

COMMON TODDLER BEHAVIORS AND WAYS TO KEEP CALM

by Mary Santelman

Mary Santelman discusses all forms of biting, the labeling of a biter, the biter as victim or victimizer, and record keeping of biting behavior. On the list of toddler behaviors, she also examines tantrums, including insights into the child's emotional needs, calming down, kicking, hugging, throwing things, and hurting people. Mary describes calming behavior by nurturing feelings of safety and trust, guiding the child to meaningful work, accepting mistakes, playing outdoors, and assisting with social interactions that give a sense of belonging, positive learning, and clear boundaries.

For all of us who are parents, grandparents, or work with young children, we know that biting, hitting and tantrums happen, as does pushing, scratching, pinching, kicking, poking, yelling, throwing things, pulling hair, spitting, head butting, and body bumping. Certainly not all children exhibit these behaviors, yet they are common. I often say to parents, caregivers, and my assistant, "Keep calm, it's a stage. We'll get through it together."

"Keep Calm" is going to be a theme of my talk this afternoon, along with the critical needs of the child to have nurturing, engaging relationships and positive connections for their growth and development. We will discuss the importance of how adults communicate with the "wondrous ones" and "terrific twos" and ways that setting limits and establishing routines support the young child's development.

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Courtesy of Lynn Jessen

Adults often pay attention to the physical development and milestones of the infant and young child: rolling over, sitting, crawling, those amazing first steps, jumping, running, etc. The first sounds and words are monumental as well. However, we must look at the whole child, the incredible growth that takes place in all areas of development and the key roles that adults play in supporting this growth. Research confirms today what Dr. Maria Montessori discovered over one hundred years ago: early childhood experiences are literally brain-shaping.

I'd like to begin by showing a short video, Dr. Edward Tronick's "Still-Face" experiment, which can be found online. The video shows the infant's sensitivity to the unresponsiveness of the adult, the efforts to re-engage with the adult, and the vast differences observed when there were reciprocal social interactions. Each time I see this video it strikes me in a profound way about the social and emotional life of the young child and how important it is to intentionally interact, communicate, and respond in warm, compassionate, and emotionally sensitive ways.

Before I begin to talk about two of the behaviors that elicit strong emotional responses from adults, biting and tantrums, I want to share a quote by Haim Ginott. Back in the 1970s, this quote was given to me by a college professor before I began my first student teaching. I've kept this quote on my desk, tucked away in journals, pinned to a bulletin board, in a school closet, and in many other places

throughout the past forty years as a reminder of the critical role of the adult, in whatever capacity we are interacting with children.

I've come to a frightening conclusion. I am the decisive element in the classroom. It is my personal approach that creates the climate. It is my daily mood that makes the weather. As a teacher I possess tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or dehumanized.

BITING

In 1997, I began working in a toddler community and *every* year there have been incidents of biting. Communication is key so that the adults work together to find consistent ways to support the child at home and at school. Because biting can be so upsetting to parents and caregivers, it is helpful to be pro-active and to talk openly about biting, starting as early as parent orientation. We share that children may bite because they are 1) sensorial explorers using their mouths to gain information; 2) teething; 3) limited in their verbal skills; 4) experimenting with cause and effect; 5) impulsive; 6) seeking attention or control; 7) experiencing strong feelings such as frustration, anger, stress, etc.; or (8) over-stimulated. As much as we'd like to know the reason, the cause is often unknown. We can't control the *why* but we can control *how* we respond to the situation.

We provide information about the need to support both the child who has been bit and for the child who did the biting. The adult needs to respond quickly and in a calm, matter-of-fact way. For the child who has been bit, their feelings need to be acknowledged, "I can see that your arm hurts. Let's go wash it with some soap and water." Offer whatever comfort is soothing to the child, without over-doing it and drawing too much attention from the other children.

It helps when we are able to discuss the topic with confidence and demonstrate that we are experienced, have procedures in place, and are ready to respond to biting in a calm, respectful way.

