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 Series
Dealing with Challenging Behaviors from an Interdisciplinary Perspective

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Dealing with Challenging Behaviors from an Interdisciplinary Perspective:
Tantrums and Headbanging



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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!

Tantrums: What's Typical?



https://www.boredpanda.com/funny-reasons-kids-cry/

- Tantrums allow child to let out strong emotions (e.g., fits of rage, stomping, screaming, throwing themselves on floor) before they have other strategies or can communicate effectively.
- Tantrums start at age 1, most common between age 2-3 years. Decrease in frequency by age 4.
- Often occur with parents/primary caregivers.
- Toddlers are developing independence; they want to do more than they can physically and emotionally manage. This is frustrating!
- Occur more often when hungry, tired, or sick.
- Can occur seemingly out of the blue!

Tantrums become concerning when they include self-harm or do not decrease/get worse by age 4.

How to Prevent Tantrums

Best strategy is prevention, whenever possible!

- Keep to routines for meals and sleep times. Be planful around long outings, delayed meals, and missed naps.

- **Offer advance notice about when an activity is about to end**, prepare your child for changes, and talk about events before they happen.

- Maintain developmentally appropriate expectations! Consider redirection or distraction when appropriate.

- **Give age-appropriate choices.** Ask, "Do you want the blue or red cup?" or, "Do you want to brush your teeth before or after books?"

- Decide if setting a limit is necessary, also known as choosing your battles. If needed, let your child know your rules and stick to them.

- Set your limit with as little emotion (and as few words) as possible. The more matter-of-fact you can be, the better.

- Separate yourself from your child's behavior- your child is having a hard time, not trying to embarrass you.

Head Banging: What's typical?

- Up to 20% of toddlers bang their heads on purpose, boys more than girls. Usually starts during the second half of their first year of life; can continue for several months or even years. Toddlers usually outgrow head banging by the age of 3 years.

- Occasional head banging not a sign of a problem. Can be form of self-stimulation, self-comfort, or to release frustration.

- Rhythmic movement, often combined with rocking, humming, vocalizing; tends to stop when child is distracted or falls asleep.

Reasons include:

- Self-comfort
- Pain relief
- Frustration
- Need for Attention
- Developmental concern

How to Help with Head Banging

Recommended responses: address cause of upset; protect from injury, remain calm and matter-of-fact/do not scold.

Give your toddler positive attention, when not head banging; try not to make a big deal out of the behavior.

Protect your child from injury. Check the screws and bolts on your toddler's crib to make sure their head banging has not loosened anything.

Incorporate rhythm in other ways. If your toddler enjoys the rhythm of banging their head, they'll likely enjoy other rhythms like music, dancing, or drumming. Have fun with them! Make sure your toddler gets plenty of physical exercise during the day to help them use up some of that pent-up energy.

Create a soothing bedtime routine. You can help your toddler relax before bedtime by setting up a consistent bedtime routine. Try a warm bath, calm rocking on your lap, story time, or playing soft music. While they're falling asleep, try gently rubbing their back or stroking their forehead.

Try not to worry. Head banging is usually self-regulated, meaning that your toddler knows their pain tolerance. If it hurts, they'll likely stop or soften the banging on their own.

From https://www.webmd.com/parenting/why-would-a-toddler-bang-their-head

Case Example #1

Tantrums with Head-Banging

Tommy is an 18 month old who recently came into early intervention due to concerns for speech delays and frequent tantrums. He said his first word at 16 months, has a few single words, but tended to be quiet as an infant. In terms of motor milestones, Tommy did not like tummy time as an infant and wanted to be held often. When put in a standing position, he often curled his legs and seemed sensitive to textures underneath his feet. He started sitting independently at about 9 months, did not crawl, but walked at 15 months.

Tommy was born full term and there were no complications during pregnancy or birth. He had reflux as an infant and was on medications for GERD. He continues to be a very picky eater. Tommy seems to become overwhelmed in new or crowded places, and this can be a trigger for his tantrums. When overwhelmed, when told “no” or limits are set, and often seemingly out of the blue, he has severe tantrums that last at least 10 minutes, and he bangs his head on the hard tile floor or the wall/furniture. Parents report “walking on eggshells” with him, and worry about him hurting himself.

On initial EI evaluation, Tommy shows delays in communication, self-help, social-emotional, and fine motor domains. He refused hearing testing, and had a moderately elevated M-CHAT score.

Medical Considerations



Types of rhythmic movements

- Babies and toddlers exhibit rhythmic movements in a few different ways. **The most common types include:**
- Head banging.
- Body rocking.
- Head rolling or shaking side to side.

Less common types include:

- Body rolling.
- Leg rolling (rhythmically moving legs back and forth).
- Leg banging.
- Head banging, body rocking and similar behaviors are normal in babies and toddlers, particularly during naps or at nighttime.

These behaviors only become an issue if they result in injury or disrupt your child’s sleep. When they cause complications, healthcare providers call these behaviors rhythmic movement disorders (RMD). (Cleveland Clinic)

Medical Considerations



Consider how he is experiencing the world:

- Vision: Is he seeing well?
- Hearing: Is he hearing well?
- Always consider abuse/neglect or exposure to trauma for any unexplained behavioral presentation
- Detailed pediatric examination
  - To rule out underlying medical cause, for example ear infection or middle ear fluid, teething, headache, very rarely bone pain from malignancy
  - Temper tantrum may be caused by pain, such as abdominal pain (constipation)
  - Look for any additional signs of abuse or neglect (failure to thrive, unexplained injuries, bruising, etc.)

