



Parenting from Womb to Adolescent

IAPGDBP Academy

Behavioral Problems in Toddlers

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I. INTRODUCTION

The term behavior refers to the way a person responds to a certain situation or experience. Behavior problems usually peak at around age three and start to decline as language develops. Toddler behavior can be very confusing. When toddlers misbehave; it's not planned, it's not deliberate and they are not doing it to hurt somebody. It's more like experimenting with emotions and finding out the responses from the people around.

As the emotional brain is immature in toddlers; behavioral issues are just similar, just as an infant experiences when it learns to walk!

Though behavioral disturbances are normal in a toddler; these behavioral problems occur regularly it can impact on child's progress at school and their social-emotional development. It is the right age to educate the child about 'good, socially acceptable norms of behavior'. Especially the fast life style, working parents, grandparent



laden family, electronic media (the 3 idiots: Television, Computer and Mobile) and early schooling-all make the toddler vulnerable for behavioral problems. As a pediatrician; we nowadays face lot of anxious parents is coming with behavioral problems of their tiny toddlers; and asking advice (sometimes medicines!) for the same. The growing awareness of developmental problems like autism, ADHD and learning disorders also sensitize parents to over react to the behavioral problems of the toddlers.

II. DEFINITION OF CHALLENGING BEHAVIOR IN TODDLERS

The Center on the Social and Emotional Foundations for Early Learning's definition of challenging behavior for children from birth to 5 years old is:

- Any repeated pattern of behavior that interferes with learning adults, and or engagement in pro-social interactions with peers and adults, and
- Behaviors those are not responsive to the use of developmentally appropriate guidance procedures. This definition of challenging behavior applies to infants and toddlers as well as pre-schoolers. Challenging behavior is often caregiver-specific. In other words, what is challenging to one caregiver may not seem challenging to another caregiver.

III. THREE TYPES OF BEHAVIOR

1. Behaviors that are wanted and approved. For example being polite, doing homework and chores. These actions receive compliments freely and easily.

2. Behavior is not sanctioned but is tolerated under certain conditions, such as during times of illness (of a parent or a child) or stress (a move, for instance, or the birth of a new sibling). For example not doing chores, regressive behavior (such as baby talk), or being excessively self-centered.

3. Behaviors that should not be tolerated or reinforced. They include actions that are harmful to the physical, emotional, or social well-being of the child, the family members, and others. They might include very aggressive or destructive behavior, overt racism or prejudice, stealing, truancy, smoking or substance abuse, school failure, or an intense sibling rivalry.

IV. RISK FACTORS FOR BEHAVIOR DISORDERS IN TODDLERS

1. Parental factors



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- Marital conflict
- Parental mental illness, aggressive behavior
- Poor communication between parents or parent and child
- Poor parenting skills

2. Family factors



- Parental rejection of child
- Inconsistent management including harsh discipline
- Large family size
- Single parent family
- Parent with anti-social personality disorder and alcohol dependence
- Death of close family member.

3. Social or economic environment



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- Poor quality and quantity of maternal social contacts with relatives or friends outside the home (influences mother child interaction within home)
- Socioeconomic disadvantage

V. CAUSES OF BEHAVIOR DISORDERS IN TODDLERS

1. Developmental: Infants and toddlers have immature cortical brain, which means that they cannot control their primitive impulses like pushing, biting, beating or running around!

2. Emotional: Toddler's emotional development is also incomplete. This makes them vulnerable for emotional outbursts and hence problematic behavior.

3. Under-stimulation: The toddler; in fact all the children; need some or other stimulus to keep them busy. If they cannot get one; they make their own-such as hitting a sibling, head banging or throwing a temper tantrum!

4. Attention seeking: We all have an innate desire to be recognized; to have an impact on people around! Most of the times, a good behavior of a child is not well appreciated. In such case the child resorts to bad behavior. The angry parental reaction is also appreciated by the attention seeking child.



5. Lack of structured environment: Lack of clear rules and routines makes a toddler vulnerable for bad behavior. But too rigid discipline is also responded by a tantrum!

6. Inadequate language development: Toddlers are yet to develop adequate vocabulary and fluency of verbal communication. This leads to limitation of verbally expressing their needs and emotions. As a result they become physical!

7. Stressful family environment: Parental conflicts, chronically ill person in the family, death of a near one are all the reasons of stress and hence the miss-behavior in a child.

8. Parental emotional disturbances: An angry father, a weeping mother, an irritable grandparent-all make a child unhappy. Even parental emotional reactions to the child's behavior can trigger primitive rage and fear responses in toddlers.

