

Tantrums in Young Children: When to Worry

December 9, 2019

Helen Egger, MD
Arnold Simons Professor
Chair, Department of Child and Adolescent Psychiatry
Director, NYU Child Study Center
Founder and Co-Lead, WonderLab
NYU Langone Medical Center

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Who We Are

New York Center for Child Development

- NYCCD has been a major provider of early childhood mental health services through federal, state, city and philanthropic funded programs in New York
- NYCCD has a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice

Training and Technical Assistance Center (TTAC)

- NYCCD was selected by the New York City Department of Health and Mental Hygiene under Thrive NYC to develop a citywide Early Childhood Mental Health Training and Technical Assistance Center (TTAC)
- NYCCD's Subcontractor in the TTAC Center is New York University McSilver Institute for Poverty Policy & Research which offers clinic, business, and system transformation supports statewide to all behavioral healthcare providers.

<http://www.TTACny.org>

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CHILDREN'S
HOSPITAL
OF NEW YORK
AT NYU LANGONE

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Webinar

New York, New York

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Overview

- Epidemiology of preschool mental health disorders and typical and atypical tantrums: prevalence, presentation, relationship to mental health disorders, predictions to middle childhood
- Temper Tantrum Screen
- DC:0-5 Disorder of Dysregulated Anger and Aggression of Early Childhood
- A brief note on management of tantrums
- NYU Langone Child Study Center Resources

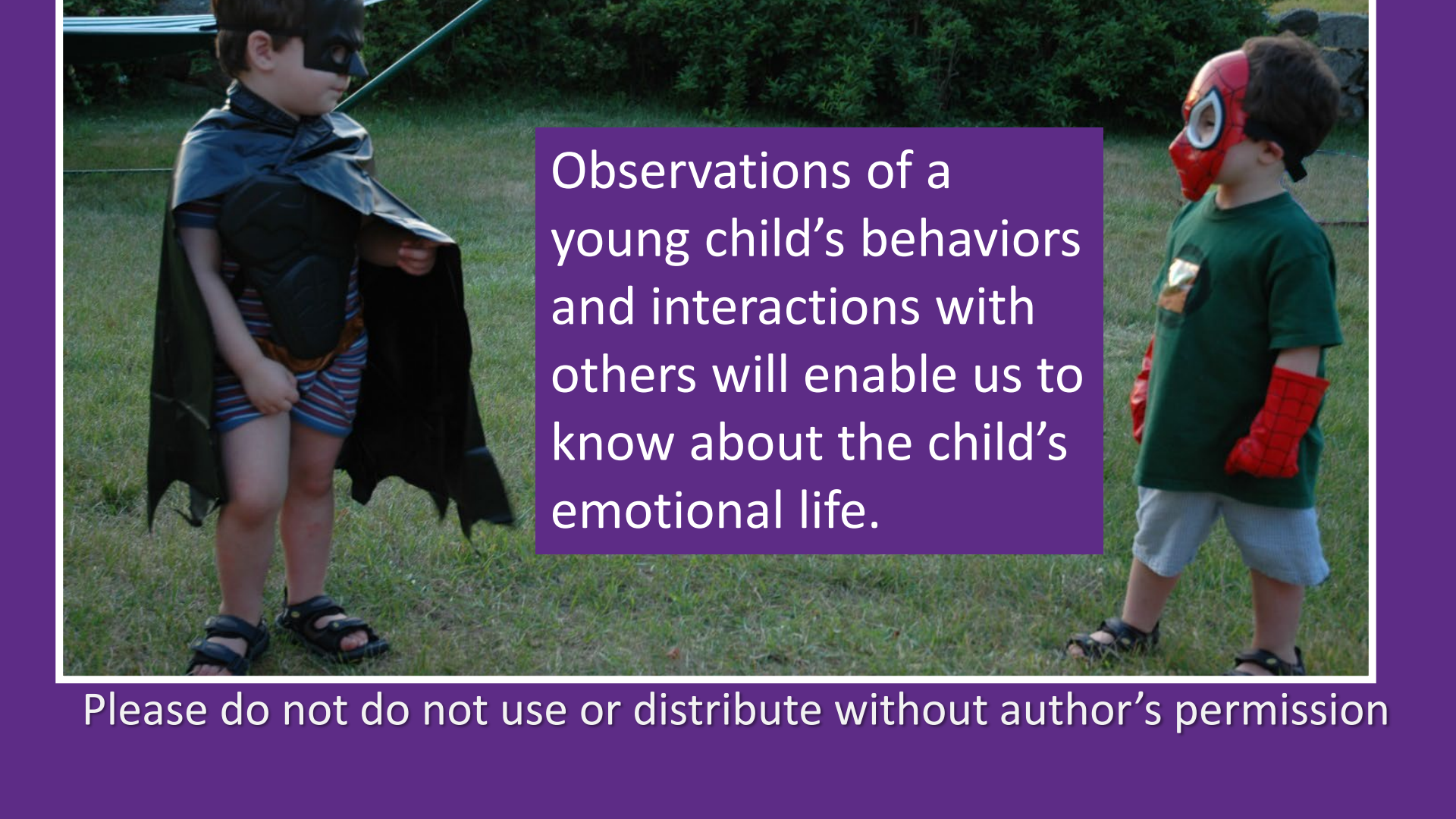
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SEEING THE UNSEEN

