



# A REVIEW OF DETAILED ASSESSMENT, MANAGEMENT AND PARENT EDUCATION REGARDING TEMPER TANTRUM BEHAVIOR IN YOUNGER CHILDREN

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**Abstract:** Temper tantrum is a common behavior disorder seen in younger children of age group 18-36 months, which can be stressing for the caregivers but at the same time, it demands parental attention and care. Caregiver should be competent enough to understand the needs, emotions, behavior of the developing young child and to provide optimal care for children. The main aim of the review was to discuss temper tantrum behavior, its etiology, symptoms, management, and prevention. In addition, to discuss the role of caregivers and families to provide optimal care for children for management of these events. Articles were sorted from following databases: CINAHL, MEDLINE, PUBMED, Rout ledge, Elsevier BV, SLACK. Inc., other Social science abstracts, EMBASE, Google Scholar and Research Gate. Textbook references were also identified using tds health Teton data systems. However, temper tantrum are considered as normal behavior only but for parents it becomes a tiring job to handle the altered behavior of the young child as he grows physically, emotionally and mentally. The role of primary care giver is very vital in preventing altered behavior. Understanding the needs and desires of the young child at the earliest can settle the deregulated behavior. Handling needs with care keeping in mind safety can improve parent and child relationship.

**Index Terms - Temper tantrum, younger children, behavior, caregiver**

## I. INTRODUCTION

Temper tantrums are a child's response to physical or emotional challenges by attention seeking tact like yelling, biting, crying, kicking, pushing, throwing objects, hitting and head banging. Usually temper tantrum are seen in toddlers but as they enter the pre-schooler and schooler stage, it reduces to some extent. Temper tantrums are expected and developmentally appropriate for several children; however, frequent and deregulated tantrums not only disrupt lifestyle, but are signs of clinically-concerning irritability, an indicator of trans diagnostic mental health risk in early age of life. The foremost common reason given for temper tantrum was lack of attention from parents and delayed language development.

Each child's tantrum duration varies with the cause and time. If child's temper is not regulated and managed, it can further lead to anxiety, depression and other functional impairments.

Tantrums often occur when parents are angry or shouting, threatening or striking their children. The persistence of frequent tantrums is usually an indication of poor parenting behavior or problems in the parent-child relationship. Appropriate parental

responses including the availability of support and love can lower this deregulated behavior. On the opposite hand, the neglect of youngsters may yield negative consequences like personality problems.

Parents are counseled to handle this behavioral problem strategically, by staying calm, firm, and consistent in order to limit the chances of young child taking advantage of this behavior. The young child should be protected from injuring himself or others. Time-out, distraction or diversion techniques and helping child use language effectively are useful to limit the temper tantrum behavior in young children

## II. METHODS

An electronic search was conducted by using the following databases CINAHL, MEDLINE, PUBMED, Rout ledge, Elsevier BV, SLACK. Inc., other Social science abstracts, EMBASE, Google Scholar and Research Gate. The search term entered was “temper tantrum and young children”. Inclusion criteria were all articles written in English language and published since 2011. A mesh search using the term “temper tantrum and young children” was also conducted through tds health Teton data systems to seek out textbook references. There was no exclusion criteria, and all articles, books and book chapters found significant were included to the current review. A total of twelve journal articles and six books source and evidences from the Indian Academy of Pediatrics (IAP) and American Academy of Pediatrics (AAP) website were used.

## III. DISCUSSION OF TEMPER TANTRUM

### Assessment of Temper Tantrum

Deregulated behavior of temper and tantrum in children of age two to three years is well thought to be normal only. Interestingly, Green et al. (2011) carried a study that proposes that children falling in toddler and preschooler developmental age group develop in them a feeling of independence and power; and thus they try to hold out work on their own. Importantly, if the tantrums present as violent behavior at an early age, this diminishes over time, as children of three years old or more have more developed cognitive skills and perception. Individual differences like expressive language, self-regulation skills and parental behavior are the predictors of temper tantrum. (Broder et. al 2013). Albert et. al (2017) suggested the stages of temper tantrum are rumbling and grumbling, help-help, either-or, no-no, leave me alone and hangover. The rhythm of temper tantrum flows through these stages only. (Sravanti et al. 2014).

- **Etiology**

On general basis, the core rationale for temper tantrum were bodily need generation that involves tiredness, feeling of hunger, frustration, seeking attention, change in routine, unfamiliar situation, failing health, and impaired communication due to delayed language. Another reason of temper tantrum that has been encountered is when the child fails to communicate his needs by means of language. Young children of age group 12- to 38-month demonstrated severe (frequent and deregulated) tantrum who uses less words. Toddlers who were late talkers and having vocabulary less than 50 words of no two-word utterance at 24–30 months also had more severe tantrums. (Broder et.al 2013 , Bani Salameh et.al 2021, Albert. et.al 2017 and Manning et al 2019)

Young child at this stage wants independence in his daily activities and others intervening in the same triggers in them deregulated responses. As the younger children understand their emotions, rationale of the activities, communicate these feelings, manage negative emotions frequency of tantrum decreases.

