



## FACT SHEET

### BEHAVIOR PROBLEMS – Overview

### Pennsylvania Chapter

#### ***What can child care providers do about children with behavior problems?***

Child care providers often see early indications of behavior problems in the young children in their care. Child care providers can support the child during times of stress. This support may prevent serious difficulties. Child care providers can also provide valuable information to families, primary care physicians, and mental health professionals to assist them in diagnosis and treatment of severe problems.

#### ***When do children develop behavior problems?***

Sometimes healthy and well-adjusted children experience environmental stress, which leads to behavior problems. When these stresses occur, monitor children closely and describe any changes in their moods or behaviors. Children's responses to stress vary greatly. Some children show mild reactions while others show severe problems. If children have high quality, consistent and supportive relationships with family and child care providers, it may lessen the effects of stress.

Some children show behavior problems without any obvious preceding stressful event. These problems also vary from mild to severe. Do not assume that the family is the cause of a behavior problem. The family may already feel grief and guilt because the child is experiencing problems. Do not increase those feelings.

#### **What are the stressful environmental situations for children when child care providers should monitor the child's behaviors?**

- **Changes in the parent or caregiver.** Children may become separated from their primary loved one if a parent is ill, hospitalized or dies, or if parents separate or become divorced. The child loses physical contact and emotional support from the parent.
- **Problems in the family relationships.** Conflict between parent figures or between the parent and child may be very stressful. Conflict often accompanies problems of communication. Domestic violence is an extreme form of conflict in which parents or caregivers behave violently toward one another. Sometimes the violence spreads and children become victims of abuse. Abuse results in the physical or emotional harm to the child. It may take the form of physical injury or sexual mistreatment. It may include emotional or psychological abuse, such as when the child feels completely rejected or repeatedly terrified.
- **Inadequate care.** Parents or caregivers may not supervise the child well, respond to the child's needs, or place reasonable limits on the child's behavior. They may be harsh in discipline, too permissive, or inconsistent. Sometimes parents and caregivers may overprotect the child and not let the child do what other children are doing at that age.
- **Problems with individual family members.** Many problems that parents and caregivers face affect their children. For example, if a parent has an illness, the condition may affect the parent's ability to care for and nurture the child. Similarly, mental disorders or problems with alcohol or drug use can impair the competence of parents. Physical or mental health problems of siblings also affect the parents and other children. When parents experience

religious or spiritual problems, convert to a new religion, or move to an area with a different culture, the children may also feel the stress. Some parents have difficulty with reading and the children also experience stress when the parent must read.

- **Changes in the family.** Some changes in the family are not bad but are still stressful for children. For example, the birth of a sibling, adoption, or the blending of families may increase the number of playmates for a child. However, it can also be stressful. When parents or caregivers have problems at work or lose their job, both the children and the adults may feel the stress at home. When a family moves to a new area, even a nicer home, the children may miss their old home and experience stress.
- **Community problems.** Sometimes, the source of stress is one or more conditions in the community. Some families experience social discrimination or isolation. Housing or schools may not be adequate. There may be considerable violence on the streets or fear of violence. In an unsafe neighborhood, parents may not allow their children to go outside to play. Then they cannot interact with peers and discharge their energy. Children become particularly distressed if they witness violence. Living in poverty increases the risk of behavior and emotional problems, because of the associated stresses. About one in four children live in poverty.

### ***What are common behavioral or emotional problems in young children?***

Many children experience difficulties for hours or days at a time. The following behaviors and emotions become problems when they occur over long periods of time or are extreme.