Some children who bite do not show any facial expressions or appear to indicate a connection between their action and the bit child's response. Other children may respond by looking down, moving away or avoiding eye contact. Some break out in tears. Direct, factual responses are given to the child who bit, "Teeth are for biting food. Biting hurts." The adult may guide the child who has bit to get an ice pack to offer to the hurt child. I'll say, "It is my job to keep everyone safe." We talk about and model "gentle touches." We do not force children to apologize, but provide models, "I'm sorry to see that your arm is hurting."

We also share with parents and caregivers a quick review of the steps in first aid that take place when a bite happens. Their anxiety levels tend to be lowered because they have the knowledge that their child will not be labeled as "the biter" and that they will not be judged as bad parents. It helps when we are able to discuss the topic with confidence and demonstrate that we are experienced, have procedures in place, and are ready to respond to biting in a calm, respectful way.

When discussing the incident, the children's names are not shared, and just the basic facts of the incident are provided. We encourage parents and caregivers not to yell, punish, lecture, or scold the child who bit or ask many questions about the incident. The young child lives in the present and often cannot answer the questions being asked. Parents are informed that children should never be bit back to "give them a taste of their own medicine" as this only models inappropriate, hurtful behavior. We find common language and responses that can be used consistently at school, home, or in any settings that biting is occurring. For children who are teething or are very oral, it may be helpful to offer them some cool, teething objects to chew on. Another possibility is to give them soft, chewy foods for that additional oral stimulation.

Often biting occurs very impulsively, and the child who has been bit happens to be in the wrong place at the wrong time. Other times a particular child may be the recipient of multiple bites so this relationship needs to be carefully monitored. During a timeframe when biting is occurring, the adults need to be vigilant – anticipating any situations that may lead to biting, and keeping a watchful eye

on the child who is biting or a child who may be bit repetitively. We need to shadow the child: be near, but not hovering, and be ready to intervene and intercept a bite. In some incidents my hand has been bit as I stop a bite from occurring, and I will respond to the child by saying, "Ouch! Biting hurts. I won't let you hurt others."

Keep detailed records of the biting incidents. These records may help to identify any patterns and will also provide documentation for communication about the behavior. On occasion, biting will continue after a transition to Children's House, but we've witnessed that the biting that is occurring in the toddler community often ceases when the child joins a new community of older children. The topic is openly discussed with Children's House staff during transition discussions and preparations. Biting is not seen as a deterrent to transitions to Children's House.

To end on a light note about biting, here is a video titled "Charlie Bit Me," which can be found online.

TANTRUMS

Tantrums are a normal part of growing up. When we look at the child's first years of life, we see a tremendous transformation that takes place from once being completely dependent on adults to a burgeoning sense of capabilities and independence. Between 18-24 months an important developmental milestone is taking place as children develop a clear sense of self-awareness. They are figuring out that they are separate and their own person. With this awareness, comes a growing sense of wanting to move away from the adults, exploring a larger world, making new discoveries and striving for independence. They are driven to do things themselves and in their own way. Along the way, the child naturally faces everyday obstacles, frustrations, boundaries and limits. The pendulum can swing widely in short periods of time and can be a challenging time for both the child and adults.

It is helpful to try to see the world through the young child's eyes and to be empathetic. What makes absolutely no sense to the adults can be a really big deal for the little ones. We often hear the phrase "the calm before the storm" and we need to continue to be calm *during* the storm too. The adult is the steady skipper of the

ship who provides a safe harbor for the child to navigate through all of these strong feelings. The adult is the anchor who is in charge, sets limits, and shows the child that they are cared for. Although you may be tempted at times, don't jump ship!

A book that I have found very helpful in understanding how the brain is developing and how to respectfully respond to tantrums is *The Whole-Brain Child* by Daniel J. Siegel and Tina Payne Bryson. They describe the different parts of the brain in an easy to understand way: vertically, with the left and right hemispheres and horizontally, with what they describe as the "upstairs and downstairs" brain. They offer twelve strategies to help children integrate these different parts of the brain.

