

OCD | Special Report

Understanding Common Problem Behaviors In Young Children

Most parents of young children, child care providers, and preschool teachers are familiar with hard-to-manage or withdrawn child behaviors: a temper tantrum, a defiant child, one who fights over toys, a child who is excessively shy, or one gripped with separation anxiety, for example.

These common behaviors pose a difficult question for researchers, practitioners, clinicians, and parents. When is a behavior typical and age-related, a short-lived reaction to the stress of developmental challenge or change versus when is it a symptom of a more serious problem that requires intervention?

This special report, based in part on publications written by Susan B. Campbell, Ph.D., University of Pittsburgh Professor of Psychology, explores the issues that help to distinguish normal and transient behaviors from those that warn of a child at risk for deeper, continuing emotional and behavior problems. It examines the more typical problem behaviors seen during the preschool years, rather than on those that are primarily biologically-based, such as autism, or those that can arise from pathological caregiving or the experience of a catastrophic or frightening event, such as post-traumatic stress disorder.

Development During The Preschool Years

From ages two to five, children develop rapidly in many ways. For them, this is a time of significant change and transformation. It is during this period that children typically:

- Learn to regulate emotions and, to some degree, control their behavior on their own. These skills allow children to

play in groups with less adult supervision.

- They develop their ability to plan and use language to communicate, guide their behavior, and interact with other children in positive ways.
- Preschool children grow interested in the world around them, like to explore, and develop the ability to modulate arousal and impulses and regulate emotions. A well-functioning four-year-old, for example, is able to take turns, share, have two-way conversations, coordinate play with others, and resolve disputes without resorting to disruptive behavior.
- By age four years, most children are competent with peers, able to negotiate roles and goals with others, and agree on complex pretend play scenarios.
- Positive relationships with parents, a willingness to follow directions and cooperate, and emerging school readiness skills are also evidence of the strides made in their social and cognitive development by age four.

These changes occur over a brief period and represent a profound transformation from a two-year-old with relatively minimum language, self-regulation, and cooperative play skills to a socially-competent five-year-old with self control and the ability to carry on sophisticated conversations.

Common Behavior Problems

It is not uncommon for some behavior problems to emerge during this period when children are moving so far so



quickly. Behavior problems among preschool-aged children often include high levels of negative and angry feelings, an unwillingness to comply, defiance with parents and other adults, frequent squabbles with other children that may involve physical aggression, failure to follow directions, and problems getting along with peers.^{1, 2, 3}

The most common reasons young children are referred to mental health services include defiance, temper tantrums, and over activity.⁴ Child care providers frequently complain about children who are noncompliant and cannot get along with peers, especially if serious aggression is involved, and children may be asked to leave a child care program for such behaviors.⁵

Other young children may be especially fearful, anxious, sad, and socially withdrawn. Such behaviors, however, are more likely when abuse, neglect, other serious disruptions in parenting or other family problems are present.⁶

Most young children display some problem behavior during their preschool years, and in most cases, such behaviors are transient, age-related, and occur as a reaction to changes and developmental challenges. It is not unusual, for example, for a child to become upset with a change in caregivers or child care setting and respond with tears, anger, or excessive clinginess.

In a small proportion of young children, however, many of these same behaviors are symptoms of clinically significant problems that can worsen over time.

Defining Serious Behavior Problems

Knowing whether a common problem behavior is a sign of something more serious is difficult and requires a skilled professional, and several researchers caution against labeling as “pathological” behaviors that may be typical and short-lived.

A disorder in young children must include a cluster of symptoms or upsetting behaviors and not just one behavior that is annoying to adults, such as the occasional temper tantrum, refusal to comply with adult requests, and fights with siblings. A problem is possibly more serious if all of the following occur:

- The behavior has been troublesome for a period of time, rather than a short-lived reaction to a stressful event or change that may be a typical or normal reaction.
- The behavior is seen in more than one situation or setting, such as at home as well as in child care.
- The behavior is evident across relationships. For example, the child engages in the problem behavior while in the care of a parent and also while he or she is with another

caregiver.

- The behavior is relatively severe.
- The behavior is likely to impair the child’s ability to negotiate important developmental tasks necessary to adapt and function well in the family and among peers.

In applying such considerations to a young child’s temper tantrums, for example, the behavior could simply be a transient developmental phenomenon if the child showed few other problems and if the tantrums occurred when the child was faced with specific stressful or challenging situations, such as when the child was overtired or following the birth of a sibling. However, the tantrums might be a symptom of a more serious and longer-lasting problem if they happened often, were intense, the child was difficult to control at home and in child care, and the child had a pattern of noncompliance, aggression, poor self-control, and negative feelings.

Types of Childhood Disorders

Problem behaviors of young children are usually defined as internalizing or externalizing behaviors.

Internalizing behaviors include worry, anxiety, sadness, and social withdrawal and represent self-focused expressions of distress. Separation anxiety is an example of an internalizing disorder seen among young children.

Externalizing behaviors include tantrums, defiance, fighting, impulsivity, and over activity. Externalizing disorders that apply to preschool-aged children include oppositional defiant disorder and attention deficit hyperactivity disorder.