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Observations of a young child's behaviors and interactions with others will enable us to know about the child's emotional life.

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EPIDEMIOLOGY OF TANTRUMS

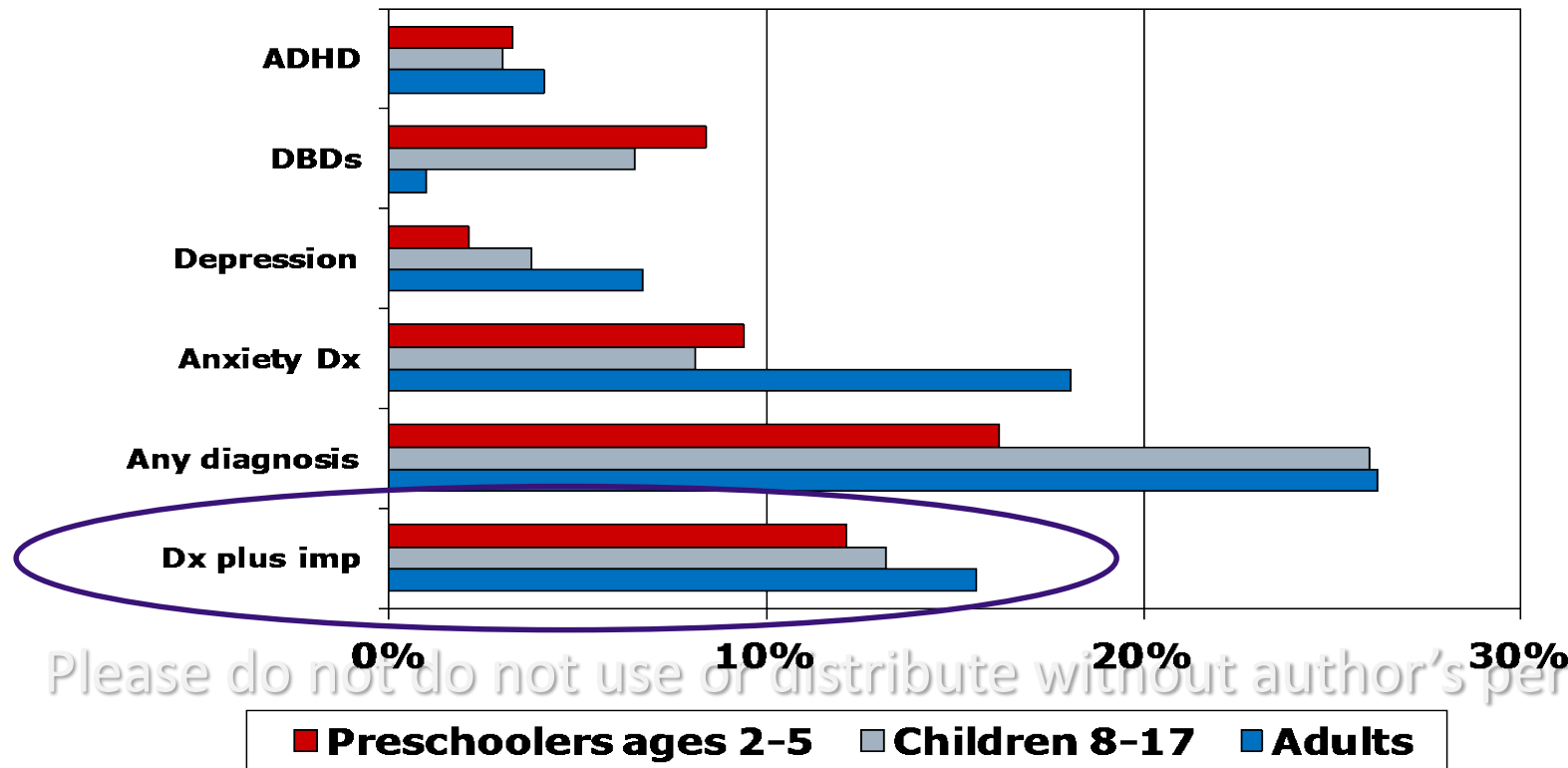
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1 in 9



