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## Analysis of Behavior Problems in Preschool Children Illustrated in 2 Case Studies<sup>\*</sup>

### Abstract

Behavior problems in pre-schoolers are becoming more and more common. In the paper we focused on the analysis of 2 case studies of 2 children in preschool age who demonstrated significant problems in their behavior. Symptoms of problem behavior of the boy are linked to the dimension of externalizing problems and the symptoms of the girl were linked to the dimension of internalizing problems.

**Key-words:** behavior problems, preschool age, externalizing and internalizing problems, Child Behavior Check List

### Theoretical background

Smith and Fox (2003) define *challenging behavior* in young children as “any repeated pattern of behavior, or perception of behavior, that interferes with or is at risk of interfering with optimal learning or engagement in pro-social interactions with peers and adults”. Such behavior most often takes the form of disrupted sleeping and eating routines, physical and verbal aggression, property destruction, severe tantrums, self-injury, non-compliance, and withdrawal. These authors note that, for young children, challenging behavior is always embedded in the context of child-caregiver relationships and interactions. Variations across families and cultures in perceptions of what constitutes appropriate and inappropriate behavior are also important considerations in defining challenging behavior (*Division for Early Childhood*, 1999).

Preschool behavior problems are influenced by both biological and environmental factors, as manifest in individual differences in child characteristics

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(e.g. temperamental dimensions of activity, sociability, attention) and the quality of the caregiving environment. Genetic and prenatal environmental factors are influential in this age. We distinguish between *risk factors*, in the presence of which the probability of showing a disorder is raised; *precursors*, where there is the continuity between an early problem (e.g. preschool disruptive problems) and a later one (e.g. conduct disorder); and the presence of *formal disorder*. Extreme difficult temperament is often viewed as a risk factor for later behavior problems (Hill, 1999), although at moderate levels of difficulty and without other indicators of child or family risk, such individual differences are likely to reflect developmentally normative patterns rather than necessarily implying risk for disorder.

In recent years, there has been increasing recognition of the multiple interacting factors that contribute to divergence in outcomes of infants who demonstrate early problems in feeding, emotionality or disruptive behavior. This change in focus can be traced to the pioneering efforts of Thomas and oth. (1968), who emphasized the goodness-of-fit between parent and child temperament, to Bell's (1968) work on children's effects on parents, and Sameroff and Chandler's (1975) transactional model of parent-child interaction. Thus, assessment and intervention efforts across problem behavior types have focused on changing child behavior, parent behavior and resources, and the quality of parent-child interaction. As children under 5 years are so dependent on their caregiving environment, there is an emphasis on identifying risk factors in the family and the wider caregiving context (e.g., quality of day-care or non-parental caregiving) which moderate the course of early problem behavior.

### **Methodology of research**

For examining possible predictors of school success in pre-schoolers with challenging behavior we used mixed research. For gathering the data for two case-studies, we used Child Behavior Check List (CBCL) and Caregiver/Teacher Reported Form (C-TFR) (Achenbach et al., 2001) to determine the most problematic area of the behavior; semi-structured interview with parents and teachers of observed children, and structured observation in natural environment of the child — kindergarten. CBCL and CTR-F were filled up by the parents of examined child and his/her kindergarten teacher. According to the highest score, we determine the most problematic area of the behavior and started with interventions. Interviews with parents and teachers were made at the end of observations and interventions period. However, we had many talks both with parents and the teachers, concerning the behavior of the child and the possible modification of it. Observations in the kindergarten took 7 weeks,

during this period we noticed the symptoms of problem behavior of the child into the prepared observation form each two minutes.

