Managing everyday behavioural problems

As children grow and develop, they learn to regulate their emotions and manage their behaviour. On the way to learning those skills, young children express their wide range of emotional responses in ways that can create stress and anxiety for parents and caregivers — and sometimes children’s behaviour will include aggression, defiance and/or hyperactivity.

Normal behavioural development

Behaviour describes the way a person responds to a certain situation or experience. It is affected by individual temperament, which is influenced by an individual’s unique expectations, emotions and beliefs. Behaviour can be affected by social and environmental factors, including parenting practices, gender, exposure to new situations, life events, and relationships with friends and siblings.

Most children learn to regulate their reactions and feelings over time through emotional connections with significant others and learned self-understanding. If the child receives consistent and nurturing responses from their adult caregiver, then an emotional connection is established that facilitates learning and development. This connection requires the parent to help the child to balance emotions, feel valued and gain a sense of belonging. To do this effectively, parents need to be able to read the emotional responses that infants and toddlers are expressing, and to model coping skills for the child.

Behavioural development in children is strongly influenced by the nature of the infant-caregiver relationship.

Parents, particularly mothers, who are emotionally available, sensitive, perceptive and effective at meeting the needs of their child are likely to have securely attached infants who are more likely to meet important behavioural milestones as they get older.

Most behavioural problems, while difficult for adults to deal with, are not indicative of a problem at the severe end of the behavioural spectrum.
Stages of normal behavioural development

**Babies and toddlers (up to 3 years old)**
In the first three years, children's behaviour is influenced by their increased mobility and increasing language skills. They begin to imitate their peers and to alternate roles in play. At this time, they are developing their autonomy, balanced with the need to maintain closeness to their caregiver.

Young children have some self-awareness by 2 years, and start to learn to manage the frustration of being told 'no', learning that disappointment, frustration and anger are bearable emotions.

**Preschoolers (4–5 years old)**
By the preschool years, young children are developing their understanding of social rules along with greater empathy. Alongside this is a systematic increase in pro-social behaviour and a natural decrease in aggressive behaviour. Preschool children develop a preference for specific peers, which increases the possibility of social exclusion for children who have less developed pro-social skills.

**School-aged children (6–12 years old)**
During middle childhood, children are working on gaining social acceptance and integrating their unique preferences, strengths and styles with expectations of adults and standards and tastes of peers.

They continue to regulate internal drives, eg choosing not to respond aggressively, and refining their self-awareness.

Challenging behaviour in early childhood

Common everyday behavioural difficulties in children include whining and pestering, tantrums, biting and swearing. Up to half of preschool children with behaviour problems will continue to experience problems in the school years.

Australian statistics suggest that parental concern about children’s behaviour is relatively common and peaks around 3 years old.

You can find information about common behavioural problems, which is suitable to share with parents, on the Raising Children Network:

**Whining and pestering:**
raisingchildren.net.au/articles/pestering.html

Whining and pestering are common in early childhood and can be challenging for parents, but are not usually cause for serious concern.

**Tantrums:**
raisingchildren.net.au/articles/temper_tantrums.html

Tantrums are a natural part of growing up and are not usually cause for serious concern. Typically, they diminish of their own accord as children reach 3 years and older.

**Biting:**
raisingchildren.net.au/articles/pinching_biting_and_hair_pulling.html

Biting behaviour and its meaning change with age, ranging from testing new teeth and exploring reactions, to behaviour that corresponds with the peak in tantrum and physically aggressive behaviour.

**Swearing:**
raisingchildren.net.au/articles/swearing_toddlers_preschoolers.html

Swearing alone is not a sign of behavioural disturbance. Where swearing behaviour appears to be symptomatic of a serious disturbance, parents should seek help from a health professional.

Parental concern about a child’s behaviour is sufficient reason for parents to discuss their concerns with a professional.
Strategies for professionals

Asking parents about behavioural concerns is important, but can be challenging. The context provided by planned developmental surveillance can be helpful to contextualise and normalise asking about behavioural concerns.

Developmental screening in the preschool years is standard at many child and family health nurse visits using the Parents’ Evaluation of Developmental Status (PEDS). Find out more about PEDS at www.rch.org.au/ccch/peds

Your relationship with parents and caregivers, and your listening skills as a practitioner, have a significant role in helping families to address concerns about their child’s behaviour. By working in partnership with families, you can support children’s learning, development and wellbeing. Family Partnership Training can help practitioners to develop these sorts of skills, www.rch.org.au/ccch/training-dev/Family_partnership_training

Research-based strategies for addressing behavioural problems

Behavioural training programs have been shown to be successful in addressing behavioural problems for children who are at risk of developing behavioural disorders, as well as those children who have an established disorder. Some programs have shown sustained effects over time.

There are common principles of a universal behaviour training approach that can be used in your discussions with parents to help them manage their child’s behaviour including:

- **Knowledge of normal development**: It is helpful for parents to be aware of what is realistic to expect from their child in an upcoming 12 month period — for example, that it is normal for children to start having regular tantrums once they become toddlers.

- **Positive reinforcement**: Acknowledging and showing appreciation of desirable behaviour will increase the likelihood of a child displaying more of that sort of behaviour in the future.

- **Consistency**: Boundary setting — shared and agreed by all caregivers, applied consistently, and not malleable to increased levels of whining — is an important part of behaviour management.

- **Setting priorities**: Parents need to categorise behaviour as either low priority (for example, whining or throwing food) or high priority (for example, hitting and kicking) and respond to the behaviour in a way that matches its level of priority.

Supporting families to manage behavioural problems

1. Behavioural problems are common among young children and generally peak around 3 years old.

2. It is important for practitioners to have conversations with families about normal child development. Practitioners play a significant role in supporting parents to learn about normal behavioural development, knowledge that can help parents to contextualise their child’s behaviour and anticipate future changes. There are tools and training available to support practitioners in these conversations.

3. Practitioners can support families to identify preventative and management strategies for their child’s behavioural problems. This Raising Children Network article on simple tips for encouraging good behaviour raisingchildren.net.au/articles/encouraging_good_behaviour.html is a great place to start.

4. Most behavioural problems, while they can be challenging for parents, are not indicative of a more serious problem. However, if parents are concerned, that alone is sufficient reason for them to talk with a health practitioner.

5. Referring to a paediatrician is an important part of managing more challenging child behaviour. For children at the severe end of the spectrum, tertiary care is available at behavioural clinics around Australia. In Melbourne, the Development and Behaviour Clinics at The Royal Children’s Hospital Centre for Community Child Health provide treatment for children with significant behavioural and emotional problems www.rch.org.au/ccch/services/specialist-clinics

This Practice Brief has been written by Eliza Metcalfe and reviewed by Dr Katherine Van Schilfgaarde.