New Mexico Early Childhood Education & Care Department | Family Support and Early Intervention Division
FAMILY INFANT TODDLER (FIT) PROGRAM

CENTER FOR DEVELOPMENT & DISABILITY

Early Childhood Evaluation Program – Technical Assistance & Consultation
Continuing Education series for NM FIT Providers

FY25 ECEP Office Hours

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Dealing with Challenging Behaviors from an Interdisciplinary Perspective: **Biting and Aggression**



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University of New Mexico Health Sciences Center
Department of Pediatrics - Center for Development & Disability



Introductions and Housekeeping

- Today's ECEP Team
- We want to see you- cameras on!
- We want to hear you
  - Please use the chat or jump in with comments, ideas, and questions.
  - Goal is to share experiences and knowledge.



Remember: New and Improved Format!

- Topical Information and Background
- De-identified Case Example and Discussion
- Volunteer case consultation and questions!

***Please note this zoom platform is not HIPAA-compliant - please de-identify any confidential/case-related information.**



Objectives for today



- ❑ Develop strategies to identify potential causes and triggers for behaviors.
- ❑ Identify red flags for behaviors that would warrant an outside referral/next steps.
- ❑ Identify cross-discipline strategies to support families in dealing with challenging behavior, and understand how to differentiate when to use each type of strategy.

How can we understand challenging behaviors in toddlers?



A framework for observation, gathering key information, and ruling out concerns:

1. Rule out possible medical concerns/causes and establish typical behavior range
2. Consider/question what is happening
   - Before
   - During
   - After
3. Use strategies to track behavior (calendar, data collection, notes) – Looking for "trends" over time
   - Always ask, What have you tried? and, For how long?
4. Look at the behavior from different perspectives – consider other discipline lenses (and overlap between these lenses)
5. Consider an outside perspective – consultation or possible resources!

Challenging Behaviors: What's Typical?



Typical

- **Tantrums** (most common between age 2-3 years)
- **Occasional** biting (usually stops by age 3-3 ½)
- **Occasional** hitting – often to communicate or when hungry or tired
- **Running away** (i.e., elopement) – common as toddlers are exploring and learning
- **Of Concern**
- Tantrums with **self-harm** or **Meltdowns**
- **Consistent and on-going** biting (not responding to teaching)
- **Ongoing** hitting and with no clear reason or pattern
- Running away **after age 4** with no response to being called.

Let's go

Why do young children bite?

Exploring behaviors in context of typical development

- To relieve teething pain
- To explore cause and effect
- Experimentation/to experience sensation of biting
- Satisfy a need for oral-motor stimulation
- Imitating other children
- Feel strong and in control
- Get attention
- Act in self-defense
- Instinctual response (e.g., a first reaction when peer takes a toy)
- Communicate needs and desires (e.g., hunger, fatigue)
- Communicate or express difficult feelings (e.g., frustration, anger fear, confusion) or big excitement.
- Biting is slightly more common in boys, and tends to occur most often between the first and second birthday (Nemours Children's Health, 2024).

How to respond to biting at different ages

- **Infants** explore using their mouths, and are learning basic cause and effect.

  Caregiver response:

  1. Stay calm
  2. Use clear and consistent signals; e.g., “No,” or “No biting”; “Ouch, biting hurts.”

- **Toddlers** are dealing with strong emotions, and may use biting to express anger or frustration.

  Caregiver response:

  1. Stay calm. Move quickly to step in physically.
  2. Use firm, calm voice, and strong statements; e.g., “It’s not okay to hurt others.”
  3. Respond to child who was bit first and attend to any medical/safety needs
  4. Offer child who bit a choice (e.g., “You can sit quietly, or come help me with injured child.”)
  5. Talk to child who bit; find out what happened, organize their feelings, and talk about what they can do differently next time (using age appropriate language).

- Remember change takes time – if behaviors have become a habit this can take several weeks of consistent response to change.
- For **Preschoolers,** biting is less common, and may be indicative of something at home or child care that is causing upset, confusion, or fear. Biting may also be a bid for attention or used in self-defense.