## Results

### Case 1

*Daniel, boy, 5 years, 2 months*

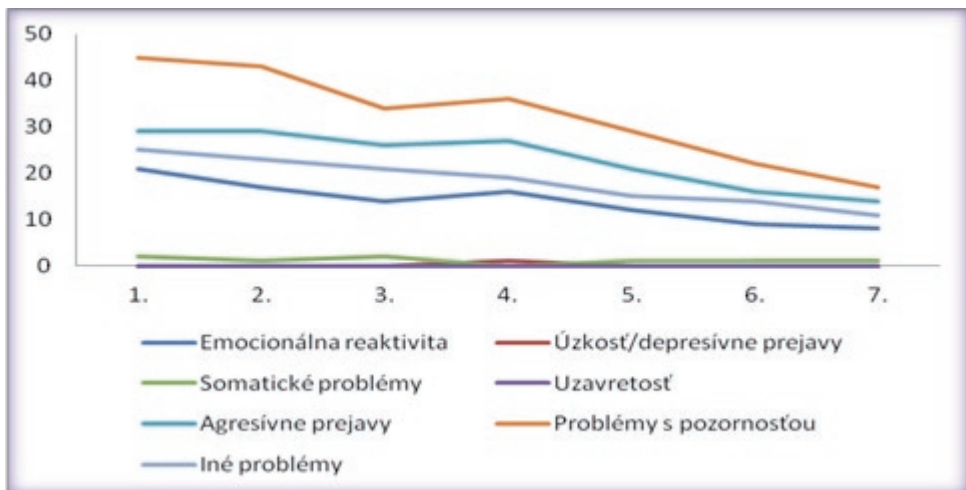
Daniel is a cheerful and very communicative boy, but he is not very popular between peers in the classroom. Due to his impulsively and over-activity, children did not like to play with him. Daniel also has a speech problem — dysarthria, and sometimes it is complicated to understand his words. Daniel has one older brother, mother is unemployed, and father works on constructions. Young family lives in a family house with father's parents and his grandmother, so the household is shared by 4 generations. Daniel's grandmother

Table 1. CBCL/C-TFR score for Daniel

	Emotionally Reactive	Anxious/Depressed	Somatic Complaints	Withdrawn	Sleep Problems	Attention Problems	Aggressive Behavior	Other Problems	Total Score
Max. score (parents)	18	16	22	16	14	10	38	66	200
Max. score (teacher, observer)	14	16	14	20	–	18	50	34	200
Father	2	2	1	3	3	3	19	14	47
Father [%]	11,11	12,50	4,55	37,50	21,43	30,00	50,00	21,21	23,50
Mother	0	3	0	1	1	5	12	9	31
Mother [%]	0,00	18,75	0,00	12,50	7,14	50,00	31,58	13,64	15,50
Teacher	4	2	0	3	–	11	24	17	61
Teacher [%]	28,57	12,50	0,00	15,00	–	61,11	48,00	50,00	30,50
Observer	5	3	5	3	–	15	35	30	96
Observer [%]	35,71	18,75	35,71	15,00	–	83,33	70,00	88,24	48,00

works as a teacher's assistant at the same school he is attending. According to the interview with mother, grandmother's "will" to help with education and upbringing of her children, is very often the reason for fights with husband. Analysis of the CBCL and C-TFR completed by both parents, kindergarten teacher and one of the author showed that the most problematic area of Daniel's behavior was the problem with attention.

At the beginning of our intervention the score for attention problems was 48, by the end (after 7 weeks) it was 22 (see picture 2 — orange line). The most helpful strategy was to discuss problematic situations with Daniel and spend more time together (mother, father and 2 sons).



