

**Calming the Storm:
Developmental Realities and Guidance Techniques for Common Challenging Behaviors in Child Care**

Infants: birth-12 months Toddlers: 12-24 months Preschool/School Age: 3 – 8 years

All behavior is an attempt to communicate. Socially appropriate responses to stress, discomfort, disappointment and other strong emotions take time to learn and practice throughout early childhood. Behavior that is displayed frequently by a child is working for them either at home or at school. As their educators and caregivers, we use our knowledge of children's development, understanding of each individual child, and observe children to understand how we can best support them through challenging emotions and give them the skills to react in social appropriate ways for their current and future well-being.

The following tip sheet is a quick reminder of what we know about children's development and should consider when observing challenging behaviors, as well as few strategies to support children through challenging behaviors. There are many challenging situations that we encounter with young children. This list is not exhaustive, and you may have other experiences and techniques for understanding and guiding children's behavior. These are just a few of the most identified, along with ideas for working through these behaviors and supporting children in the moment.

- ◆ Aggressiveness
- ◆ Biting
- ◆ Defiance
- ◆ Meltdowns/Tantrums
- ◆ Hyperactivity
- ◆ Anxiety

Aggressiveness: Developmental Reality – Why do they behave this way?

Infants often pat others, pull hair, and throw things as they learn cause and effect and explore their environment using their sense of touch. This is not considered aggressive behavior. Simply engage the infant in activities to throw, pull, pat, etc. to explore this interest and develop skills in appropriate ways or redirect to another activity.

Preschoolers:

- Wear emotions on their sleeves and express them strongly.
- Are egocentric. They often see things only from their point of view. Frustration results when others aren't seeing things their way. "Why aren't you doing what I want? It's only logical!"
- Are exploring and asserting their independence. They are growing big and it seems reasonable for them to get what they want or feel they need.
- Medical reasons: anxiety, pain, trauma, cognitive disorders, ADHD, conduct disorders, epilepsy, and others

Aggressiveness: Guidance Techniques

Toddlers:

- Your first priority is to protect all children from harm. Intervene swiftly to prevent or attend to injury. Address the injured child first. Ask them if they are okay, check for injury, comfort them, model empathy for both children, and administer first aid as necessary.
- Turn to the aggressor and in a gentle, but firm tone say, "I can see that you're frustrated/mad but I won't let you hit, hitting hurts."
- Teach a skill: "Would you like to play with that car? Let's ask Billy if you can play with it next."
- Redirect to another area or activity. Typically, once children gain communication skills, aggressive behavior diminishes.
- Teach ASL signs to older infants and toddlers to lessen frustration by aiding in communication.
- Model appropriate behavior (gentle touch).

- Identify emotions (you seem mad, frustrated, sad, happy).
- Start early with problem solving behaviors (Newly verbal children can sign please or simply say “next?” to signal their wants with consistent coaching).

When toddlers and young preschoolers are stressed, (divorce, move, new baby, routine change) they can become frustrated and aggressive due to feelings of insecurity and anxiety. Provide extra hugs and consistent routine during those times. Their early childhood program is a safe, secure, consistent environment during this time of change.

Preschoolers and Young School Age Children:

- Again, your priority is to protect children from harm. Intervene swiftly. Attend to the injured first, comfort them, model empathy, and administer first aid as needed.
- Ask the child who is aggressive to step back and have a break while you are helping the injured.
- Coach children through problem solving techniques:
 - Validate: “I can see that you’re frustrated.”
 - State Rules: “It’s okay to be upset, but it’s not okay to hurt others or damage property.”
 - Listen: “What is the problem?”
 - Suggest Solutions/Give Words: “Can you think of something else you can do to solve the problem? (Pause and allow children to come up with possible solutions). Let’s try it.”
 - Use role playing to model/practice solutions.
 - Redirect to a quiet area if child is still upset.
 - Remind child to come to you for help if they feel like they might hit, push, etc. They are never to “take the law into their own hands.”
- If the child is unable to calm down, a break (time out) might be necessary. Help the child to a quiet space in the classroom that is both supervised, but away from the large group, to calm down. Let them know that you are here for them if they need you and when they are calm and feel ready, they are welcome to re-join the group’s activities.

Biting: Developmental Reality – Why do they behave this way?

Infants and toddlers:

- Exploring using their senses.
- Unable to communicate emotions effectively using words.
- Lack self-control
- Bite due to excitement, overstimulation, tiredness, frustration/anger, fear, etc.
- Pain (teething, ears, etc.)