Other helpful strategies

For primary caregivers and daycare providers

- Observe where and when biting occurs- an adult may need to stay nearby in this situations.
- Pay attention to signals from child, step in if needed.
- Suggest alternative ways to express needs/wants to prevent escalation to biting.
- Teach child words to prevent biting, such as “no,” “stop,” and “that’s mine.”
- Use positive reinforcement and notice when child effectively uses other strategies!
- Provide opportunities for choices, to allow child to feel empowered.
- Offer foods of different textures or alternative objects to meet oral sensory needs.

What not to do!

- Avoid labeling a child as a “biter”
- Never bite a child back!
- Avoid getting angry, yelling, or shaming child for behavior.
- Avoid giving too much attention (even negative attention) to the child doing the biting.
- Do not force the child who bit and child who was bit to play together.
- Do not punish children who bite. This does not teach children self-discipline or facilitate use of alternate coping strategies.

Case Example #1

Sam is a 20-month old who came into early intervention at 16 months due to late walking and speech delays. He has shown progress with using single words and signs, but continues to have speech delays and is using about 7-10 single words. Sam attends daycare regularly, and there are 14 other toddlers in his class and 2 teachers. He lives with his parents and older brother. Over the past month, his parents have noticed that Sam has started biting them or his brother when he is angry, frustrated, or they take a toy from him. He also has bitten his mother when he was excited at the park. Daycare providers have reported several recent incidents of Sam biting other children in the class when frustrated. A month ago, Sam was also bitten on the arm by another child in the class.

Parents are wondering if this is typical and are worried that if it continues he will be expelled from his daycare. How would you respond?

Case Example #2

Biting and Aggression

Jamie is a 26 month old who came into early intervention as an infant due to concerns for overall development and premature birth. He continues to have speech delays, and is using about 50 single words. His motor milestones were generally at the later end of typical. Jamie has a younger sibling (13 months) and attends daycare regularly. He lives with his mother and maternal grandparents, and mother works long hours.

Over the past few months, Jamie has been showing increased aggression towards his younger sibling, hitting or pushing her when she tries to take his toys. He shows these behaviors when angry or frustrated, but also will hit her or other adults when excited. He also has become aggressive at daycare, and most days comes home with an incident report for having bitten another child. Jamie's mother is concerned that he will be expelled from school for biting.

Medical Considerations



- Consider potential causes for Impulse control issues:
  - Was there prenatal exposure to drugs or alcohol?
  - Was there prenatal/postnatal exposure to violence or aggression?
  - Is there family history of ADD/ADHD?
  - Prematurity (increased incidence of ADHD)
- Explore quality and quantity of sleep
- Iron deficiency (child may be irritable due to anemia, low iron stores) or any toxic exposures
- Media
  - The results are mixed regarding the effects of TV viewing by preschoolers. The important findings suggest that when a program provokes aggressive fantasies, preschoolers seem to be most susceptible. The impact of aggressive content can be toned down if children view TV with a trusted adult who can guide them.

Speech and Language Considerations



Before: Are the words he says meaningful and functional? How much language does he understand? Can he be redirected with words or contingencies?

Are there are communicative attempts before he escalates – Behaviors? Gestures? Vocalizations? Words?

Can we re-direct beforehand? Give choices? External cues: visual schedule, visual timer, auditory reminders.

During: When are we using language to help others regulate?

If he understands may use regulating language to redirect behavior, such as “that hurts,” “gentle touch,” “quiet hands” with gestures.

After: Reflect on what worked and didn’t. Does he understand the impact of his actions on others? Setting up the environment and interventions. Reinforce language used during the episode. How do we improve functional communication? How is he currently communicating and are we responding to that effectively?

Sensory Considerations



Before: What is happening in the environment?

Have you noticed that he seeks out intense sensation in other ways? Other hard impact or oral seeking? Is biting/hitting part of this pattern?

Are there supports in place for teaching other ways to cope? Tools or strategies?

During: Notice the environment.

Over-stimulated? Can you reduce sights, sounds, smells, etc?

Can you redirect by offering a substitute paired with brief skill teaching – you can bite this or hit this.

After: Was this due to a sensory trigger?

Can he sometimes manage similar situations without hitting or biting? Need to practice skills in a quiet place or 1:1 or small group?

Continuous process with a sensory-informed approach to support overall regulation.



Infant Mental Health and Behavioral Considerations



Before: What seem to be triggers, frequency, and duration of behaviors? Can we anticipate these and proactively help child in the moment? For example, keeping an adult nearby at daycare during specific times to redirect attention or provide substitute strategy/object to bite.