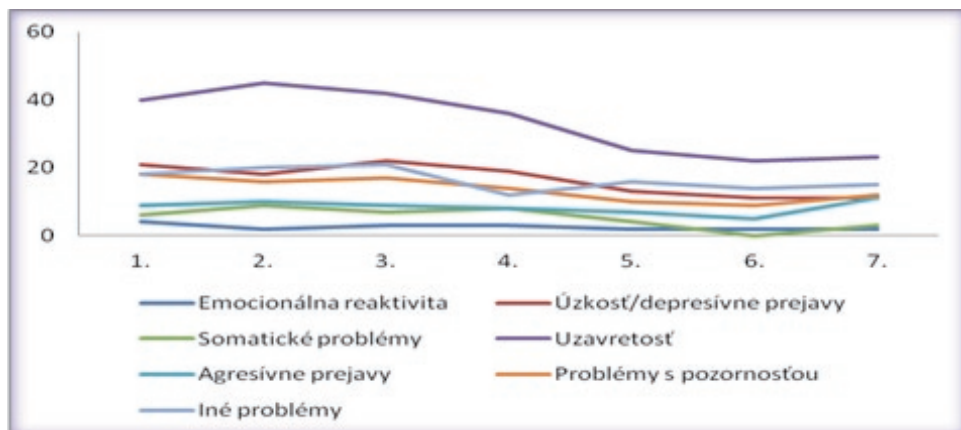
Picture 1. Intervention in Daniel

## Case 2

### *Tamara, girl, 4 years, 10 months*

Tamara is very shy and quiet girl. During our first visit in the kindergarten, she was sitting alone at the table while other children were playing together. According to her teacher, Tamara did not talk to anyone in kindergarten in the first year of her attendance. After the teacher's urge, parents visited the speech therapist. However, parents found this visit as redundant and claimed that Tamara is very communicative at home. They agreed with cooperation, but did not cooperate much with us. Analysis of the CBCL and C-TFR completed by both parents, kindergarten teacher and one of the author, showed that the most problematic area of Tamara's behavior was the problem with her anxiety.

At the beginning of our observation the score for anxiety symptoms (violet line) was 40, by the end it was 25, as you can see on the picture 2.



Picture 2. Intervention in Tamara

Table 2. CBCL/C-TFR score for Tamara

	Emotionally Reactive	Anxious/Depressed	Somatic Complaints	Withdrawn	Sleep Problems	Attention Problems	Aggressive Behaviour	Other Problems	Total Score
Max. score (parents)	18	16	22	16	14	10	38	66	200
Max. score (teacher, observer)	14	16	14	20	–	18	50	34	200
Father	1	3	2	0	1	2	8	5	22
Father [%]	5,56	18,75	9,09	0,00	7,14	20,00	21,05	7,58	11,00
Mother	2	7	3	0	6	3	15	12	48
Mother [%]	11,11	43,75	13,64	0,00	42,86	30,00	39,47	18,18	24,00
Teacher	9	8	1	12	–	11	13	22	76
Teacher [%]	64,29	50,00	7,14	60,00	–	61,11	26,00	64,71	38,00
Observer	1	3	1	15	–	3	14	18	49
Observer [%]	7,14	18,75	7,14	75,00	–	16,67	28,00	52,94	24,50

The most effective strategy that support Tamara to join her peers was a secret eye contact with her teacher and given her a choice to choose the game. Moreover, during the observations we noticed the most positive change after her father found a new job and traveled for 3 weeks away from the family.

## Discussion

To understand the early onset and the early behavioral problems, and to prevent more serious conduct problems later in life, we cannot start later than in the pre-school period (Egger & Angold, 2006). Although, specific personality factors play an important role in the development of problem behavior and further child's personal performance in the school environment; family and environmental factor also contribute to the child's ability to regulate its emotions and behavior. It was found the amount of family and environmental factors that are associated with the formation and development as of problem behavior as problems in the regulation of emotions in children in pre-school age (e.g. mental illness of a parent, substance abuse, low socio-economic status, strict upbringing, exposure to domestic violence) (Gorman-Smith, 2003). Despite the fact that any of those factors alone is not a "red flag" (i.e. the presence one of the factors does not present an increased risk of occurrence and developing of problem behavior), aggregation, and accumulation of the risk factors are more likely associated with the onset and development of clinically significant problems in the behavior of children (Gorman-Smith, 2003).

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