The left hemisphere specializes in logical and linear thinking and is described as an "emotional desert" while the right hemisphere specializes in emotions and non-verbal communication and is more like an "emotional tsunami." The "downstairs" or reptile brain is instinctive and reactive about making survival decisions, while the "upstairs" or mammal brain involves more rational, reflective thinking, used for planning and decision making.

Tantrums are often about power and control, and many struggles can be avoided by providing opportunities for choices in the child's life.

When children are having a right-brained "emotional tsunami" meltdown, adults often respond with a left-brained, logical response, which often does not work well. The first strategy is to *connect and redirect*. This approach helps the adults to first make a right-brain to right-brain connection and be responsive to the

child's emotional state before redirecting the behavior or trying to use left-brained explanations.

The adult's first response may be to offer nonverbal comfort such as a gentle touch or hug, and using a calm voice to offer an empathetic response to help name the feelings, "I can see you're upset. I'm here to help you." When children's feelings are acknowledged, they often feel connected, and begin to calm down. Once the child has settled down, the adult then has the opportunity

to *redirect and connect* left-brain to left-brain where there can be verbal, logical explanations. It is possible to be both responsive to the child's emotions in a calming way and to still set firm limits. If the child is throwing things or hurting others, the adult needs to assist them with their body movements by saying, "You are having such a hard time and I'm here to be sure that everybody is safe. I'll stay with you until you can make safe choices."

If the child is kicking, hitting, or acting in a violent way, the adult needs to intervene and stop the behaviors, "I'm here to keep you and others safe. I won't let you hit, hitting hurts." If verbal guidance does not stop the behaviors, the adult needs to intervene in a firm, calm way with physical support, as minimally and gently as possible. Some children may use this physical connection as a time to accept a hug or comfort, while others may be flailing and in need of a safe place to calm their bodies. Tantrums often signal a child's call for help: a need for connection, a need to release strong feelings, and a need for structure and guidelines. At a time when the adult's response may be to isolate the child or to use time-outs, this actually is a time when the child needs to be connected. Children need to know that caring adults are in control and will maintain limits and support them.

Tantrums can be very unnerving, upsetting, and stressful for caregivers. It's also normal for adults to experience a wide array of feelings in response to a child's tantrums. Parents have shared their feelings of discomfort, anxiety, fear, guilt, shame, sadness, confusion, and anger. There can be feelings of inadequacy and helplessness in not knowing what to do, worries about their child, or concerns of being judged by others. I find it helpful to be humble and to share that some days we all do better than others and there are opportunities for growth and learning in the imperfect moments too. For those interested in digging deeper into these feelings and emotions, I recommend Brene Brown's *The Gifts of Imperfection*, *Daring Greatly*, and *The Gifts of Imperfect Parenting*. I first saw her on a Ted Talk and felt connected to her message about wholehearted living and raising children who know that they are worthy of love, belonging, and joy. *The Wholehearted Parenting Manifesto* can be downloaded on her website.

During these tough times, I offer parents and caregivers the visualization of a hot bowl of soup and guide them to “breathe in the smells of the soup and blow out as you cool the hot soup.” Deep breaths help to release tension, reduce stress and bring calmness. Parents and caregivers find common ground and support systems when they have an open forum to share stories about tantrums. We share that children may have tantrums because they are 1) testing limits; 2) experiencing some disruption to their sensitive sense of order; 3) feeling overwhelmed with strong feelings of frustration, fear, or stress; 4) struggling with transitions; 5) feeling a loss of control; or 6) overtired or hungry.