Preschoolers:

- Aggressive and injuring behaviors often diminish by the age of three, or when children gain the communication skills to express their emotions and problem solve. While they are learning new words to assist in communication, they may resort to biting when their words fail them.
- Attention seeking behavior
- Overstimulation
- Inability to control impulses
- Emotional upset
- Family crisis

Biting: Guidance Techniques

- It’s important that the adult remains calm. Biting causes many emotions – mostly in adults. Children will begin playing together minutes after a biting incident, while the adults in their lives are still stirring with emotion. Remember, biting is typical response in the toddler years. Share your calm with the children involved while you attend to the injury and calm both children involved.
- Programs can be active, energetic, and sometimes overwhelming spaces for children who are easily overstimulated. Provide frequent breaks, quiet spaces, and time for children to play on their own if they become overwhelmed by the group activity and constant need to share and take turns.

- When an infant or toddler bites, tell him calmly and firmly, “No biting, biting hurts” redirect to another area or another toy. This might be a great time for some table toys for a calming space.
- Comfort child who was bitten, apply first aid as necessary. Write an injury report to document the occurrence.
- When a preschooler bites, place yourself between the biter and injured, get down to eye level and say firmly and calmly, “No biting, biting hurts.” Suggest the child who has bitten take deep breaths to calm down. Redirect the child who has bitten to a quiet activity and watch closely to prevent further incidents.
- After helping the injured, talk to the biter about what they could have done differently, give words to use to ask for help from adults, instead of hurting others. Observe the child’s behavior and help them practice calming themselves and respond appropriately.
- Send a note to parents about biting behavior and let them know that you are committed to working through this behavior with all parents, while keeping all children in the program safe.

Recurrent Biting: Let’s Get Real! See Handouts for Parents and Early Childhood Educators

If you have a child biting often:

- Shadow the child and practice/role play positive behavior when you see signs of frustration
- Document incidents and attempts to find patterns (time of day, activity, child, etc.).
- If you go somewhere, the child goes with you to ensure biting doesn’t occur in your absence.
- Praise the child’s positive behaviors and find ways to positively interact with the child – give a thumbs up, high-five, talk about child’s interests, share a smile.

Defiance: Developmental Reality – Why do they behave this way?

Toddlers:

- Are growing into strong individuals by asserting their independence! See toddler rules of possession meme.
- Say no and might not even mean it! It’s a fun word that gains a reaction!
- Live in the moment! Change is challenging...especially when it wasn’t their idea.
- Lack verbal and impulse control to express themselves politely.

Preschoolers:

- Have their own logic and opinions about how their lives should go and are trying to choose their own adventure.
- Are egocentric and they think about themselves ahead of the needs of others.
- Are learning new problem-solving skills and strategies to negotiate with the adults around them.
- Can take a while to switch gears and activities, especially when they are cognitively involved and are having fun.

Defiance: Guidance Techniques

- It’s natural for children at this age to try and control things in their lives. Children don’t get to make many choices for themselves at these young ages and being defiant is making a choice.
- Avoid power struggles by staying calm. Remember to share your calm, don’t join in their chaos.
- Offer choices: “would you like to clean up slow like a turtle or fast like a bunny?”
- Offer choices that I can live with when you can, so that when they can’t have a choice, they don’t feel like the whole world is against them all the time. Examples: Would you like to clean up now, or after lunch? Want to read this book or that one? Bananas or Applesauce? We’re still in control, but they don’t know it.
- Be clear with your directions and put them in a positive context. Instead of “stop driving the car on the wall,” say, “please drive the car on the floor.” This gives the child a direction. Think “do this” instead of “don’t do that.”
- Do a countdown, make a race, sing a song to encourage clean up time – and show them that you LOVE joining in and helping them with teamwork!

- Show the child what to do by modeling. Give a play by play of what you're doing. "I'm going to put on my coat. One arm goes in this sleeve, one arm goes in the other sleeve, and zip! I wonder if you can do that?"
- "When you hang up your coat, then we'll have breakfast" (note, you're not saying if!) This communicates that you're confident that this is going to happen!
- Validate. Disappointment is hard to handle at nearly any age, and we all need a little validation. Say, "I can tell you're sad. You want to keep playing, don't you? That *is* sad. It's time to go inside for lunch, though. I bet we can play again after nap."
- Give children time to transition. "2 minutes until clean up!" let's know that a change is coming soon, and they should begin to wrap up their activity.
- If you are willing and have time, ask children to problem solve with you.
- Use natural consequences. If a child doesn't get their coat on to go outside, they won't have much time to play outside. If a child doesn't come to the table for meals, they might be hungry for the next meal. If a child doesn't help clean up, they might not have access to that toy or activity for a while.
- When children aren't listening, simply stop talking – use your body language, American Sign Language, gestures, and facial expression to convey emotions and directions. This encourages children to use cognitive skills to observe and interpret what you're trying to say. Often, they will become quiet, too!
- Give kids a break. Notice their activity and energy level. Have they been moving from activity to activity? Are they on the move in their homelife (dance class, swimming lessons, gymnastics, wrestling – basketball – t-ball practice)? A defiant child might just need a break. Practice downtime and provide a space for children to relax.

