Promoting Positive Behaviors in Early Childhood (Age 0-5)

Joyce Pulcini, PhD, PNP-BC, FAAN
HEALTH PROMOTION GOALS FOR THE CHILD

- Develop good health patterns, i.e., nutrition, exercise, sleep
- Begin to take responsibility for health
- Accident prevention: understand risks and dangers
- Freedom to develop potential
- Develop creativity, enthusiasm, try out new ideas/accept failures
- Control one’s behaviors
ASSESSING BEHAVIORS: ABC FORMAT

ANTECEDENTS ➔ BEHAVIOR ➔ CONSEQUENCES

WHAT HAPPENS

BEFORE  DURING  AFTER

BEHAVIOR
<table>
<thead>
<tr>
<th>ABC Observation Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name:</strong></td>
</tr>
<tr>
<td><strong>Observer:</strong></td>
</tr>
<tr>
<td><strong>Activity:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANTECEDENT</th>
<th>BEHAVIOR</th>
<th>CONSEQUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

http://www.dbpeds.org/handouts
2 MONTHS

G&D

EMOTIONAL:
- BONDING/BASIC TRUST BEING ESTABLISHED
- FIRST SMILE
- LANGUAGE: RANDOM SOUNDS

BEHAVIORS/ISSUES
- Feeding
- Settling down to routine
- Sleeping
- Siblings

TIP: Set up a routine which suits your family’s needs as well as the baby’s needs
4 MONTHS

GROWTH AND DEVELOPMENT

EMOTIONAL:
– BABY RELAXED; EASILY QUIETED
– LOOKS FOR CARETAKERS; ENGAGES THEM

LANGUAGE: EXPERIMENTING WITH SOUNDS

BEHAVIORS/ISSUES:
– MAY JUST BEGINS SOME SOLID FOODS
– SLEEP PATTERNS ESTABLISHED,
– MAY BE SLEEPING THROUGH THE NIGHT; NEEDS FEWER NIGHT FEEDINGS
6 MONTHS

GROWTH AND DEVELOPMENT:
– IMPROVED DISTANCE VISION AND DEPTH PERCEPTION

EMOTIONAL:
– EXPLORING ENVIRONMENT
– RESPONDS TO MOODS OF OTHERS
– CRIES AND FUSSES SELECTIVELY

LANGUAGE: MAY BE LESS VOCAL BUT LISTENING TO AND DELIGHTING TO NEW SOUNDS

BEHAVIORS/ISSUES
– INCREASED MOBILITY: BABY-PROOF HOUSE, PROVIDE SAFE SPOT
– TEETHING
– SLEEP PATTERNS DEVELOPED
– FEEDING SOLID FOODS WITH SPOON

TIP: This is as good as it gets: ENJOY
9-12 MONTHS

EMOTIONAL:
- AWARE OF DIFFERENCES IN PEOPLE,
- OBJECT PERMANENCE, INTENTIONAL BEHAVIOR; PRACTICING NEW SKILLS
- EXPERIENCES & SHOWS FRUSTRATION, AFFECTION
- SEPARATION ANXIETY

LANGUAGE:
- REPEATS SOUNDS,
- UNDERSTANDING MEANINGS OF WORDS
- RESPONDS TO NAME,
- EXPERIMENTING WITH SOUNDS

BEHAVIORS/ISSUES
- DANGEROUS PERIOD -CONSTANT SURVEILLANCE
- SLEEP PATTERNS SET; SLEEPS THRU THE NIGHT
- TEMPER TANTRUMS/ BREATH HOLDING SPELLS
- TOILET TRAINING- (TIMING WITH READINESS)
Marie is a thriving 9 month old female who has been breast fed since birth and lives with her mother, grandmother and two siblings who are 7 and 10. She is still getting up 2-3 times per night for a feeding. The mother is getting annoyed with this and wants some help.
Early Childhood

1-4 Years
18 MONTH

GROWTH AND DEVELOPMENT

EMOTIONAL:
- EARLY SELF ESTEEM
- ATTEMPTING TO CONTROL SELF AND ENVIRONMENT
- EGOCENTRIC

LANGUAGE:
- EXPERIMENTING WITH WORDS & SOUNDS; BEGINNING TO USE TWO WORD PHRASES;
- UNDERSTANDS WHAT IS SAID; CAN FOLLOW SIMPLE DIRECTIONS.