Do not take the child’s tantrums personally; the tantrum is not about the adult but is about the child who is going through a tough time. When the child’s voice begins to escalate, the adult’s voice should do the opposite talking in a quiet voice brings calm to the situation. Do not add fuel to the fire by laughing at the child, or saying, “You’re ok.” Even though the child’s emotional responses are not easily understood by the adults, it is important to acknowledge their feelings. Tantrums are often about power and control, and many struggles can be avoided by providing opportunities for choices in the child’s life. Do not give in to the child’s requests, make your decision and stick with it. For example, buying candy to quiet a child who is having a meltdown at the grocery store only reinforces the child’s experience that this is the way to get the candy. Be aware of triggers or patterns that may contribute to a child’s meltdowns. Present a calm and steady presence, which is what the child needs most. Even if the child is yelling “go away,” be there with an unconditional presence. Focus on connections, strong relationships, and the positive, and always give as little energy as possible to the tantrums.

KEEPING CALM: WHO IS YOUR ROLE MODEL?

Let’s take a few minutes and think back to when you were a child or a time in the past when you were upset or going through a very emotional time. Who comes to mind as the person you’d want to be with you through this and why? I learned about the effectiveness of a calm response to outbursts from my amazing mother. Her name was Marvyl and she was indeed marvelous. The outbursts



Courtesy of Lynn Jessen

did not involve me or any child, but adults. My mother worked at a dry cleaner and after school I would walk to her work to be with her. I frequently observed her calm ways when a customer was very upset if an order was not ready on time or a stain had not been completely removed. I observed her consistently respond so calmly and empathetically to the situation and she did not take nasty comments personally. I was always impressed how she would listen, offer support and then continue on with her day. How blessed was I to have such an incredible mom and role model. These early lessons served me well when I began work at age sixteen at the same dry cleaner, in other service-related jobs, and now working with young children and families.

In terms of preventing undesirable behaviors, we can begin by looking at many of the factors that contribute to a child's well-

being: 1) loving, nurturing, responsive relationships; 2) feelings of safety and trust; 3) healthy foods and family meals; 4) adequate sleep; 5) no/minimal screen time; 6) a rich language environment filled with conversations, books, and songs; 7) movement; 8) purposeful, meaningful work; 9) opportunities to explore, make mistakes, discover, and learn; 10) time outdoors in nature; 11) social interactions that nurture a sense of belonging; 12) positive role models; and 13) predictable routines and clear boundaries that provide a sense of security.

For some families, many of these supportive factors are firmly in place and minimal support may be needed to help work through a tough time with behaviors. For other families, many of these factors are not present at home and the family needs more extensive support, often including social services and community resources. We are grateful for our part-time social worker who provides connections to resources for our Cornerstone families and other affiliate schools in our Montessori Partners Serving All Children outreach program. We continue to reach out and connect with the families.

There are no quick fixes to many of the more complex challenges, so we try to brainstorm with the parents and caregivers a few strategies that may provide additional support to the child and family at home. Initially, some parents and caregivers may not be in a space to share information and we must meet them where they are at. We continue on with all the strong support systems that are in place at school by providing nurturing care, healthy food, naps, and a rich learning environment.

SETTING LIMITS

Many adults do not set limits for children because they are afraid of upsetting the child and will, at all costs, avoid conflicts. Limits and boundaries are essential for a child's sense of security and predictability. A common source of tantrums is inconsistent limits and boundaries between adults; for example, when one parent sets a clear limit and the other does the opposite. The adults, at school and at home, need to be on the same page. Children seem to have a sixth sense when there is inconsistency and will often go from one adult to another seeking what they want.

Limits should be given consistently and with positive expectations of the child's capabilities. For example, if a child is jumping on the sofa, make a calm connection and in a firm way clearly communicate the limits, "This sofa is a place to sit. When we go outside after snack, you can jump on the trampoline. Here's my hand to help you down." If the child is resistant to stop jumping on the sofa, offer a choice, "Do you want to get down by yourself or do you need my help?" If the child is unable to get down on their own, then help them down and don't allow the jumping to continue. Set the limit with confidence, follow through, and don't negotiate or waver as this only contributes to the child's ambiguity and insecurity.

