Addressing Challenging Behaviors in Infants and Toddlers

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Module 3
Infant Toddler Training Modules
Individualized Interventions
Determining the Meaning of Behavior and Developing Appropriate Responses

Social Emotional Wellness
The ability to:
- Experience, regulate and express emotions
- Form close and secure interpersonal relationships
- Explore and learn from the environment

CSEFEL Definition of Challenging Behavior
What we are referring to when we say “challenging behavior:"
- Any repeated pattern of behavior that interferes with learning or engagement in pro-social interactions with peers and adults
- Behaviors that are not responsive to the use of developmentally appropriate guidance procedures

CSEFEL Pyramid Model

Dr. Edward Tronik Still Face Video
http://www.youtube.com/watch?v=apzXG EbZht0
Communication Expresses…

- What the infant or toddler is experiencing
- What it is like to be in that child’s body
- What it is like to be in that child’s world

Infants Communicate in Many Ways

- Gaze aversion (looking away)
- Yawning
- Expressions
  - Pushing out of the lips
  - Wrinkling the brow
  - Lip grimace; lip compression
  - Smiling
  - Tongue show
  - Brow raising
  - Dull look
- Vocalization
  - Giggling
  - Crying
  - Squealing

Infants Communicate in Many Ways (cont’d)

- Movements
  - Pulling away
  - Joining of hands
  - Arching back, stiffening
  - Clinging posture
  - Lowering the head
  - Hand to eye
  - Hand to ear
  - Hand to mouth
  - Hand to stomach
  - Reaching for caregiver

Attachment

- Attachment and sensitive & responsive caregiving is one lens for viewing behavioral concerns…
- We are biologically geared to attach - for safety and survival
- Primary caregivers are the first objects of attachment

Attachment is a mutual, reciprocal relationship in which the child becomes a knowing partner. It is a relationship that develops gradually during the early months and years of a child’s life.

Child-Adult Attachment – A Lens for Viewing Decisions that Affect Children and Families, Lyn Glen and Martha Farrell Erickson, Ph.D.

Adults: Regulatory Partners for Children
Maternal Depression

- A medical disorder that affects a person's thoughts, feelings, physical health and behavior
- Can impact a woman's ability to function as a mother, the family's functioning and her child's development
- Can affect anyone and is highly treatable
- Can have a major negative impact on the social emotional development of young children

“Children of depressed parents are at increased risk for cognitive and language problems, insecure attachments, difficulties with emotional regulation, social competence, and behavioral problems.”

Gladstone & Beardslee, 2002

Symptoms of Maternal Depression

- Feeling sad, blue, or down in the dumps
- Loss of interest in things that used to give a person pleasure
- Feeling slowed down or restless
- Trouble sleeping or sleeping too much
- Loss of energy, feeling tired all the time
- Increase or decrease in appetite or weight

Symptoms of Maternal Depression (cont'd)

- Problems concentrating, thinking, remembering or making decisions
- Feeling worthless, guilty or hopeless
- Inability to cope
- Thoughts of death or suicide
- Irritability
- Wanting to be left alone, spending less time with friends or family

A Depressed Woman Might Say...

- “I feel sad”
- “I feel overwhelmed”
- “I’m going crazy”
- “I’m losing it”
- “I’m worried”
- “I can’t stand this anymore”
- “I will never feel better”

We Can Help By…

- Learning to recognize the symptoms of depression
- Knowing about the circumstances of families
- Getting support if they have concerns about a family or child
- Referring the family for services in the community
What is My Perspective
Table Partner activity 3.5
1. I am Michael. What is my perspective? I felt (write down as many “I” statements as possible):
2. I am the child playing with Micheal _______________. What is my perspective? I felt…..
3. I am caregiver__________________
   What is my perspective? I felt…….

Behavior is the outward manifestation of the realized and unrealized capacities of the child and his/her lived experience.

We experience the present in part through the past.