Be proactive – teach lessons to all kids around seeking help from adults, taking space, asking friends to stop. Use routines, pre-teaching how to act in these situations, prepare/practice coping strategies, and decrease stimuli or stimulating activities to decrease overwhelm.

During: Caregivers/teachers can substitute other strategies/coping activities (e.g., something soft to bite, stomp feet instead of hit) for child. Demonstrate use of simple feeling words. Help child use strategies for self-soothing (e.g., deep breathing).

After: When calm, talking to child about big feelings and strategies to use in the future. Model and role play actions to use instead (e.g., "gentle touches").

Parent Support: How do parents and teachers react/respond in these situations? What comes up for parents when child is aggressive? How can we support their regulation and concerns about observers' reactions, child physical safety, child emotional safety, etc.? Look at daycare environment, daycare providers knowledge of typical development and willingness to try different strategies.

What have they tried, and what has/hasn't worked?

How long has aggression been an issue, and what was happening in the family/for child when this started?

Discussion



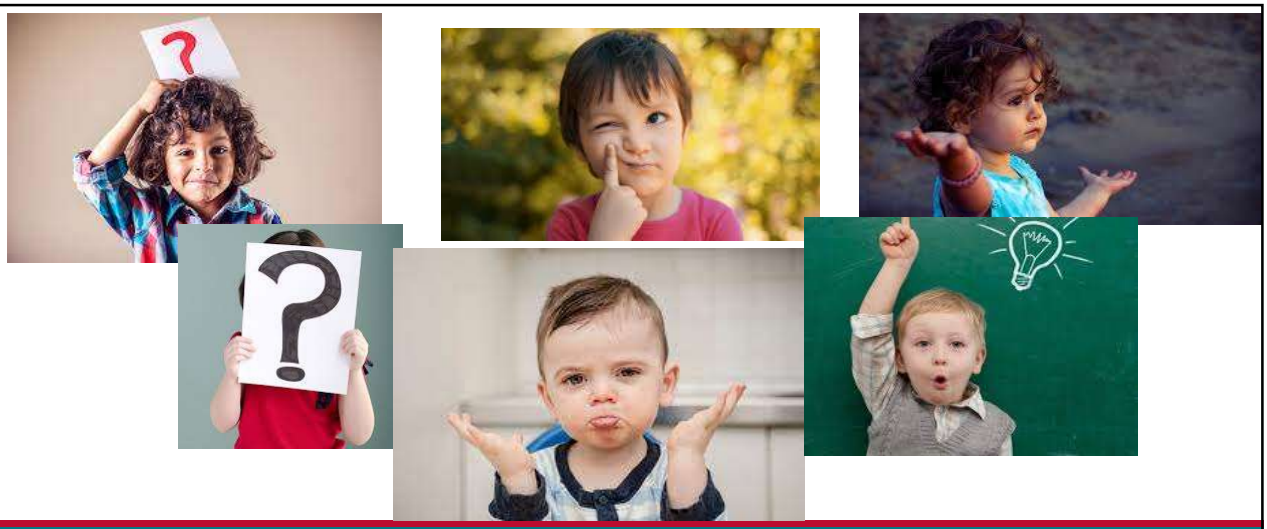
Case examples?

Successes?

Challenges?

Team considerations?

Next Steps?



Questions

Join us for more ECEP Office Hours in 2024-2025!

Dealing with Challenging Behaviors from an Interdisciplinary Perspective: Tantrums and Head-Banging
October 16, 2024 at 3:30-5pm



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Resources on Biting



Nemours Children's Health

https://kidshealth.org/en/parents/stop-biting.html

NAEYC

https://www.naeyc.org/our-work/families/understanding-and-responding-children-who-bite

Zero to Three

https://www.zerotothree.org/resource/toddler-biting-finding-the-right-response/

Head Start

https://eclkc.ohs.acf.hhs.gov/mental-health/article/biting-fact-sheet-families

General Resources



Zero to Three

https://www.zerotothree.org/

Pathways

https://pathways.org/

CDC

https://www.cdc.gov/ncbddd/actearly/milestones/index.html

AAP Bright Futures

https://www.aap.org/en/practice-management/bright-futures

What to Expect

https://www.whattoexpect.com/