"You Haven't Seen a Tantrum Until You've Seen My Toddler's Tantrums"

When Should You Worry?

"You don't understand. Jacob doesn't just tantrum, he completely falls apart. He screams bloody murder. He cries like I'm tearing off a limb; honestly, I'm amazed no one has called the cops! I know you talk to parents about this kind of thing all the time, but I can pretty much promise you that you've never seen any child throw a tantrum the way that Jacob throws a tantrum."

"OK, so I know all about the 'terrible twos,' but this goes so beyond that. My older daughter had some of the terrible twos, and now—I can't believe I'm saying this!—I actually long for those days. What Abigail does goes so far beyond that, it's not even funny. If she doesn't get her way about anything—it could be the smallest, most unimportant thing in the world—she melts down as if the world is ending right then and there."

"The other day, Olivia became so unreasonable when it was time to leave the playground that it was truly a nightmare. I ended up throwing her over my shoulder and carrying her out of the gate, while all these other moms and dads and nannies watched and judged the fact that I couldn't control my own daughter. Or at least it certainly seemed like they were judging. I don't understand: Does every toddler do this? Why does it always seem like it's only mine?"

Each of these quotations is an excerpt from a conversation or email exchange I have had with a parent, and there are hundreds more just like them. When I first hear from or meet parents, more than anything else they want to know whether their child's behavior is normal, expected, part of the typical developmental trajectory. On the one hand, parents want reassurance that, although their child morphs into a Tasmanian devil with some degree of frequency, so does everyone else's. Not only does misery love company, but obviously there is also tremendous relief in learning that your child's behavior is not worrisome per se, no matter how difficult to tolerate. On the other hand, the fact that your two- or three-year-old Tasmanian devil is *yours*—well versed in getting under *your* skin, pushing *your* buttons—often makes the behavior seem far worse to *you* than that of his or her little devil peers. And so the same parents who experience relief at knowing their child's tantrums are typical also don't quite buy it and need their unique experience—that no other devil is quite as devilish as their own little devil—validated. There's weird parent competition everywhere these days. "Oh, you think Lila's pouring milk all over the kitchen floor is bad? That's nothing! Oliver did the same thing but with pee! He seriously took his potty of pee and looked me right in the eye while pouring it on the floor!" And then Lila's mom doesn't know whether to surrender and admit that, yes, urine beats dairy or follow up with the story about the time Lila covered the cat in clay.

Before we go any further, let's define what we mean by normal. For many parents, "normal" is code for "nothing to worry about"; if a child's behavior is normal, then, in colloquial terms, it typically means there is no need for concern—or perhaps even for action. Parents often take comfort in hearing that a behavior is normal because the ensuing assumption is that it will pass with time, that their child will "outgrow" it. And this is certainly often the case with tantrums. What's not the case, however, is that tantrum behaviors are stagnant, existing in a vacuum and impervious to change. Tantrums—even normal, vanilla ones—are influenced by how you, as parents, respond. Therefore, for our purposes, determining whether your child's tantrums are normal is not about rendering parental responses less impactful, but, rather, about figuring out whether a higher level of intervention than that you can offer at home is needed.

However "normal" they may be, tantrums can be influenced—and changed—by your response.

Young children begin having tantrums around 18 months of age and continue to do

so, to varying degrees, until they are four or five years old, although they generally taper (in frequency, duration, and severity) over time. The episodes typically peak (read: are most miserable to endure) when children are between the ages of two and four years, the age group that's the primary focus of this book. It's probably a relief to know that tantrums as a behavior are normal—in all their soul-crushing glory—during this period of life, but as the parents quoted at the beginning of this chapter can attest, that doesn't mean you're sure that *your* child's tantrums are normal. There are a few different ways to look at the question of when normal becomes atypical or worrisome.

Five *Possible* Red Flags

First, by studying the tantrums of healthy preschoolers compared to those of preschoolers with clinical diagnoses (depression, disruptive behavior disorders), researchers have been able to identify five characteristics, or styles, of tantrums that are considered potential "red flags" for meriting further assessment by a mental health professional:

1. *Aggression toward people or things*. Wait, don't freak out. Some aggression is both normal and expected; as we'll discuss in more detail later on (particularly in Chapter 3), your children are learning to navigate the world and their place in it. Figuring out if and how and where it's effective to express themselves physically is part of this. Not to mention their notorious (and also completely developmentally appropriate) lack of impulse control and response inhibition. In fact, hitting has actually been found to be a common tantrum behavior exhibited by children between 18 months and five years. But if your toddler goes beyond throwing the occasional left hook when you refuse to buy him a candy bar at the drugstore, and is consistently aggressive toward you or another caregiver more than 50% of the time and/or violently destructive toward objects during tantrum episodes, you may have cause for concern.