Behaviors are coping mechanisms

Expression of Emotion
- Intensity
- Frequency
- Duration

istockphoto.com/Rebecca Ellis
Continuum of Emotional Expression

Social Withdrawing………………………..Acting Out

Two different and extreme forms of emotional expression

Acting-Out Behaviors
• Fussing
• Inconsolable crying
• Frequent or intense tantrums
• Pushing
• Hitting
• Biting
• Frequent throwing of things or knocking things down or destroying property
• Persistent refusal to allow or participate in activities
• Harm to self or others

Social Withdrawing Behaviors
• Pulling away while being held
• Rarely cooing
• Rarely babbling or talking
• Looking sad
• Not showing preference for caregiver
• Not making eye contact
• Whining
• Being overly compliant or avoidant with the caregiver
• Diminished efforts to use communications skills that have previously been used

Hypotheses
• What happened that caused the child to react with challenging behavior?
• What was the child experiencing or feeling?
• What has caused the shift in the child’s pattern of behavior?
  - What happened before the behavior?
  - With whom did the behavior occur?

Asking WHY tells us HOW

V. Mark Durand
Reasons for Challenging Behavior

- Developmental surge
- Medical reasons
- Biological differences
- Social emotional environment
- Discontinuity between care program and home
- Lack of skill in communicating and interacting with others
- A combination of more than one above

Prevention Strategies for Toddlers

Strategies

- Positive attention
- TENT
- Bibliotherapy
- Choices
- Time
- Proximity
- Offer assistance

- Don’t word a request as a question
- Adjust the request
- Incentive
- Inviting
- Containing

Providing Positive Attention

Praise, sometimes referred to as affirmation, can be accomplished in a variety of ways.

1. Interactions with children can be noncontingent, meaning that the interaction is not dependent on a specific child behavior. Examples include greeting children, asking them about an event, or commenting on their play.

2. Delivering specific praise contingent on a behavior. An example is praising a child for helping you put away toys following play.

TENT

You may want to use the acronym TENT to help remember the components of quality praise:

- Tone
- Eye contact
- Name
- Timing

Look directly at the child, use the child’s name and deliver praise immediately with a positive, genuine tone of voice.

(Cadigan, 2006)

Bibliotherapy

Use children’s literature and home-made books to promote a more organized emotional response to experiences and emotions.
• Allows the adult to connect literature to the child's real life experiences.
• Helps children identify and eventually talk about their feelings.
• Demonstrates that what children feel is felt by others.

Effective ways to help children follow directions:

Give Choices

• "You can pick up the blocks or the cars."
• "It's time to clean up. You can clean up the blocks or cars."
• "It's time to wash hands. Do you want the blue soap or the pink soap?"

Provide enough time for children to respond

Give the child 5 to 10 seconds to respond before you give an additional prompt or request.

If the child is asked to respond verbally, he may need time to find the right words.

This may seem like a long time to wait! Some children need that extra time to "process" the request and then act.

Make requests while in proximity to the child

Children are more likely to respond to a request if you are in close proximity rather than shouting the request from across the room.

Don't use questions for requests!

When we use a question format to make a request, we open the door for the child to answer the question with "no."

For example, instead of saying, "Would you like to have snack now?", say, "It's time for snack."

Offer your assistance

"It's time to clean up. You pick up the red ones and I'll pick up the blue ones."

"It's time to walk to the bus. I'll be right here and hold your hand."
Adjust the request

Sometimes the task is just too difficult or too overwhelming to the child.

By decreasing the task demand, the child may be more likely to respond. Over time, you can increase the task demand.

For example, when a child typically refuses to get dressed to go outside, the adult tells the child to get his coat and then helps him put it on. Gradually, over time, the adult can provide less and less help as the child learns the steps of getting dressed to go outside.

Provide an incentive

Sometimes the child needs a little more enticement to comply.

You can use this strategy when the issue is regarding motivation and not a skill deficit.

It is also important to make the request with enthusiasm.

For example, “It’s time to wash hands for snack. When you’re finished, you get to be the snack helper” or “It’s time for circle. You can pick the first song.”

Intervention Strategies for Toddlers

Some children are very skilled at pulling adults into power struggles.

This type of interaction may be the only way children have learned to get their needs met.

Power struggles are sometime referred to as coercive interactions.