- **Emotions and moods.** Children may cry often for no obvious reason. They may have quick changes of moods. They may become sad or withdrawn and refuse to play with other children or talk with adults. They may get no pleasures out of play.
- **Activity level and attention.** Some children are very active and disorganized. They may not be able to concentrate on games or stories.
- **Negative behavior.** Children may throw frequent temper tantrums. They also may get angry easily. They may fight with their friends. They may refuse to do the things adults ask of them. They may strike out at caregivers who are trying to comfort them. These behaviors are particular problems in children over the age of 3 years.
- **Problems in eating, elimination, and sleep.** Some children refuse to eat; others eat too much. Some may lose control of their bladder during the day or at night after toilet training has occurred. Some children may want to sleep more than usual. Others may have difficulty relaxing for a nap or falling asleep at night. Sleep deprivation may add to their other behavioral difficulties.
- **Problems with relationships.** Children may show dramatic changes in how they relate to others. They may become extremely distressed when a parent or child care provider walks away from them. This may make it very hard for parents to leave their children at the child care setting. Children may become very clingy. They may become afraid of being alone. On the other hand, some children become indifferent. They may go to anyone, an adult they trust or a stranger. Some children avoid eye contact, stare, and refuse to let others help them. They may isolate themselves from their friends and caregivers.
- **Developmental problems.** Children may lose developmental skills they had previously mastered. For example, a child who was toilet trained may need to go back to diapers. A child who was speaking in sentences may revert to single words. A child who was able to

feed herself independently may require adult help. A child, who was able to play independently or with other children, may not be able to play alone or to socialize.

### **What can parents and child care providers do to help children showing behavior problems?**

- **Discuss the issues.** Parents or child care providers can speak with each other about the child's behavior early in the process. Do not wait until the child's behavior or moods have deteriorated seriously. Begin with a description of the child's problems. You might say to a parent, "I notice that your child is crying a lot at school. It is difficult for me to comfort him." If you know the stressful situation you might say, "Since her father has been in the hospital, Sarah has been eating poorly at school. What do you see at home?"
- **Be supportive of the child.** Remain calm. Use supportive language. You might say, "I know you feel sad, but please try to eat a little." Provide comfort when possible. Praise the child when she does something appropriate. Be gentle. It is easy to arouse children who are under stress.
- **Maintain the structure of the program.** Children may find going through the usual schedules very helpful. Keep a predictable program. Do not insist that the child participate fully. Gently remind the child that he/she is welcome in the group.
- **Encourage communication.** Allow the child to talk about the problems. Sometimes the child will act out the stress in play. Communicate with the child through play some ways to handle the stress. For example, use a doll to demonstrate how the child might express, in words, "sad" or "angry" feelings. Provide positive reinforcement when the child's behavior is appropriate.
- **Limit dangerous or hurtful behaviors.** Provide clear messages that tantrums, aggression, and other problem behaviors are not acceptable. Give the child acceptable alternatives. For example, tell the child to express his anger but not to hurt his friends. Use the familiar discipline techniques such as time-out if a child misbehaves.
- **Keep an accurate log of the problem behaviors.** It is difficult to remember all the problem behaviors, including when they occurred, what happened before the problem, and what helped the child. Keep a diary of the behaviors. Consider using the Behavior Data Collection Sheet, provided by ECELS for this diary.

### ***When should a child care provider refer a child for further evaluation?***

Several factors may trigger a referral.

- The problems have lasted several weeks to months.
- The problems are severe or getting worse.
- Your supportive care and interventions do not help.
- The child is unable to function well in the child care setting.
- The family is extremely distressed or the stresses are getting worse.

Who you refer to depends on the child's condition and the resources in your community. The primary care physician is always a good starting place. The physician may know about the family's circumstances and may be able to provide additional support. It is also easier in many cases to refer the child to a pediatrician or family doctor than to a psychiatrist or psychologist. However, some families may appreciate an immediate referral to a mental health professional. Know the names of professionals in your area that work with children. Provide a note for that

professional of your observations and concerns, if the parent gives you permission to communicate with the professional.

If you make a referral to a mental health professional for behavior problems, try to maintain the child in your program. This stability may be very helpful to the child and family. You may be able to arrange for behavioral consultation in your community so that you can improve your interventions with the child and family. Call the ECELS office for advice on the steps to follow when seeking referral.

**Reference:** Based on *"The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version."* Elk Grove Village, IL: American Academy of Pediatrics, 1996.

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