2. *Self-injury*. Again, take heed—many toddlers or preschoolers may start to bang their head against the wall, or pinch themselves, or hit themselves on the leg when they're upset. And again, this happens for various reasons, not least of all because it's often a surefire way to ensure that Mom or Dad comes running. It's also a behavior that tends to dissipate as children gain more expressive language, as well as prosocial coping skills. But

if a child is repeatedly and forcefully biting herself, scratching herself, or banging her head against the wall or floor, further assessment is likely necessary.

3. *Frequency*. There are days when it seems like all your child does is tantrum. I get it; I really do (no, I *really* do—let's just say that our family spent all day yesterday in an airport and leave it at that). But if your child is genuinely throwing numerous tantrums per day, every day of the week, every day of the month, you may have something to worry about. While I hesitate to provide these exact numbers, lest you open a spreadsheet and go overboard in your tracking, the seminal study that provided the five red flags concluded that those more at risk for a clinical diagnosis had:

- 10–20 discrete tantrum episodes on separate days at home during a 30-day period *or*
- more than five tantrums per day on multiple days during school or outside of the home/school.

4. *Duration*. Sometimes I recommend that parents time their child's tantrums—literally set a timer on their phone when a tantrum begins and stop it when it ends—because when you're in it, a five-minute tantrum can seem as though it's nothing short of three hours. And yes, we can all recall the times when our child's tantrum lasted—actually, truly lasted—a full hour, but that's kind of the point: we remember those times as distinct (and miserable) because they stand out compared to the child's typical meltdown, which lasts somewhere between 30 seconds and five minutes. The same study that found hitting common during tantrums in children one and a half to five years old found that the median length of a tantrum was three minutes, with 75% lasting between 90 seconds and five minutes. Children whose tantrums almost *always* last upwards of 25–30 minutes may have underlying issues that need additional attention.

5. *Inability to self-soothe*. Young children in need of further evaluation and/or intervention typically do not possess the skills to calm themselves down once in the midst of a tantrum. Unless they are removed from the situation, or someone actively helps them, the tantrum behaviors will persist indefinitely. Note, of course, that self-soothing skills are on a developmental continuum and that many young kids need to learn how to take deep breaths, or to count to four, or hug their soothing object of choice before they can implement these techniques on their own.

Clearly, the characteristics on pages 15–16 offer guideposts with regard to whether, and when, to worry about tantrums, and research has continued to bear out the theory that both quantity and quality are important. Looking at a diverse community sample of 1,490 preschoolers, one recent study found that, despite the fact that nearly all children (87.3%) had tantrums sometimes, only approximately 10% had an episode *every single day,* a finding that held across age, gender, and sociodemographic groups. Furthermore, the researchers found that tantrums seem to exist on a continuum, with mild/normative behavior (having a tantrum in the context of frustration or distress, for example) on one end and more problematic or concerning behaviors (such as breaking/destroying objects during a tantrum episode) on the other. Having a tantrum "out of the blue" and having one with nonparental adults were also both indicators of concern, consistent with past research findings in this area.

I know what you're thinking. Your little guy once broke a vase during a tantrum, and it's not like he doesn't ever lose his mind with his grandparents. Once he even fell apart with a babysitter when you took a much-needed night off! And you could swear that he had a tantrum every single day last week, which is what prompted you to start reading this book in the first place. And now I'm telling you there may be something seriously wrong with him? You're about to pick up your phone (if you're not reading on it already) and call your partner, your mom, or your best friend to talk through the evidence . . .

STOP. Deep breath.