Guidelines for identifying these disorders in young children are provided in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM)⁷, but a companion volume published by the American Academy of Pediatrics⁸ offers much clearer guidelines for sorting out normal variations of behavior from those that are likely more serious and require intervention. Nevertheless, such diagnoses should be made only by experienced professionals, and information presented here is intended to help front-line service staff to recognize when a referral might be appropriate.

Oppositional Defiant Disorder

One common and more serious behavior problem is oppositional defiant disorder (ODD). Young children with ODD have at least four out of the following eight symptoms: loses temper, argues, defies or refuses to comply, deliberately annoys others, often blames others, is touchy, is angry, is spiteful. In



addition, this cluster of problematic behaviors must occur more frequently and persistently over time than is typically seen in children of a similar age and developmental stage. Further, the child's family and social context must be considered.

Temporary circumstances, such as the birth of a sibling, family conflict, and other stressful events, can lead young children to display behaviors that are similar to the symptoms of ODD.

ODD can occur in preschool-aged children, more often in boys. In one study, ODD was by far the most common disorder diagnosed. In a sample of preschool children attending primary care practices, 16.8% of the children met the criteria for at least a probable ODD diagnosis and 8.1% of those showed severe symptoms.⁹ Even when properly diagnosed, most cases of ODD did not persist over a very long period, except if family adversity or harsh parenting also persisted.

Attention Deficit Hyperactivity Disorder

Another common behavior problem is attention deficit hyperactivity disorder (ADHD), especially in boys, which includes six symptoms of inattention and/or six symptoms of hyperactivity/impulsivity, that are present for at least six months and seen across a range of settings.¹⁰ A family history of ADHD symptoms is another important indicator.

Symptoms of inattention include not paying close attention to details, trouble holding attention, not seeming to listen, not following instructions, trouble with organizing activities, avoiding or disliking things that require a lot of mental effort for a long period of time, losing things, being easily distracted, and forgetfulness.

Symptoms of hyperactivity/impulsivity include fidgeting; talking excessively; and having trouble staying seated, taking turns, and playing quietly. These symptoms, however, are fairly common among young children, which raises concern about the potential for over-diagnosing this disorder.

Studies on disorders among young children vary in their findings on the prevalence of ADHD. For example, a sample of clinical referrals of children aged three to six years reported ADHD as the most common diagnosis,¹¹ while another study found that ADHD was rarely diagnosed in young children and, when it was, it usually occurred with a diagnosis of ODD.¹²

Separation Anxiety

Separation anxiety disorder is the only anxiety disorder specific to children. At least three symptoms must be present for at least four weeks, and significant distress and/or impaired functioning must occur.

Symptoms include repeated excessive stress in anticipation of separation, worry about losing a parent or some other attachment figure, school refusal, and fear of being alone or sleeping alone. Nightmares may also occur.

But these symptoms are common among young children, who may not have the cognitive abilities to understand sudden or dramatic changes in their lives and cannot be expected to easily cope with certain stressful events. For example, a three-year-old who becomes clingy, cries, and shows other signs of separation distress following loss of a parent or a major change in his or her life may be behaving typically predictably. The child may not have a disorder, but parents and caregivers nevertheless may benefit from special guidance to help the child manage these events.

Symptoms of extreme and long-lasting clinginess and upset, especially in the absence of an obvious stressful event or circumstance, are more likely to be a sign of serious problems in the family and in the child's relationship with caregivers.¹³ Such problems call for intervention for both the child and family.

Parent-Child Problem

Many problems in early childhood are related to the quality of the relationships between parents and their children and to issues such as limit-setting and control. "Parent-child relational problem" may be diagnosed when the child's primary problems revolve around parent strategies and behaviors, such as inconsistency or coercive parenting. One study reported parent-child relational problem to be the second most common classification found among preschool children.¹⁴ It was most widely identified in a sample of two-year-olds as the "terrible twos" emerged. By age four, the condition affected far fewer children.

Family Influences

Children's problems arise in the context of the family. Research suggests that the emotional and behavior problems seen among young children often warn of problems in the relationships between parents and their children.^{15,16}

Child abuse and neglect are well-documented as behaviors that predict adjustment problems in young children. Less severe indicators of poor parenting are also influential. For example, harsh, punitive, angry, detached, and rejecting parenting behaviors are associated with high levels of non-compliance among children, defiance, temper tantrums, and aggression.¹⁷

The well-documented link between harsh and uninvolved parenting and externalizing behavior among young children illustrates that it is important to consider family context when trying to predict whether a hard-to-manage preschool child



will develop more severe and long-lasting problems. Many studies suggest that interventions that modify negative parenting are effective, especially with preschool age children.

Other factors are associated with behavior problems as well. Poverty, a low maternal education level, marital conflict, maternal depression, and single parent status are all linked with early onset behavior problems – particularly externalizing behaviors – that tend to last into middle childhood.¹⁸

Such findings further underscore the challenge of interpreting common behavior problems seen among young children and the need for understanding developmental and social context, definitions of common behavioral disorders, and other factors in identifying and helping those children who are at risk for serious, possibly long-lasting problems.

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This Special Report is based on the above-referenced publications. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:

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¹⁸ Ibid.