



Facts About Young Children with Challenging Behaviors

What is the **SIGNIFICANCE** of the issue?

- These children have a tremendous risk of school failure and adult lives characterized by violence, abuse, loneliness, and anxiety (McCord, 1978; Olweus, 1991).
- The developmental course is predictably negative for those who are “non-treated” or “poorly-treated” (Lipsey & Derzon, 1998; Patterson & Fleishman, 1979; Wahler & Dumas, 1986).
- Early appearing behavior problems in a child’s preschool career are the single best predictor of delinquency in adolescence, gang membership, and adult incarceration (Dishion, French, & Patterson, 1995; Reid, 1993).
- If challenging behaviors are not altered by the end of the third grade, it appears that they should be treated as a chronic condition, hopefully kept somewhat in check by *continuing and ever more costly* intervention (Dodge, 1993).
- The absence of one comprehensive service delivery system dictates the need for systems of care - weaving together multiple existing services or programs into a cohesive, collaborative system. Evidence exists to show that interlocking and interconnected systems of care have been effective with older children and adults (Smith & Fox, 2003).
- The database on service utilization is sparse making it difficult to compare and contrast different approaches to identification, screening, referral and access to service (Fixsen, Powell & Dunlap, 2003).

What are the **COSTS** of failing to address these challenging behaviors?

- Children who grow into adolescence with challenging behaviors are likely to drop out of school, be arrested, abuse drugs and alcohol, have marginalized adult lives, and die young (Lipsey & Derzon, 1998; Walker, Colvin, & Ramsey, 1995).
- There is evidence to show that young children with challenging behavior are more likely to experience:
 - early and persistent peer rejection (Coie & Dodge, 1998);
 - mostly punitive contacts with teachers (Strain et al., 1983);
 - family interaction patterns that are unpleasant for *all* participants (Patterson & Fleishman, 1979);
 - school failure (Tremblay, 2000; Kazdin, 1993), and;
 - high risk of fatal accidents, substance abuse, divorce, unemployment, psychiatric illness, and early death (Coie & Dodge, 1998; Kazdin, 1985).

What **POSITIVE OUTCOMES** can be expected from early intervention services that address these challenging behaviors?

- Decreased risk of withdrawal, aggression, non-compliance, and disruption (Strain & Timm, 2001).
- Treatment impact on fears, phobias, depression, anxiety, hyperactivity, conduct, and obsessive-compulsive disorders.
- Positive peer relationships including understanding of friendship, cooperation, and sharing (Denham & Burton, 1996).
- Increased self-control, self-monitoring, and self-correction and improved social-emotional health (Webster-Stratton, 1990).
- Academic success (Walker, et al., 1998).
- Reduced risk for teen pregnancy, juvenile delinquency, and special education placement (Strain & Timm, 2001).

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