One limit that we often talk about is "screen time," which includes TV, movies, video games, cell phones, computers, and tablets. The American Academy of Pediatrics recommends no or very limited screen time before the age of two, no more than two hours of entertainment media per day, keeping screens out of bedrooms, setting and enforcing a tech curfew, encouraging tech-free meals, and establishing a media and technology family plan.

ROUTINES

Limits can be supported by the incorporation of solid routines in the child's everyday life. Toddlers are in a sensitive period for order, and routines provide them structure for the busy world they live in. Routines also provide great opportunities for building relationships through conversations, interactions, and time spent together. At home, routines work best when they can be worked on collaboratively by family members. When everyone is on board with the plan, they can work together to make it a positive experience.

Routines support the young child by 1) providing a sense of security and trust by helping them to predict what's happening next; 2) anticipating what is going to happen next gives them confidence and a sense of control; 3) developing memory through repetition of the steps of a routine; 4) reducing stress as consistency makes the child feel safe; 5) increasing the child's independence because they are able to complete steps of a routine on their own; 6) decreasing power struggles because the steps of the routine are consistent and familiar; 7) strengthening relationships, at school and at home, with

children and adults connecting and working together; and 8) helping with transitions.

Routines that are helpful for the young child are created for the morning schedule, learning to use the toilet independently, transitions, mealtimes, and bedtime. For example, a bedtime routine may include taking a bath, putting on pajamas, brushing teeth, going to the bathroom, reading two books (keep the number of books consistent), a goodnight hug and kiss, and then lights out. There should be starting and ending times for the routine, so if putting on pajamas takes extra time one night, there may not be time for two books because the lights go out at 7:30. It takes time to establish routines, but with consistency, even on the weekends, the end results are beneficial for everyone. Some families have shared positive experiences in creating simple pictures that show the order of the routine, these can be pictures cut out from magazines or simple hand drawings.



Courtesy of Lynn Jessen

HITTING THE REFRESH BUTTON

Young children can be struggling in one moment and hugging shortly thereafter. It's a gift the children give us as they live in the present. They move on much more easily than many adults do. Here are some ways that adults can recharge their batteries and bring their best to their interactions with children.

- **Self Reflections.** Our own self-awareness develops when we pay attention to and reflect upon the feelings we experience. What are your buttons and who, what, why, when, and where are they pushed? Pause, take notice, journal, and discover patterns; many may stem from our own childhood experiences and parenting. Which ones are working for you? Which ones need some work to eliminate?
- **Time-Out.** I've never used this with children, but often for myself. When my daughters were younger, and I was not feeling in the best place to deal with a situation, I would say to them, "I need a few minutes to think about this." Then I would go into the laundry room and shut the door. This in and of itself often quieted them and I'd hear them whisper, "What do you think she's doing in there?" A favorite Erma Bombeck quote is, "When my kids become wild and unruly, I use a nice, safe playpen. When they're finished, I climb out."
- **CALM.** I often think of this acronym while walking towards a situation that needs my calm attention: **C**onnect with my own feelings before connecting with the child, **A**cknowledge the child's feelings, **L**isten, and **M**odel respectful behavior.
- **Be Compassionate with Yourself.** There is no such thing as a perfect parent, perfect teacher, or perfect anything. Brene Brown (16) wrote, "The heart of compassion is really acceptance. The better we are at accepting ourselves and others, the more compassionate we become."

- **Self-Care.** Find ways to care for yourself and make it a priority to do whatever supports your whole being. Don't forget to play! In his book, *Play*, Stuart Brown (2018) talks about the necessity of play for adults throughout life and how it contributes to our health, relationships, and happiness. He writes, "... the most significant aspect of play is that it allows us to express our joy and connect most deeply with the best in ourselves and in others." What are your favorite memories about your childhood play? How do you play now as an adult?
- **Sense of Humor.** Laughter can always lift our moods and help us cope with life in a more positive way. Simple pleasures are the best and I will end this talk with this video of a little boy, his father, and their joyful laughter. It can be found online if you search "Laughing Baby Ripping Paper."

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