Power Struggles and Coercive Interactions

Coercive Interactions

Each partner escalates behavior that is aversive for the other until someone wins, obtaining reinforcement by getting the other person to withdraw from the battle.

The negative ways in which a child has learned to interact and parents’ and teachers’ lack of coping skills may contribute to power struggles.
Patterns can grow from nagging, whining, and yelling to more serious behavior.

To change behavior, the adult must change the social interaction patterns.

When coercive interactions are repeated, the child learns to use coercive behaviors to gain control.

At the hub of the coercive process is the adults' inconsistent, harsh, or erratic efforts to set limits.

This strategy becomes the child's primary way of interacting.

Strategies for avoiding power struggles and coercive interactions

There are a number of ways in which the adult may avoid coercive interactions.

- Give power
- Set limits
- Give choices
- Answer questions matter-of-factly
- Give ample wait time for the child to respond
- Walk away or end the interaction
- Cross-talk (with another adult)
- "Interpret"

Patterns of Escalation

- You may struggle with wanting to deescalate the situation and also worry about inadvertently reinforcing the challenging behavior.
- When a child's behavior has escalated to high levels, the best intervention is to help the child to calm down, reorganize, and recover.
- This is NOT a teachable moment.

Neurobiological stress

the research of Megan Gunnar, Ph.D.

- Measurement of cortisol - increases under stress
- Social relationships control cortisol levels - behind similar behaviors can lie very different hormonal responses depending on the child's attachment to caregivers
- 70-80% of children in center-based care show increasing levels of cortisol during the day

- Managing a complex peer setting triggers stress (toddlers experience the highest levels)
- Children’s stress levels do not rise when they receive a lot of attention, support and guidance (this is especially true for children with negative emotional temperaments)
The key ingredient to buffering stress is sensitive, responsive, individualized care—the type of care that leads to secure attachment relationships.

Responding to Distress

- Acknowledge distress
- Offer comfort
- Use words
- Be attuned (in sync) to child’s individual needs
- Help the baby/toddler achieve the understood intention
- Be developmentally appropriate

Mother-Child Study

1975
Byron Egeland, Ph.D. & Alan Sroufe, Ph.D.

Children who had not received sensitive, responsive care:
- Had more difficulty forming relationships with peers
- Had lower levels of school achievement
- Were more likely to require special education
- Exhibited more behavioral problems
- Were more likely to use drugs and alcohol during adolescence

Effects of Abuse and Neglect on Social Emotional Development

- Physical abuse - more readily perceive anger in facial emotion
- Neglected - more difficulty distinguishing emotion.

(Pollack, Cicchetti, Horning & Reed, 2000)

Transactional Model

- Individual differences are rooted in a range of biological, psychological and social factors that converge to influence developmental pathways
- Predictions are a best probabilistic, not deterministic

e.g.

- Different routes can end in diagnosis of “oppositional defiant disorder” and….  
- Children with apparently similar developmental histories and risk factors may have different outcomes (oppositional defiant disorder, depression or….good adjustment)

Stress Response Continua

- The escalation cycle follows a predictable sequence.
- Children who have been exposed to traumatic events can develop coping mechanisms that have helped them to tolerate unsafe and stressful situations (Bruce Perry, M.D., Baylor School of Medicine).
- Traumatized children react differently than typically developing children. When they are "triggered" by an event, their bodies will "remember" and try to find a way to cope.

Hyperarousal Continuum

The children who are hyperaroused or hypervigilant will challenge everything they are asked to do.

The following is the sequence of a child's reactions when in this state.
- Rest
- Vigilance
- Resistance
- Defiance
- Aggression

Disassociative Continuum

Disassociated children are almost over compliant for fear they might do something wrong.

They often ask to do everything (e.g., "Can I walk?", "Can I open the door?", etc.).

Disassociative Continuum
- Rest
- Avoidance
- Compliance
- Dissociation
- Fainting

We want to prevent "states" from becoming "traits."

(Perry, 2008)

Transactional Model = Optimism

- Most children, in the absence of extreme early deprivation or serious biological insult, are able to overcome early problems
- Interventions focusing on the child or the primary caretaker – or on their interaction over time – may be sufficient to reverse a trend toward deviant development

Inviting

Regularly and purposefully organize activities to invite children to express their feelings.

