

# background

Report # 81

Understanding Early Problem Behaviors

December 2006

## Early Problem Behaviors

## Is This Behavior Normal?

*Problem behaviors not uncommon at ages 3-5 years*

**H**ard-to-manage behaviors are familiar to adults who deal with young children. Most parents, child care providers, and preschool teachers have encountered a temper tantrum, a defiant child, one who fights over toys, a child who is excessively shy, or a child gripped with separation anxiety.

Although common, these behaviors raise difficult questions for researchers, practitioners, clinicians, and parents. When is the behavior normal and age-related, a short-lived reaction to the stress of developmental challenge or change? And when is the behavior a symptom of a more serious problem that requires intervention?

### Early Development

From ages two to five years, 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 develop at a time when they are becoming more engaged with other children and allow them to play in groups with less adult supervision.

Children in this age group typically develop their ability to plan and use language to communicate, guide their behavior, and interact with other children in positive ways.

Preschool children also become interested in the world around them. Typically, they like to explore and they develop the ability to modulate arousal and impulses and regulate their 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 the age four years, most children have become competent in peer groups. They are able to negotiate roles and goals with others and agree on complex pretend play scenarios.

Evidence of the strides made in their social and cognitive development by age four also include developing positive relationships with their parents and a willingness to follow directions and cooperate. They also demonstrate emerging school readiness skills.

These changes occur over a brief period and represent a profound transformation from a 2-year-old with relatively minimum language, self-regulation, and cooperative play skills to a socially competent 5-year-old with self-control and the ability to carry on sophisticated conversation.

### Related Reports

*For a small proportion of young children, common problem behaviors, such as frequent tantrums, fighting, anxiety, and sadness, can be symptoms of clinically significant problems that can worsen over time.*

**See Report 82**

### Common Behavior Problems

During this period, it is not uncommon for some behavior problems to emerge. Common problem behaviors include high levels of negative and angry feelings, an unwillingness to comply, defiance with parents and other adults, and frequent squabbles with other children that may involve physical aggression, failure to follow directions, and problems getting along with peers.<sup>1, 2, 3</sup>

Defiance, temper tantrums, and over activity are among the most common reasons young children are referred to mental health services.<sup>4</sup> Child care providers often complain about children who are noncompliant and cannot get along with peers, especially when their peer problems involve serious aggression. And such behaviors can result in serious consequences, including the child being asked to leave a child care program.<sup>5</sup>

Other young children may be espe-

*(Continued on back)*

*(Continued from front)*

cially fearful, anxious, sad, or socially withdrawn. Such behaviors are more likely when abuse, neglect, other serious disruptions in parenting or other family problems are present.<sup>6</sup>

Most young children display some problem behavior during their preschool years. In most cases, common problem 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.

But in a small proportion of young children, many of the same behaviors are symptoms of clinically significant problems that can worsen over time.

**Signs Of More Serious Problems**

Determining whether a problem behavior is a sign of something serious is difficult and requires a professional. Many 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 and upsetting behaviors, not just one behavior that is annoying to adults, such as an occasional temper tantrum or sibling fight. A problem is possibly more serious if all of the following occur:

- The behavior has been troublesome for some time, not a short-lived, typical or normal reaction to a stressful event or change.
- 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 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 chal-

lenging 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.




---

## references

*This report is based on the following publications:*

Campbell, S.B. (in press). Maladjustment in preschool children: A developmental psychopathology perspective. Chapter to appear in K. McCartney and D. Phillips (Eds.), *The Blackwell Handbook of Early Childhood Development*.

Campbell, S.B., Shaw, D.S., & Gilliom, M. (2000). Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology*, **12**, 467-488.

*References noted in the text follow:*

<sup>1</sup> Barkley, R.A., Shelton, T.L., Crosswaite, C., Moorehouse, M., Fletcher, K., Barrett, S., Jenkins, L., & Metavia, L. (2002). Preschool children with disruptive behavior: Three-year outcome as a function of adaptive disability. Results at post-treatment. *Development and Psychopathology*, **14**, 45-67.

<sup>2</sup> Lavigne, J.V., Gibbons, R.D., Christoffel, K.K., Arend, R., Rosenbaum, D., Binns, H., Dawson, N., Sobel, H., & Isaacs, C. (1996). Prevalence rates and correlates of psychiatric disorders among preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, **35**, 204-214.

<sup>3</sup> Speltz, M.L., DeKlyen, M., Greenberg, M.T., & Dryden, M. (1995). Clinical referral for oppositional defiant disorder: Relative significance of attachment and behavioral variables. *Journal of Abnormal Child Psychology*, **23**, 487-507.

<sup>4</sup> Eyberg, S.M. (1992). Assessing therapy outcome with preschool children: Progress and problems. *Journal of Clinical Child Psychology*, **21**, 306-311.

<sup>5</sup> Campbell, S.B. (2002). *Behavior Problems in Preschool Children: Clinical and Developmental Issues*. New York: Guilford Press.

<sup>6</sup> Gadaw, K.D., Sprafkin, J., & Nolan, E.E. (2001). DSM-IV symptoms in community and clinic preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, **40**, 1383-1392.

## contacts

Susan B. Campbell, Ph.D., Professor, Developmental Program Chair, University of Pittsburgh Department of Psychology. Contact: Sharon Blake, University of Pittsburgh Office of News and Information, (412) 624-4364.

*Children, Youth & Families background* is published by the University of Pittsburgh Office of Child Development (OCD), a program of the University of Pittsburgh School of Education. These reports are based on available research and are provided as overviews of topics related to children and families.

**OCD Co-Directors:** Christina J. Groark, PhD.; Robert B. McCall, PhD.

**background Editor:** Jeffery Fraser, e-mail: [jd.fraser@comcast.net](mailto:jd.fraser@comcast.net)

University of Pittsburgh Office of Child Development, 400 N. Lexington Avenue Pittsburgh, PA 15208; (412) 244-5447; fax: (412) 244-5440

This report and others can be found on the Internet by visiting: <http://www.education.pitt.edu/ocd/family/backgrounders.asp>