9. Physical causes: Lack of sleep, tiredness, hunger, diseases (fever, earache, stomach-pain, skin rashes, nose block...) can trigger bad behavior.

10. Sugary food plays havoc in child's brain: Sudden rise in blood sugar due to chocolate or candy eaten on empty stomach is responded by insulin release. This in turn drops the blood sugar rapidly; even lower than normal. This hypoglycemia releases stress hormones (cortisol and epinephrine) which leads to anxiety, aggression, panic and confusion. The child becomes restless, throws a tantrum!

11. Food additives: Some food additives-sweeteners, benzoates, artificial colors and many more - can reduce levels of dopamine, norepinephrine and tryptophan in brain. This results in hyperactive behavior in some children.

VI. COMMON TYPES OF BEHAVIORAL DIFFICULTIES IN TODDLERS

Researchers and psychologists have tried to enumerate and analyze different types of behavioral problems in toddlers. Even DSM-V and DSM-PC criteria also enlist a long list of behavioral problems. For practicing pediatricians the classification by Gardner and Shaw appears simple and clear! They group toddler behavioral problems under two major groups-the term "**disruptive problems**" to refer to a group of oppositional or attention related symptoms, and the term "**emotional problems**" to refer to depressive and anxious-type symptoms.

A. Disruptive Behaviors

Sometimes referred to as externalizing or "acting-out" problems, include attention related, oppositional and conduct problems and their corresponding disorders, ADHD and ODD. Disruptive behaviors have a driven quality that is expressed either in the intensity, the frequency, or the duration of the behavior.



1. Attention related disorders: Toddlers present with multiple issues related to inattention, impulsivity and motor over-activity, which later in children above 7 years age are referred to as attention deficit hyperactivity disorder (ADHD). Core features of ADHD include inattention, impulsivity and hyperactivity. ADHD requires detailed discussion separately.

2. Oppositional defiant disorders (ODD): These include defiant, angry, annoying, non-compliant and sometimes aggressive behaviors.
3. Conduct disorders (CD) include more serious forms of aggression, property destruction and theft, which are rarely applied to toddlers.

Some examples of disruptive or acting out behaviors are:

- Frequent or intense tantrums,
- Fussing,
- Inconsolable crying,
- Fighting, pushing,
- Biting,
- Hitting,
- Frequently throwing things, knocking things down, or destroying property,
- Persistent refusal to participate in activities, and
- Harm to self or others.

Temper tantrums are common in toddlers!

A temper tantrum is a loss of control which emerges as an expression of frustration. Toddlers want to make decisions; but they don't know how to compromise, how to express their feelings in words. So instead they act out their anger or frustration by crying, throwing on the floor and even throwing a breath holding spell! Interestingly temper tantrums happen only when parents are around. Temper tantrums have a purpose-this emotional explosion serves as a kind of energy release; which often ends in exhaustion and a long, delightful sleep.

The pediatrician's role is effective counseling of anxious parents by few simple and reassuring sentences:

1. In toddlers temper tantrums are normal and unavoidable know that the
2. Stay calm, don't shout, and let the child parent is in full control of situation.
3. Don't neglect the tantrum; but do not bow to the demands of the child.

4. Don't discuss rules and discipline when the child is disturbed. It's useless!

5. Be gentle, firm and consistent.

6. Whole family should act in unison.

Biting, hitting, hair-pulling, fighting, throwing objects, destroying property and similar violent acts are also extremes of 'Normal Emotional Outbursts' in toddlers. These violent acts are impulsive and are usually without any purpose. Still violent behavior is NOT socially acceptable and should be addressed immediately and directly. Frustrated parents reach pediatrician's clinic when these violent behaviors are frequent, and are disturbing either school performance or social interactions. The counseling of such parents should aim at:

1. Reassurance that such behaviors are common in toddlers and do not last long!

2. Honor the emotions of the toddler, look for the intent and respond to the impulse!

3. Declare simple and brief verbal limit. Let the child know that parents disprove this behavior.

4. If dangerous; physical restraint is a must for 'Child safety' If necessary, remove the child from the hostile environment.

5. Don't ever label the child with the problematic behavior! It will increase the problem.

6. Provide better alternatives. Educate the child when in cool, listening mode.

B. Emotional Behaviors

Sometimes referred to as internalizing or "withdrawn" problems are more intense and challenging due to the inability of toddlers to communicate about their emotions, or for adults to notice them as problematic. Furthermore, there are difficulties in distinguishing developmentally normal emotions (e.g. fears, crying) from more severe and prolonged anxiety or depression that might constitute a disorder. The classification of these behaviors also includes other developmental disorders with behavioral issues.