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The overall rate of impairing disorders is the same from preschool through adulthood



WHEN TO WORRY DOMAINS

"When to Worry" Domains for Infants, Toddlers, and Preschool Children		
Sleeping	Expressing and Regulating Emotions	Behaviors
Difficulty falling asleep	Anxiety and fears	Temper Tantrums
Sleeps too little or too much	Worries	Impulsivity
Sleeps with parents	Separation difficulties	Hyperactivity
Night waking	Sadness and depression	Inattention
Nightmares and night terrors	Anger and frustration	Aggression
	Irritability	Oppositionality
	Inconsolable crying	Habits and repetitive behaviors
Relationships	Eating and Feeding	
With parents	Picky eating	Inhibited with new people, toys, or situations
With other adults	Stomach aches	
With siblings	Eats to little or too much	Difficulty playing
With other children	Toileting	Sensory sensitivities

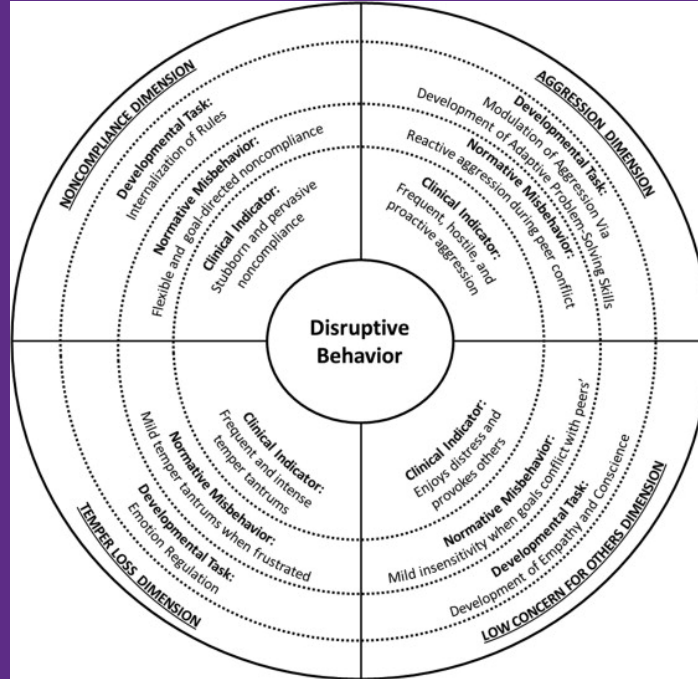
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Terrible two's or more?

- Preschoolers are developing the capacity to regulate their emotions and behaviors
 - Often have difficulty managing anger and frustration
 - Respond to limits or disappointment with defiance or temper tantrums
 - Increased capacity for self-regulation leads to decreases in irritability, oppositionality, and aggression
- Estimates of prevalence of tantrums in preschoolers range from 26% to 92%
 - Peak prevalence between 2 and 3 years old

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Preschool disruptive behavior, normative to atypical



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What does “often” mean?