Remember Context—and Your ABCs

As stated in the previous section, these characteristics of tantrums are red flags—signs that there *may* be reason to seek a professional opinion. May, may, may! These warning signs are just that; *warning* signs. They are *not* the makings of a precise algorithm for distinguishing worrisome tantrums from more typical ones. Even in the preschool study described at the top of this page, nearly a third of the children in the "healthy" group displayed many of the same atypical tantrum behaviors as their peers with diagnosed emotional/behavior problems, providing evidence that these lines can be blurred or broken. Which is the exact reason I didn't frame them as a checklist of yes or no questions. I can't tell you with precision the specific point at which I become worried, as real children in real life are a lot more complicated than words on a page. Tantrums may be frequent, but not

long, or long but not frequent. Clara may hit her mother pretty lightly, but this happens every single time she's upset, and Gabriel, although engaging only rarely in self-injury, may bite himself until the skin breaks. When I evaluate a child's tantrums to determine the level of intervention necessary, I ask about each of these red flags for sure. I also, though, pose many other questions that pertain to both the context and the "ABCs" of tantrums—that is, not only about the behaviors themselves (B), but also about their antecedents (A) and consequences (C).

Behaviors are much easier to influence when we know what happens before and after them.

"ABC" has its roots in applied behavior analysis, a behavioral therapy intervention (often used with individuals diagnosed with autism spectrum disorder) in which contingent reinforcement is used to increase and/or generalize desired, as well as reduce undesired, behaviors. In plain English, this means that we have the best chance of changing someone's behavior when we don't focus solely on the behavior itself but also know what comes immediately before and immediately after the behavior occurs.

Hugs from Mom *and* a Free Ride on Chores

Roland was a clear example of this. At age two and a half, he was throwing epic tantrums every time his mother asked him to put away his toys. After he screamed and cried for about 10 minutes, his mother would soothe him with hugs and kisses, as well as clean up the toys for him. So in this case, the antecedent, or setting, for the tantrum was the demand to clean up, the behavior was the screaming and crying, and the consequence, or outcome, was Mommy hugs and kisses, coupled with the removal of the demand to clean up.

No wonder Roland was throwing tantrums, right?

I'll talk more about how we determine the causes of, or triggers for, tantrums in Chapter 2, but I mention the ABCs here because they provide necessary context for my assessment of the five red flags described in the previous section. Roland's mother initially told me that he was throwing upwards of 10 tantrums per day and that each lasted more than 15 minutes. Without any additional information, I found her account rather concerning, but I soon found out that Roland was throwing a tantrum every single time his mother made a demand of him, and that each and every time, this

behavior resulted in Mommy cuddles and the removal of the demand. With this added information, Roland's behavior became much more understandable—and, frankly, normal. This was not a budding pathology, but rather the natural response of a toddler who had learned a reliable way to get both affection from his mother and his ticket out of an unpleasant task—in one fell swoop! Once I pointed out this pattern to Roland's mother, we were able to work together to change the "C" part of the equation (her response to his tantrums), which in turn led to a change in the tantrum behavior itself.

Bringing Mom and Dad Together with a Tantrum

Here's another example of how key the "ABCs" are, as I want to illustrate this point fully—it's an important one, and we'll come back to it again and again. Serena's mother called to express a concern about the "nonstop tantrum" that her daughter threw every morning at breakfast before preschool. The tantrum, she explained, began the second Serena woke up and continued until she left the house with her father. She would cry, scream, pinch the skin on her hand, and sometimes hit one or both of her parents. As I got to know the family, I learned that the morning was the only time of day during which Serena was home with both of her parents; her father had a demanding job and worked late nearly every night. During my first observation, I witnessed quite a bit of tension between these parents; there was an abundance of eye rolling and some rather hostile tones of voice, in both directions. When Serena was aggressive, however—particularly when she pinched herself—her parents ceased their own bickering and ran to intervene, seemingly in agreement and on the same team for the first time since I'd arrived nearly an hour earlier. Once again, understanding both the setting for and outcome of the tantrum (the antecedent and consequence) was critical. Serena's behavior seemed to be a response to her parents' sparring, one intended (consciously or otherwise) to bring them together. In this case, Serena's self-injurious behavior, while a red flag, was also an understandable, and, again, even normal, response to her family environment. My primary (although not exclusive) recommendation was that Serena's parents work on their own relationship so as to get to a healthier, more connected place. Sure enough, once they did, mornings became more peaceful, and Serena's behavior improved markedly. This is not, of course, to imply that Serena's tantrum behaviors (including pinching herself) were her parents' "fault," but, rather, just that context is key when we attempt to discern whether there's reason for alarm.

"Normal" Is Complicated . . .

