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#### **Behavior Clinic**

- Founded in 2003
- Outpatient mental health clinic serving children ages 0-6 years and their caregivers in Milwaukee County
  - In-home is the primary modality, during covid19 pandemic telehealth was added as an option
- Utilizes the Early Pathways treatment model
  - Developed through research with Marquette University dating back to the 1980's through present
  - Trauma-Informed Cognitive Behavior Therapy (CBT) through a developmental lens

# Temper Tantrums

Other terms parents may use:

- Outbursts
- Meltdowns
- Falling Out
- Throwing a Fit





## What is a temper tantrum?

- Crying
- Screaming
- Talking back/negative language
- Falling to the floor
- Kicking/flailing
- Aggression
- Throwing items



## **Behavior Cycles**

- 1) Child's Negative Behavior:
  - •Tantrums when you say "No" to a cookie

- 5) Your Child Learns:
  - •Tantrums work to get what I want

Negative Behavior Cycles

- 2) You Think:
  - Again?! I can't listen to this screaming!

- 4) You React by:
  - Arguing back and forth
  - •Trying to reason with him
  - •Giving him the cookie so he stops

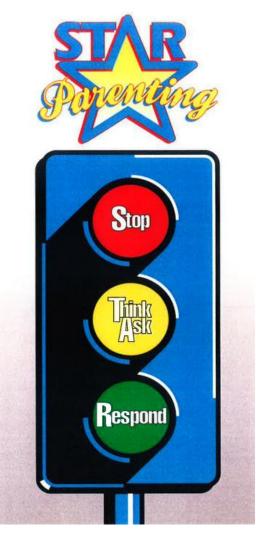
- 3) You Feel:
  - Angry, frustrated, stressed, exhausted



## S.T.A.R.

Stop-Before reacting to a behavior

Think-about the situation & about what you are feeling



Ask-are my expectations appropriate? Which response fits the situation? Am I ready to follow through?

Respond-using a strategy that will break the behavior cycle

## 1) Child's Negative Behavior:

•Tantrums when you say "No" to a cookie

#### 5) Your Child Learns:

•Tantrums don't get me my way

#### **Neutral**

Behavior

Cycles

#### 2) You Think:

Again?! I can't listen to this screaming!



#### 4) You Respond by:

- Sticking to the limit
- Using the ignoring strategy



#### 3) You Feel:

Angry Frustrated,Stressed, Exhausted





# Needs-Based

#### Why this type of tantrum?

- Communication
  - Low level of speech
- Physical state of discomfort
  - Hungry
  - Sick
  - Tired
  - Sensory needs

#### How should I respond?

- Prompt your child to ask appropriately
  - May need alternative forms of communication like gestures or picture cards
  - Provide an example: "Say milk" or "Say Can I have a snack?"
- Meet the need
  - Nap, snack, sensory breaks

## **Functional**

#### Why this type of tantrum?

- Wants something
  - Not a need
- Trying to "get their way"

#### How should I respond?

- Ignore the tantrum
  - Limit attention in any way possible while maintaining safety
  - Use differential attention
    - Not reacting to negative
    - Responding to the positive
- Stick with the limit



## **Avoidant**

### Why this type of tantrum? How should I respond?

- Trying to avoid something
  - Want to "get out of" doing something

- Use immediate and consistent follow through
  - Hand-over-hand guidance to complete the task
  - Respond right away
  - Praise when the task is complete



## **Emotional**

### Why this type of tantrum? How should I respond?

- Strong feelings
  - Fear or sadness
- Reminders of a stressful event
- Not always able to identify the source
  - Seems "out of the blue"

- Provide comfort
- Use coping skills together
  - Take a "Time In" sitting aside with your child
- Maintain consistency with routine
- Track patterns to identify triggers

## Why is sticking to limits important?

- Kids' brains respond well to predictability, this includes knowing what the limits are
  - Doesn't mean they won't try to push the limits
  - They might appear happier on the surface without the limit
- Kids' ability to curb their own impulses and plan ahead is low due to brain development at this age
- Lack of limits and follow through leads to MORE behavior in the future

# Why does reasoning with my child not work?

- During tantrums your child's emotional center of their brain is running the show, the logical part of their brain is "shut down"
- Talking to your child during the tantrum may keep their focus on what is upsetting them rather than allowing them to calm down and move on
- Keep in mind: high intelligence does not automatically lead to more advanced emotional regulation
  - Meaning 

    your child may be able to articulate their emotions in an advanced way when calm, but emotionally they are still young and will react consistent with their age group

# Will I see progress?

- Children vary on rate of improvement
- Expect progress to be "up and down" like a wave
- It may get worse before it gets better
- Some types require other interventions to improve
  - Needs based 
     may need speech or occupational therapy to address the root
  - Emotional → may need trauma/stress related mental health services to address the root
- ALL children have tantrums sometimes!
  - Not realistic to expect them to stop completely



# Will I see progress?





## Should I refer a child to Behavior Clinic?

- ✓ Lives in Milwaukee County
- ✓ Child's age is 0-6
- ✓ Caregiver has been informed & agreed to referral being made
  if not doing it themselves
  - ✓ For foster or kinship care the caseworker needs to be involved to obtain consent from legal guardian
- ✓ Caregiver has behavior or emotional concerns for the child, and/or would like to learn new responses to their child
  - ✓ Does not need to be a "clinical level" concern



#### How can I refer a child to Behavior Clinic?

- Call Penfield's Central Intake department and state that you would like to enroll in Behavior Clinic services
  - Claudia at 414-345-6309
- Professionals working with children can also fax a referral form, include Attn: Behavior Clinic
  - 414-344-7739
  - Contact me for a copy of our referral form
    - courtneyclark@penfieldchildren.org
- Is there a wait?
  - Yes, there is typically a waitlist
  - Around 8-12 weeks for English speaking, possibly longer for Spanish







#### For more information, please visit our websites:

penfieldchildren.org | penfieldbuildingblocks.org