Meltdowns/Tantrums: Developmental Reality – Why do they behave this way?

Toddlers:

- Infants and toddlers use their bodies and their voices to communicate their needs and emotions. They are not yet equipped with the words and impulse control to communicate strong emotions in socially appropriate ways.
- They are sharing what they are feeling in the moment. Emotions include, but are not limited to, fear, overwhelm, over stimulation, discomfort, disappointment.
- They are learning independence and share their opinions as they learn that they are separate beings from their parents and other caregivers.
- As language skills increase, these emotional episodes often decrease.

Preschoolers:

- Tantrums generally lessen after the age of 3, but older preschoolers can also experience tantrums, and may have trouble controlling their anger, disappointment, or frustration depending on early experiences and stressors.
- This behavior may be modeled for them by older children and adults in their lives as a strategy for gaining wants and needs or expressing frustration.
- This is a behavior that has worked for them in the past as a way to control their environment. When they have a meltdown or tantrum, adults in their lives sometimes give in to them to stop them from screaming and crying. You might note that the behavior stops when the child receives the toy, snack, or activity that they were interested in.
- At this age, children are just working through limits and what they can control and can't. It's a tough reality when they find out that they aren't the center of the universe and that's what they're learning right now at these ages.
- Many choices are made for them at this age and this is frustrating for them.
- A busy preschool or childcare environment can be a loud and overstimulating environment for some children. Just like adults, not all children are extroverts who thrive in busyness.

Meltdowns/Tantrums: Guidance Techniques

- Caregivers should respond to the needs of all children with calmness and warmth and intervene promptly if children are at risk of injuring themselves or others.

- Ensure that children having a tantrum are in a safe place to avoid bringing harm to themselves.
- When meltdowns happen, take your emotions out of it...this is not your battle. It belongs to the child. Allow them to work through strong emotions with you by their side, but do not “fight” with them.
- Provide a quiet place for children to unwind and de-stress.
- Validate their feelings: “I can see you’re really sad/mad!” “What a bummer!” “That feels terrible, doesn’t it?”
- For those morning meltdowns, try acknowledging their feelings, “You wanted to stay home today, didn’t you? You miss mom/dad! They’ll come back again soon. When you’re ready to join the group, please hand up your coat and come join the circle.”
- Sometimes, it helps to meet them in them in their energy level. See Dr. Harvey Karp:
- Give time to work out feelings/disappointment: “Can I give you a hug? No? We’ll why don’t you take some time over here in the quiet space. I know it’s tough. When you feel ready, come join us.”
- Following tantrums, continue to help children practice skills to regulate their emotions and by modeling appropriate responses to stress.

Hyperactivity: Developmental Reality – Why do they behave this way?

All Ages:

- Children come wired in a variety of temperament and intensity levels.
- Healthy children are naturally active and curious. They need to move to learn!
- They are continually developing and want to practice skills such as running and jumping.
- Children are impulsive and have short memories. They forget rules quickly (walking inside, hands to yourself) as their impulses take over.
- Children have short attention spans; 10-15 minutes is a long time for children to focus.
- Medical reasons: Allergies, learning disabilities, ADHD, depression, hypoglycemia, thyroid issues, vision and hearing disabilities, anemia, sleep issues and others

Hyperactivity: Guidance Techniques

- Work with them not against them. Make movement a major part of your day.
- Notice when they are getting antsy and change activities. Pull out a quick action song to gather the group together quickly (Hokey Pokey, Simon Says, If You’re Happy and You Know It, Zoom, Zoom, Zoom, We’re Going to the Moon).
- Encourage persistence when children get discouraged, praise “taking your time.”
- Avoid shuttling children from activity to activity throughout the day and allow time for “boredom” to set in. This encourages creativity and meaningful play.
- Children whose brains are cognitively engaged experience fewer behavioral challenges. Provide toys that are cognitively engaging (gears, puzzles, table toys, ramps and balls, math manipulatives).
- Designate active spaces and plan large motor games (kicking, throwing balls, obstacle courses)
- Use chants, songs to calm children and encourage them to relax.
- Invite children to take deep breaths, practice progressive muscle relaxation, use a sound machine during rest periods.
- Some children may exhibit signs and symptoms of ADHD. Talk with parents and seek intervention. For more about attention deficit disorder: <https://kidshealth.org/en/kids/adhdkid.html>

Anxiety: Developmental Reality – Why do they behave this way?

