Social/Emotional Development, Challenging Behaviors, & EHS/Infants and Toddlers

What are “challenging behaviors” when working with infants and toddlers?

Challenging behaviors can be described as any behavior that feels overwhelming to the caregiver and challenges a caregiver’s sense of competence (Early Head Start National Resource Center, 2006, Technical Assistance Paper No. 10). Challenging behaviors in infants and toddlers are those behaviors that can make it more difficult for children to build or maintain relationships, to regulate their emotions, and/or to explore and learn (Center on the Social and Emotional Foundations for Early Learning [CSEFEL]). These behaviors typically persist, are intense, and/or occur frequently.

Children use challenging behaviors to communicate. It is important to try to understand the message or the reason for the behavior in order to figure out how to best support children. Because challenging behaviors usually do not go away on their own, children exhibiting these types of behaviors benefit from targeted support by staff and family. If these behaviors are not addressed early, they can continue to cause problems for children as they grow. Ongoing challenging behaviors can disrupt both social/emotional and cognitive development.

Typical behaviors can be challenging

Many behaviors that are typical during the stages of infant–toddler development can be challenging and difficult for adults. For example, all infants and toddlers may cry, be inconsolable, whine, tell an adult, “No!” or have a tantrum. It can also be normal for children to bite or hit, have bursts of energetic play, move quickly from activity to activity, or have times when they withdraw and don’t want to participate in activities. Because these behaviors reflect normal development, it is important that adults do not respond angrily or punitively when they occur. Instead, adults can use targeted strategies to address the behaviors.

What can caregivers do to address and prevent challenging behaviors?

Caregivers can use the CSEFEL Pyramid Model as a framework to support positive behaviors and address challenging ones (see Early Head Start Tip Sheet 35). Many strategies can be used to promote healthy social and emotional development and prevent (or reduce) challenging behavior. A sample of targeted support strategies are described below:

- **Observe** the child to determine what she is trying to tell you through the behavior. For example, a child may bite to say, “I’m frustrated and I don’t know the words to tell you.” Or a child may bite to say, “I’m feeling lonely and I’d like your attention.” Understanding what an individual child is trying to communicate through his or her behavior can only be determined by careful observation.

- **Build and maintain positive, supportive relationships** between yourself, the child, and the family. These connections make it easier to talk with parents about approaches to challenging behaviors. They also help children feel safe and secure, which can reduce the frequency of challenging behavior. Use routines such as diapering, feeding times, settling down for naps, dressing, arrivals and departures, and playtimes as opportunities to individually focus on and relate to each child.

- **Ask questions and wonder** about the reason behind the child’s behavior with family and staff. The answers help everyone better understand the purpose of the behavior as well as guide the support strategies and plans. Talking with others about challenging behavior also supports the
adults who may struggle with a behavior. Together they can wonder about such questions as: What can we do? What are we missing? Can you help me understand what is happening?

- **Adapt your caregiving approach with the child:**
  - Try to match the child’s temperament or needs. For example, if you care for a baby who becomes easily overwhelmed by lots of activity at drop-off time, be sure to hold and softly comfort him until he calms. For a child who is “always on the go,” provide lots of opportunities to move by suggesting she act out a story as you read it or by providing her with cardboard boxes to climb in and out of.
  - Help children learn to self-regulate or calm themselves. You can do this by responding to each individual child’s cues for sleep, feeding, comfort, soothing, and interaction. Provide children with concrete ways to soothe themselves. For example, provide babies with pacifiers or loved objects (if the family approves) or create a “cozy corner” where children can go when they are feeling overwhelmed.
  - Help children feel a sense of power and control by allowing them to make choices throughout the day. For example, offer two books and ask a child which book he would like to read or let him decide if he’d like to put his hat on or if he wants you to help him.

- **Use predictable routines for toddlers within the daily schedule.** This helps them feel safe and secure. For example, lunch may follow an outdoor activity (even when the exact time of lunch might vary depending on children’s interest and/or hunger). Provide ample warning and time for transitions. Use first/then statements to ease transitions between activities and routines (“First we wash our hands, then we sit at the table for lunch”).

- **Adapt the environment** so that it reflects the developmental needs of the individual children and the group as a whole. For example, because young children don’t have the developmental skills to share, provide more than one of the most popular toys to reduce conflict over the same toy. Also, establish two clearly separate areas for active and quiet play. This will minimize active play interfering with other children’s need for quiet time.

- **Help children express themselves and resolve conflict appropriately.** For example, teach a toddler to ask for “help” rather than scream when he is frustrated. Consider teaching gestures (such as sign language) to help him convey thoughts when he doesn’t have the words yet. For example, show a child how to sign “play” as she approaches someone as a way to say, “I want to play with you.” Remember, it takes time, many repetitions, and a lot of patience until a child masters a new skill.

- **Help children identify their own emotions and the emotions of others.** Talk about the link between feelings and facial expressions and gestures (“You’re crying. Are you sad that Mommy said good-bye?”). Use a book, mirrors, puppets, and pictures to encourage children to identify and talk about the different feelings they and others experience.

- **Identify additional supports or expertise** (or start a referral process) if a behavior is not typical for a child’s age and stage of development, continues to be intense and/or persistent, and interferes with the child’s ability to explore and learn. Create a team approach that includes the child’s family and all program staff working with the child. This ensures that all who love and care for the child are involved in creating the behavior plan.

**Questions to Consider for Planning and Programming:**

- What is the program’s overall approach for supporting infants’ and toddlers’ social and emotional development?
- Who do staff and home visitors initially go to for support when there are concerns or difficulties about a child’s challenging behavior or social/emotional development?
• How does the staff individualize their approach to meet each child’s unique social and emotional needs?
• How does the program ensure that support services for staff and families who express concerns about a child are timely and effective?
• How does the program respond when a child presents challenging behaviors or when staff or family members express concerns about a child’s social/emotional development?
• How does the program ensure that staff communicate with families early on in the process when they are initially concerned about a child’s behavior or social/emotional development?
• When responding to concerns about infants’ and toddlers’ challenging behaviors, what types of resources does the program have or access?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.21(b)(1)(i-iii) Grantee and delegate agencies’ program approach of services for infants and toddlers must encourage:
  (i) Trust and emotional security so that each child can explore the environment according to his or her developmental level.
- 1304.21(b)(2)(i-ii) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:
  (i) Encourages the development of self-awareness, autonomy, and self-expression.
  (ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.
- 1304.20(b)(1) In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child’s developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child’s cultural background.
- 1304.20(b)(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the finding to address identified needs.
- 1304.20(b)(3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child’s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child’s typical behavior.
- 1304.20(e)(1) Grantee and delegate agencies must consult with parents immediately when child health or developmental problems are suspected or identified.
- 1304.24(a) Mental Health Services
- 1304.40(f)(4)(i-iii) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum:
  (i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health.
  (ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff.
  (iii) The active involvement of parents in planning and implementing any mental health interventions for their children.

Resources:


Program for Infant/Toddler Care (PITC). Sausalito: California Department of Education & WestEd. (http://www.pitc.org/) and free resources (http://www.pitc.org/pub/pitc_docs/resources.html)


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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.