I cite these two examples for two reasons. First, I want to highlight the idea that the very question of whether a toddler's tantrums are normal is often a complicated one; not only is the implication of a clear delineation between normal and abnormal misleading, but young children's behavior, no matter how severe or upsetting, can often be considered a "normal" response to particular circumstances. Second, these brief examples illustrate why it would be impossible to establish a formula that determines objectively whether a child's tantrums fall into the majority that are normal or the minority that suggest the potential presence of some pathology.

Does all of this nuance, then, render the red flags useless? No. Absolutely not. There is a reason I included them in this book, and in Chapter 1 no less. Because what these red flags *do* do is offer a *framework* in which to think about the extent to which your child's tantrums are typical and to answer the question of whether it might be helpful to have someone with more expertise—and less bias—weigh in.* After all, as parents, we frequently fall prey to our own version of "medical students' disease," defined by *Wikipedia* as a "condition frequently reported in medical students, who perceive themselves to be experiencing the symptoms of a disease that they are studying. The condition is associated with the fear of contracting the disease in question." Parents read a list of red flags, such as this one, determine—within seconds—that their child clearly meets all of the characteristics described, and promptly hit the panic button.

Red flags provide a framework, not a formula.

. . . And Also Pretty Common

And so before you go calling your cousin's future mother-in-law, a child psychiatrist who will likely be able to confirm (via text, obviously) that your child, whom she's never met, is indeed a sociopath, please note that there is also some good news. Which is that, from a purely anecdotal standpoint, when parents ask me whether their child's tantrums are normal, *most of the time they are*. As I'll explain in Chapter 2, tantrums are a normal and important part of early child development. So, when parents approach

*Toddler humor alert: If read out loud, this sentence suggests the presence of "doo-doo," which is always funny. (I have been in this field for way too long.)

me with concerns that their child's tantrums are unusual or pathological in some way, I generally end up assuring them that this is not the case. This does not mean, however, that I say, "no worries," and send them on their way. Just because tantrums are normal does not mean that they can't, or don't, often cause a great deal of distress for parents. Understanding what tantrums are and how they work—for your particular child in your particular family in your particular home—is important regardless of how "normal" they are. Which, of course, is why I wrote—and you're reading—this book, focused on normal, vanilla, run-of-the-mill (although notably nightmarish in their own right to parents everywhere) tantrums.

When tantrums are normal, they decrease as children get older, their brains develop further, their communication skills improve, and their understanding of the world—and their place in it—becomes more sophisticated. Read: there is a light at the end of the tunnel! That said, we all know older kids—and, frankly, adults—who continue to throw tantrums, even if the behaviors themselves look different. All you have to do is watch the news for five minutes and you'll hear about someone or other—usually a politician!—who, according to the anchor or reporter, is somehow throwing

If, after reading this chapter, you are concerned that your toddler may need a professional evaluation and/or services, the following may be helpful resources:

1. Your local department of health and/or education (in the United States): Many districts offer free early childhood evaluation services, and potentially therapies, for residents.
2. Division 53 of the American Psychological Association, the Society of Clinical Child and Adolescent Psychology, offers a directory of child therapists in the United States and Canada who practice using evidence-based treatments and techniques: *https://sccap53.org/find-a-therapist.*
3. The Society of Clinical Child and Adolescent Psychology provides information about a range of evidence-based child therapy approaches for children, as well as tips for choosing a therapist, at *http://effectivechildtherapy.org*.

The Resources at the back of this book offer more sources of information and help.

a tantrum. So, although a 12-year-old may no longer throw himself on the floor and kick and scream when he is told he has to put the iPad away, he may protest, refuse, sulk, argue, and potentially engage in many more extreme behaviors in response to his feelings of frustration, powerlessness, and disappointment—the very same feelings he had when, as a toddler, he was told he couldn't have more ice cream. This, of course, raises the obvious question: What exactly are tantrums? And how do they happen? These questions will be addressed in the next chapter. As you read ahead, keep in mind that how you, as parents, handle tantrums when your child is two or three years old will have lasting implications for how he or she learns to manage overwhelming feelings—anger, frustration, distress, disappointment, sadness—over time. Because—and this bears emphasizing—*the feelings themselves don't go away*. Our children cease having tantrums not because they become inured to difficult emotions but because they learn to cope with them. How, and how well, they do that is up to you.

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370 Seventh Avenue, Suite 1200
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212-431-9800
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