Infants & Toddlers:

- Separation anxiety may begin as early as 6 months of age. The level of intensity may vary by temperament.
- Infants, toddlers, and young preschoolers may not feel safe and secure in a new childcare environment.
- Infants and toddlers may react to a family stress, trauma, or a toxic environment with separation anxiety.
- Bad dreams and nightmares begin for some children as early as age 2, leading to daytime fears.
- Infants and toddlers lack verbal skills to express feelings and fears and seek comfort in a trusted adult.

Preschool and School Age:

- It's natural for young children to feel anxiety when they are separated from their parents or other trusted adult.
- Many fears are typical for children as children grow and face challenges. 43% of children ages 6-12 have common fears like the dark, dogs, fires, parents being harmed, thunderstorms, etc.
- As imaginations increase, fears may feel more real, triggering nightmares and anxiety.
- Older children experiencing separation anxiety may be reacting to a change in their lives: divorce, marital issues, new baby, moving, etc.
- Children experiencing toxic stress, maltreatment, or family crisis may react with anxiety.
- Biology, heredity, and temperament can all play a role in the development of anxiety.
- Anxiety leads children to worry about big things, as well as little things that parents and caregivers might not expect. They often keep these worries to themselves.
- Children may act out in a variety of ways that might not look like anxiety, such as irritability, anger, or controlling behaviors if the child feels out of control.
- Other symptoms of anxiety may include headaches, stomachaches, hair twirling, bed wetting, hoarding (toys, food, rocks, trash).

Guidance Techniques:

- Give the child time to adjust to the transition. It may take weeks for a child to feel safe and secure in a new environment.
- Hold and comfort infants, singing, talking, show toys, read books. Ask if a hug would make older children feel better. Ask them to tell you about their family members. Ask parents to bring family pictures for the child to look at throughout the day.
- Avoid encouraging family member to sneak away. Stick to a routine, so children learn what to expect. Having parents sneak away from the program exacerbates the problem by communicating that familiar adults may leave at any moment.
- Talk with children about their fears and worries and empathize with them. Share your own fears, so children know they are not alone.
- Do not try to convince children "just to be brave" or belittle their fears. It takes time and practice for children to confront and overcome anxieties. Encourage, but do not force children to face their fears.
- Sit near the child if they don't want to be held and acknowledge feelings "You're sad that your mom left" and reassure that parents will return.
- Ask parents to complete a survey about their child indicating likes, dislikes, favorite toys, foods, and methods of comfort. Redirect to activities that you know they enjoy and engage their interests to calm them and build caring relationships with them.
- Provide the child with close, stable relationships and consistent routine with healthy foods, exercise, sleep, and relaxation techniques like deep breathing and progressive muscle relaxation.
- Communicate consistently with parents about the child's behavior. When children do not outgrow the fears and worries that are typical in young children, or anxiety begins to interfere with learning and activities, talk with parents about seeking intervention.

For more about anxiety disorders: <https://kidshealth.org/en/parents/anxiety-disorders.html>

Remember, the children that we work with have only been on this earth for a short time. They need our care, compassion, empathy, and support to navigate through this social world that we live in. While children's behavior can be challenging, they need our coaching and advocacy as early childhood educators and caregivers to learn and grow into healthy adults. Be their cheerleader and root for their success every step of the way and let them know that we're on their side.

If a child is behaving in a way that is not typical for them, we must communicate consistently with the child's family members. When a child who is typically cooperative begins acting aggressively or emotionally, they might be experiencing a family crisis that hasn't been revealed to us, yet, or medical, developmental, or other

precipitating factors that are underlying. Please remember that while we have many experiences and education in child development, we are not specialists in this area and cannot diagnose. When we see signs that children's growth and learning is being disrupted by challenging behaviors, it's time to refer families to early interventionists and ask them to seek guidance from their pediatrician and/or school district ECFE program.

Last, but not least, remember to take care of yourself and give yourself a break. Caring for young people is emotionally and physically demanding. Know your own needs and limitations. Ensure that you are caring for yourself as much as you are caring for others and stay connected to friends and other early childhood educators in your field.

Resources:

- Behavioral Challenges in Early Childhood Settings by Connie Jo Smith
- ◆ Kid's Health: <https://kidshealth.org/>