- **Behavioral symptoms**

The common behavior reflected during temper tantrum are hitting, biting, kicking, screaming, yelling, crying, throwing self on floor, hitting objects, rolling on floor, rigid body, banging limbs and head, stamping their feet. Few many have pseudo breath holding spells. (Bani Salameh et.al 2021, Carlson et al 2016, Wiggins et al 2018)

## • Duration

The average duration of temper tantrum is 3.4 minutes, 5 minutes and 7 minutes. The studies further suggested that mostly toddler and preschool (more than 83.7%) experience temper tantrum. Out of which 8.6% have daily tantrum and Half of them experience weekly tantrum of mild intensity. The youngsters who were having irritability have severe tantrums (23.8%). Some toddlers depicts tantrum with slow intensity as well. (Broder. L 2013, Eisbach.S 2014, Carlson et.al 2016, Wakschlag 2013,& Bani salameh 2021)

## MANAGEMENT OF TEMPER TANTRUM

The most common intervention followed by care givers were stating the consequences (time out) and ignoring the behavior (Bani salameh et al 20121, Manning et al 2019, Ogundle. O 2018). The American Academy of Pediatrics (APA) mentions a 1-minute "time-out" for all year of the child's age. Some parents exhibited good practices like listening to child needs and supporting them adequately. Understanding tantrum, as sequence of ego conditions help to keep adult management within framework of therapeutic intervention. (Stocker 2014, Sjuts 2014, Trieschman.A 2017). The acronym R.I.D.D. can help parents to handle tantrum.

Remain calm. State firmly "no biting" in a normal tone. A quiet approach emphasizing redirection and distraction is worthwhile.

Ignore the tantrum.

Distract the child. The caregiver may need to go away from the room, building, or premises with the young child and wait for it to halt.

Do say "yes" when fulfilling the child's needs, but every demand need not to be encouraged especially when it is not desired and important. Fulfilling every demand may encourage undesired behavior.

## Parent child relationship and temper tantrum

As temper tantrum is associated with emotional and behavioral problem, parents need to have a good relationship with the young children. Parents need to assess both language difficulties and mental health at the earliest and correcting will limit early childhood disorders. (Zulia et al 2018, Manning 2019 & Wiggins 2018). Parents behavior during tantrum like turning and walking away, picking up, speaking smoothly, making commands, offering rewards proved to have predicted aspects of tantrum. (Broder 2013 & Trieschman . A 2017). Parent child relationship is proved to affect interpersonal skills and adaptive development among young children. Healthy, positive, close warm, supportive and accepting child parent relationship should be strengthened so as to limit abrupt behavior in young children. (Stocker et al 2014). Parent Child Attunement therapy including praising the child, understanding the behavior improves toddler and parent relationship. (Sjuts. M 2014). Several parent-training programs are available for caregivers to attain skills in managing challenging behavior. The use of evidence based practice intervention including Parent-Child Interaction Therapy (P.C.I.T.) can decrease behavioral problems in children ages two through seven. Parents receive one-on-one and in-person coaching from therapist behind a one-way mirror while they interact with their child during set of tasks. Parents need to practice positive interaction skills and develop disciplinary skills to correct the child's behavior for 14 to 17 weekly sessions. Use the acronym C.A.L.M. to recollect the ways to avoid frequent tantrums and teach primary care giver these skills:

Communicate well. Parent should be role model for young children. They should use excellent communication skills and shunning away negative behavior like arguing and yelling. Adults can provide illustrations of feeling words like "angry," "sad," "tired," or "hungry." Offering facial depictions of feelings (such as a gloomy face, annoyed face, and happy face) allows toddlers to first-rate the image that best describes their feelings. Teach older children to prompt emotions verbally.

Attend to the child's needs. Give the child positive response by means of giving adequate time. Examples of positive response include reading to the child, playing games, and including the child in routine activities like cooking and cleaning. Caregivers also can avoid frustration by childproofing the home and offering age-appropriate playing material that distract the child away from exploring dangerous or undesirable objects. Parental expectations of behavior should be age-appropriate. Limit child's exposure to violent television viewing, which forecasts adolescent and adult aggression.

Let the child share their feelings and listen. Allow the child to regulate decisions by offering choices that are acceptable to the caregiver. Avoid saying "no," too often. Never allow the child's safety at risk while doing what he wants.

Make naptimes and mealtimes a daily routine as far as possible. If the toddler is away from home or misses their usual mealtimes, have simple, healthy food such as dried fruit or crackers available.

#### IV. CONCLUSION

Temper tantrum behavior is considered as normal in the toddler and preschooler. Tiredness, feeling of hunger, failing health, language issues and demands of young children considering safety if identified at the earliest will be helpful in limited occurrence of temper tantrum to some extent. The role of primary care giver is very vital in understanding the needs of the young children. They need to tackle the temper tantrum behavior with lots of patience and self-control. Handling needs of young children with love, care and safety will definitely build strong parent-child relationship and thus limiting such deregulating behavior of temper and tantrum.

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