Medical Considerations



- GERD: Tommy is a little boy who did not like tummy time and had diagnosed GERD. He may still be experiencing GERD/reflux.
  - Signs may be hoarse voice, coughing after meals, frequent awakening at night, vomiting, irritability after certain foods.
- Additional medical conditions to rule out:
  - Rule out sleep apnea
  - Rule out Tourette Syndrome
  - Consider a genetic condition
- When to recommend a helmet for head banging and when to go to neurology
  - Head banging on hard surfaces or causing injury
  - Developmental regression: seek medical consult!

Speech and Language Considerations



Before: How much language is he understanding? How much language are we using?

Are there are communicative attempts – Behaviors? Gestures? Vocalizations? Words?

Can we re-direct before telling him “no?” Give choices? External cues before the tantrum: visual schedule, visual timer, auditory reminders.

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

Does soothing language help or make it worse? Limit regulating language (reduce auditory load).

After: Reflect on what worked and didn’t. Setting up the environment and interventions. How do we improve functional communication? How are they currently communicating and are we responding to that effectively? Communicative temptations will help discover ways he is communicating.

Sensory Considerations



Before: Does he seek out intense sensation in other ways? Other rhythmic movement? Is headbanging part of this pattern?

What is happening in the environment?

Can we be proactive by providing or limiting sensory input throughout the day? Provide warnings for unexpected sensations?

During: What is happening in the environment?

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

Under-stimulated? Can you provide extra input like tight squeeze, tuck between big pillows or couch cushions? Toy with music and lights? Crunchy/chewy snack or ice cold drink?

Strategies for co-regulation while still meeting child’s sensory needs (to touch or not be touched, etc.).

“Regulation support is not a reward but a way to help your child’s nervous system.” (Robyn Gobbel, MSW)

After: Strategize about sensory triggers, sensory needs. Continuous process with a sensory-informed approach to support overall regulation.

Infant Mental Health and Behavioral Considerations



Before: What seem to be triggers, and can we help child to better understand what will happen or prepare? For example, giving warnings, visual timers, reminding child before going into situation.

Can we be proactive in setting child up for success, including timing (e.g., going to the grocery store when not tired or not crowded) or creating a routine or natural reward?

During: Using caregiver relationship to soothe/stay present for child with big emotions while not rewarding behavior. Developing strategies for co-regulation and self-soothing.

After: When calm, talking to child about big feelings and strategies to use in the future.

Parent Support: How do parents react/respond in these situations? What comes up for parents when child tantrums? How can we support their regulation and concerns about observers' reactions, child physical safety, child emotional safety, etc.?

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

How long have these tantrums been an issue, and what was happening in the family/for child when they started?

Discussion



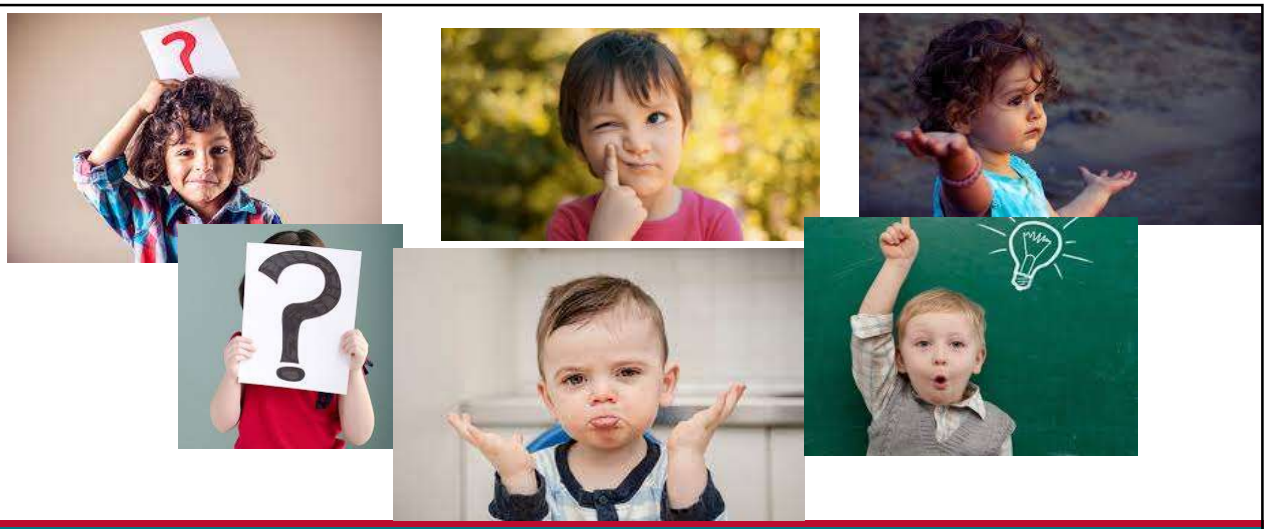
Case examples?

Successes?

Challenges?

Team considerations?

Next Steps?



Questions

Join us for more ECEP Office Hours in 2024-25!

November 20, 2024 - Dealing with Challenging Behaviors from an Interdisciplinary Perspective: **Elopement/Running Away**



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Resources on Tantrums and Head Banging



https://www.zerotothree.org/resource/toddler-tantrums-101-why-they-happen-and-what-you-can-do

https://www.webmd.com/parenting/why-would-a-toddler-bang-their-head

https://www.hopkinsmedicine.org/health/conditions-and-diseases/temper-tantrums

https://www.ncbi.nlm.nih.gov/books/NBK544286/

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/

https://challengingbehavior.org/