Be prepared to actively watch and listen and validate the children's feelings as they communicate their thoughts.
Containing

The adult creates a containing relationship by reinforcing the idea that:

• she will love him “even if he is angry”
• her relationship with the child is not contingent on “good” behavior

Containing techniques assure the child that the environment is strong enough to survive his emotional outbursts.

While a child is having an emotional outburst, it is important to never threaten that you will spend less time with the child because of his/her behavior. The child may perceive that the adult is not strong enough to withstand his difficult behavior and the behavior may escalate to test the teacher’s commitment.

Adults instead can say things like,

“I know you’re angry with me right now but I won’t let you hurt me or yourself. I will still be your mom even when you’re angry.”

It is important to stay with a child, it is also important to limit the interaction as too much language at that point could further agitate the child.

Helping Parents & Caregivers

Focus on the Child

• Makes us them likely to be able to respond with empathy to her needs
• Helps them be more intentional about problem solving
• Will assist them in restoring the child’s sense of well being
• Will enable the child to spend his emotional energy on development
• Will help parents keep their own emotions in check

Alternative attachments

Children who have insecure attachments with their primary caregiver as a result of abuse can form secure attachment relationships with their preschool teachers and child care providers over time.

(Howes & Segal, 1993; Howes & Ritchie, 1998)

Video instructions

• Listen for feelings & reactions
Reflect:

- When you react to what's happening...
- Thinks about what the family may be coping with....

Reflexing

Reframe our perceptions of behavior

“Anger is the flip side of fear.”

Flip chart—Home Environment/circumstances

<table>
<thead>
<tr>
<th>Family circumstances</th>
<th>Parent’s likely feelings</th>
<th>Identified child’s experience</th>
<th>Professional’s actions that support the parent-child relationship</th>
</tr>
</thead>
</table>

Reasons for Challenging Behavior

- Developmental surge
- Medical reasons
- Biological differences
- Social emotional environment
- Discontinuity between care program and home
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Reflection – Self Awareness

- What is this child’s behavior bringing up for me?
- What emotions do I experience when I am around this child?
- What can I do for myself to address my emotional response to this child?

Our Approach

- Reflective, rather than reactive
- Focus is on assisting child in getting needs met rather than eliminating the challenging behavior
- Goal is to help the child with developmentally appropriate self-regulation so that developmental momentum is not slowed down or disrupted

Questions to Ask About the Meaning of the Behavior

- What is the child experiencing?
- What is the child’s perspective on the situation?
- What strengths can be observed in the child’s development or behavior patterns.
- What, when, where, how and with whom is the undesirable behavior occurring?

Parent Interview Questions

- What is the child communicating that he wants or needs?
- What effect does the child’s behavior have on others?
- What do others do or stop doing in response to the child’s behavior?
- What is the meaning of the child’s behavior?
- What is your infant’s or toddler’s challenging behavior like for you?
- What have you done in response to his behavior?
- How do you feel when he acts this way?
- When and where does the infant or toddler behave in this way and what has typically happened before or after?
- Is this behavior new or has the infant or toddler been acting this way for some time?
Parent Interview Questions (cont'd)

- Does the child act this way with others (e.g. father, grandmother or others) and what does that person say about the behavior?
- How do you think the infant or toddler feels when he is engaging in this behavior? Why do you think he feels that way?
- Do you have any ideas about why the infant or toddler is acting this way?

Parent Interview Questions (cont’d)

- Have their been any changes at home that might help us understand how the infant or toddler feels?
- How have these changes affected your relationship with the infant or toddler?
- How has the behavior affected your relationship with the infant or toddler?

Major Messages to Take Home

- It is important to understand that behavioral problems in infants and toddlers are very often the child’s way of communicating emotional distress.
- A collaborative, reflective process leading to an understanding of the meaning of the individual infant’s or toddler’s challenging behavior followed by a plan of action is an effective intervention.
- A partnership with parents or other primary caregivers is an essential element of any effective intervention for infants or toddlers.

Adults…

Do for...
Do with...
Stand back and admire.

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