1. Anxiety disorders; which include:

a. Separation anxiety disorder (common in toddlers!)

b. Obsessive compulsive disorder

c. Post-traumatic stress disorder, social phobia, selective mutism - Rare in toddlers.

2. Depressive disorders: rare in toddlers

3. Feeding disorders which include feed refusal, excessive fussiness over food and pica.

4. Elimination disorders; which include enuresis and encopresis-ill-defined in toddlers

5. Autism spectrum disorders sometimes present with behavioral issues first; and later these children are identified as autism spectrum disorder.

Some examples of emotional or withdrawing behaviors include:

- Pulling away while being held,
- Rarely talking, poor, low volume speech,
- Looking sad,
- Not showing preference for a caregiver,
- Not making eye contact,
- Whining (to complain in an annoying way), and
- Being overly compliant or avoidant with the caregiver, and anxiety, loneliness, fears and phobias, depression

Though in toddlers 'withdrawing behaviors' are uncommon compared to the 'disruptive behaviors', these behaviorsarrant immediate parental attention. As an empathetic pediatrician; we should listen to these parents as they are also anxious along with the anxious child! We can help these parents id their child by some assertive suggestions like:

1. Acknowledge child's fear-don't dismiss or ignore it.
2. Gently encourage the child to do things he/she is anxious about, but don't push to face situations the child doesn't want to face.
3. Wait until your child actually gets anxious before you step in to help
4. Praise the child for doing things she/he is anxious about, rather than criticizing for being afraid.
5. Avoid labeling your child as 'shy' or 'anxious'.
6. Don't compare with peers and siblings.

VII. MANAGEMENT OF BEHAVIORAL PROBLEMS IN TODDLERS

Every child and its behavior is 'Unique'. Still a basic management plan can be followed.

A. Assessment

1. Detailed interview of parents and caregivers
2. Talking to the child
3. Play way observation of the child
4. Structured questionnaire to know 'Parenting style'
5. Structured questionnaire to be filled by schoolteacher/crèche



B. Child directed intervention

1. Praise appropriate behavior
2. Active listening
3. Describe, demonstrate, and imitate appropriate behavior.
4. Playing with the child let the child lead, learn to take turns, understand how to interact with others, appreciate appropriate behavior
5. Spend 'Quality Time' with the child

C. Parent directed intervention

1. Simple, clear and direct commands/instructions. One instruction at a time.
2. Tell the child what to do rather than what not to do.
3. Instructions should be given politely and respectfully. Do not yell. It teaches toddlers to listen better and obey politely.
4. Avoid rewarding bad behavior. Parent's attention is a powerful reward for the child. Avoid giving it when the child is doing something wrong.
5. Parents should be trained to 'control their own emotions and behaviors!'

D. Environment modification

1. Analyze the family environment, closely associated families and the society with which the child usually reacts!
2. Try to make the environment soothing, non-threatening and comfortable.
3. Discuss the intervention plan with all the family members and act in unison.
4. Develop clear, predictable and simple daily routines

5. Set aside defined time for 'family interactions'

Ten Tips for Positive Parenting to Manage Terrible Toddler!

1. Children do as you do. Watch your own behavior.
2. Stay calm. Choose your battles. Plan ahead.
3. Show your child how you feel.
4. Toddlers are naturally curious about the world. Allow exploring.
5. Keep your expectations realistic.
6. Offer limited, reasonable choices. Teach ways to make choices.
7. Avoid rewarding bad behavior. Your attention is a powerful reward for your child.
8. Keep instructions simple, short, clear and positive. Avoid negative personal remarks.
9. Be positive! Try to say six positive comments (praise and encouragement) for every negative comment (criticisms and reprimands).
10. Most habits go away by themselves. Disprove the habit, NOT the child!



Points to remember

- Behavior refers to the way a person responds to a certain situation or experience.
- When toddlers misbehave; it's not planned, it's not deliberate and they are not doing it to hurt somebody. It's more like experimenting with emotions and finding out the responses from the people around.
- Behavioral problems in toddler need understanding by parents regarding the problem.
- Toddlers need good role models.
- Psychiatric disorders are rare in this age. Management depends on environmental modification, acceptance of child by parents and firm and loving parenting