BEHAVIOR/ISSUES
- APPROPRIATE DISCIPLINE/CONTROLS
- SAFETY: CHILD IS DANGEROUS TO SELF
- TOILET TRAINING TECHNIQUES CAN BEGIN
- LANGUAGE STIMULATION
- PROMOTE WELL BALANCED DIET (EATS SAME FOODS)
- TEMPER TANTRUMS MAY OCCUR

TIP: Positive child behavior is not automatic: It is a skill like anything else
Ryan is a 18 month old child who is living with his mother. He is a first child of this 22 year old single mother who works and leaves the child with her aunt for child care. Ryan is starting to have temper tantrums, throwing himself on the floor when he does not get what he wants. He has also had episodes of breath holding spells. Ryan is a very active child who gets into everything.
Temper Tantrums

- Temper tantrums are most common from 2-3 but can occur from 12 months to 5 yrs.
- Normal tantrums: can simply be demands for attention, anger, frustration or protest (do not have words yet)
- May be a sign of regression ie new sibling.
- More likely to occur in certain times of day; ie late afternoon, when hungry.
- Problems: Frequent tantrums: >5 per day and result in destruction in property are a problem; > 5 consider referral
- Persistent negative mood or behavior between tantrums
- Harm to self or others
- Look for other behavioral problems ie enuresis, aggression that is excessive
2 YEARS

GROWTH AND DEVELOPMENT

EMOTIONAL:
– CAN BE NEGATIVE – DISCOVERS “NO”
– BEGINNING TO USE IMAGINATION

LANGUAGE:
– SPEECH HALF INTELLIGIBLE TO THOSE OUTSIDE OF FAMILY

ANTICIPATORY GUIDANCE
– STABILITY AND ROUTINES ARE ESSENTIAL
– SELF-ESTEEM
– IMPORTANCE OF PLAY
– MAY BE ASSERTING HIMSELF ("TERRIBLE TWOS")
– BEHAVIOR MANAGEMENT MUST BE CONSISTENT
– TOILET TRAINING

TIP: “Catch the child being good”
A mother says, "I have a problem with my 2 ½ year old boy. For the last month I haven't been able to get him to stay in bed. We had gotten him a twin bed and he enjoyed being able to get out of bed by himself. Now, he abuses that privilege. I keep him up later now but the minute I put him into bed and leave him, he comes right out of his room with a very cheerful, 'Hi Mommy'. He can keep this up a dozen times. I have tried every means I can think of to make him stay in bed. I've explained to him, I've told him stories, I've sung to him. And, as much as I hate to do it, I've threatened him, spanked him, made him stay in the corner, and even locked the door for a minute or two."

The mother says that she is really desperate and wants to know what to do.

-
Sleep Problems in Children

- **Bedtime struggles**: occur in at least 20-23% of children under 3
- **40% of infants who had sleep problems at 8 months still had them at 3 years** (Grover)
- **Nightmares**: begin usually before age 10 (5% of individuals); remember nightmare; occur during light sleep
- **Night terrors (rare)**: partial waking from deep sleep that may begin during the preschool years. (1-4% of children usually 5-7 yrs.); no memory; non-REM or deep sleep
3 YEARS

DEVELOPMENTAL PROCESS:
- INCREASING SELF DIRECTION
- PARALLEL PLAY
- USING LANGUAGE AS A TOOL
- GREATER EXPECTATIONS OF BEHAVIOR
- MAGICAL THINKING

FAMILY:
- FOSTERING SELF ESTEEM AND APPROPRIATE SEPARATION

DIET/SLEEP/HABITS:
- EATING HABITS BEING ESTABLISHED
- SLEEPS 10-12 HRS/DAY WITH ONE NAP
- DREAMS/POSSIBLE NIGHTMARES
- DAYTIME AND NIGHTTIME CONTROL

TIP: USE MAGIC OR PLAY TO DISTRACT THE CHILD FROM LESS POSITIVE BEHAVIORS
3 YEARS (CONT.)

GROWTH AND DEVELOPMENT:

EMOTIONAL:
- INCREASING CONFIDENCE AND INDEPENDENCE;
- FEARS ARE COMMON; IMAGINARY FRIENDS;
- TRIAL AND ERROR APPROACH TO PROBLEMS;
- UNDERSTANDS CONSEQUENCES OF ACTIONS;
- BEGINNING SEXUAL IDENTITY
- LANGUAGE: USES LANGUAGE, CAN VERBALIZE WELL; SPEAKS IN SENTENCES

BEHAVIOR/ISSUES:
- HABITS ARE BEING DEVELOPED
- APPROPRIATE STIMULATION/PREPARATION FOR SCHOOL
- FEARS
- CHILD REARING PRACTICES
4-5 YEARS

DEVELOPMENTAL PROCESS
- SCHOOL READINESS
- LEARNING TO GET ALONG WITH PEERS
- SEPARATION ISSUES

EMOTIONAL
- CAN PLAY WITH OTHER CHILDREN; BEHAVIOR UNDER CONTROL
  STILL HAS FEW BAD BEHAVIORS BUT THEY ARE DIMINISHING BY
  AGE 5

LANGUAGE;
- CAN EFFECTIVELY COMMUNICATE IN LANGUAGE;
- SPEECH IS CLEAR TO ADULTS OUTSIDE FAMILY

BEHAVIOR/ISSUES
- SEPARATION
- APPROPRIATE & STIMULATING READINESS ACTIVITIES
- TEACH PARENTS ADVOCACY SKILLS FOR SCHOOL
- CHILD NEEDS SENSE OF RESPONSIBILITY
Positive Parenting tips: CDC
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/

Bright Futures (AAP). Bright Futures/Child Care Health Partnership Handouts for Parents
http://www.healthychildcare.org/bfutures.html