit to a significant degree a broad range of externalizing behaviors within the home and/or school environments but do not have a formal ADHD diagnosis.

Need for Treatment

For many children, rates of externalizing problems decline significantly during early childhood, even without intervention, but approximately half of preschool children continue to display disruptive behaviors over time.^{2,5} For a subset of these children, their behaviors continue to escalate, becoming developmentally deviant in terms of their seriousness, chronicity, and impairment in adaptive functioning, thus warranting a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnosis of ADHD, oppositional defiant disorder, and/or conduct disorder.^{1,5} Once established, disruptive behaviors become strikingly stable over time and are resistant to treatment.⁶ The presence of early, severe, and pervasive hyperactivity, impulsivity, and inattention significantly increases the likelihood of negative outcomes across the family, school, and peer domains.¹ Developmental theory and prevention science indicate that early treatments for emerging problems, compared with later interventions, are more likely to interrupt the stabilization of behavioral, emotional, and social problems, thereby increasing children's likelihood of positive school success.⁶⁻⁸

Focus of Article

In this article, the authors review empirically supported behavior management treatments for preschool children who display hyperactivity, impulsivity, and/or inattention at levels extreme enough to place them at risk for an ADHD diagnosis. Empirically supported interventions are those that show evidence that they work either through well-controlled experimental studies or through repeated replication of positive outcomes through less rigorous quasi-experimental and observational studies.⁹ Because most preschool children will not have an ADHD diagnosis and because of the importance of early intervention and prevention in improving outcomes for children exhibiting significant disruptive behavior, the authors summarize a broad range of treatments that have evidence of effectiveness. These include treatments that have been evaluated using samples of preschool children diagnosed with ADHD and samples of children who are at risk for ADHD and co-occurring disruptive behavior disorders because they exhibit to a significant degree a broad range of externalizing behaviors within the home and/or school environments.

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