- Increased frequency usually the factor used to distinguish normal temper tantrums from problematic tantrums
- DSM
 - Oppositional Defiant Disorder: “child **often** loses temper”
 - “Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level”
- Presumption that parent and provider agree upon what constitutes a tantrum and what “often” means
- Often, in this case, requires a diagnostic cutpoint
- We use top 10% in frequency

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DSM ODD Symptom	90 th % frequency for kids 11-16 years old	Prevalence for preschoolers using older kid cutpoints
Loses temper	At least 2 x/week	
Argues	At least 2 x/week	
Defies	At least 2 x/week	
Annoys	At least 4 x/week	
Blames	> once in 3 months	
Touchy	At least 2 x/week	
Angry	At least 4 x/week	
Spiteful	> once in 3 months	

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DSM ODD Symptom	90 th % frequency for kids 11-16 years old	Prevalence for preschoolers using older kid cutpoints
Loses temper	At least 2 x/week	30.1%
Argues	At least 2 x/week	7.7%
Defies	At least 2 x/week	57.1%
Annoys	At least 4 x/week	11.1%
Blames	> once in 3 months	26.7%
Touchy	At least 2 x/week	3.4%
Angry	At least 4 x/week	20.7%
Spiteful	> once in 3 months	10.3%

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Irritable and defiant behaviors higher in preschoolers

DSM ODD Symptom	90 th % frequency for older children	90 th % frequency for preschoolers
Loses temper	2 x/wk	2-3 x/day
Argues	2 x/wk	2 x/wk
Defies	2 x/wk	5 x/day
Annoys	4 x/wk	5 x/wk
Blames	> once in 3 months	once a week
Touchy	2 x/wk	> once in 3 months
Angry	4 x/wk	once a day
Spiteful	> once in 3 months	> 3 times in 3 months

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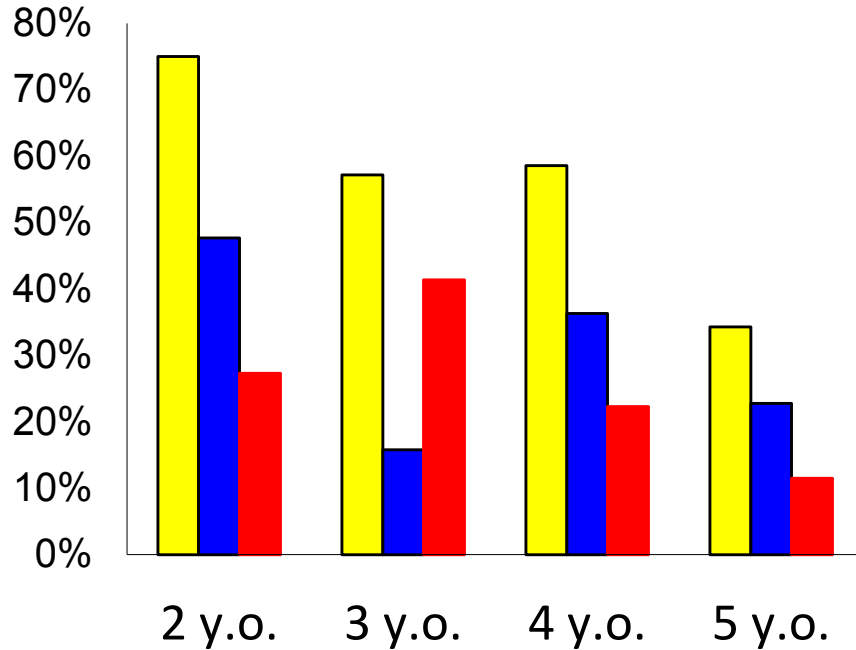


Temper Tantrums in the Preschool Age Psychiatric Assessment (PAPA)

- “Discrete episodes of excessive temper, frustration, or upset manifested by shouting, crying, or stamping and/or involving violence or attempts at damage directed against oneself, other people, or property”
- Two levels
 - **Non-aggressive:** e.g. crying, stamping “non-directed” kicking, holding breath
 - **Aggressive:** violence against others or self (e.g. hitting, kicking or biting self or other) or breaking objects (e.g. toys, other objects)

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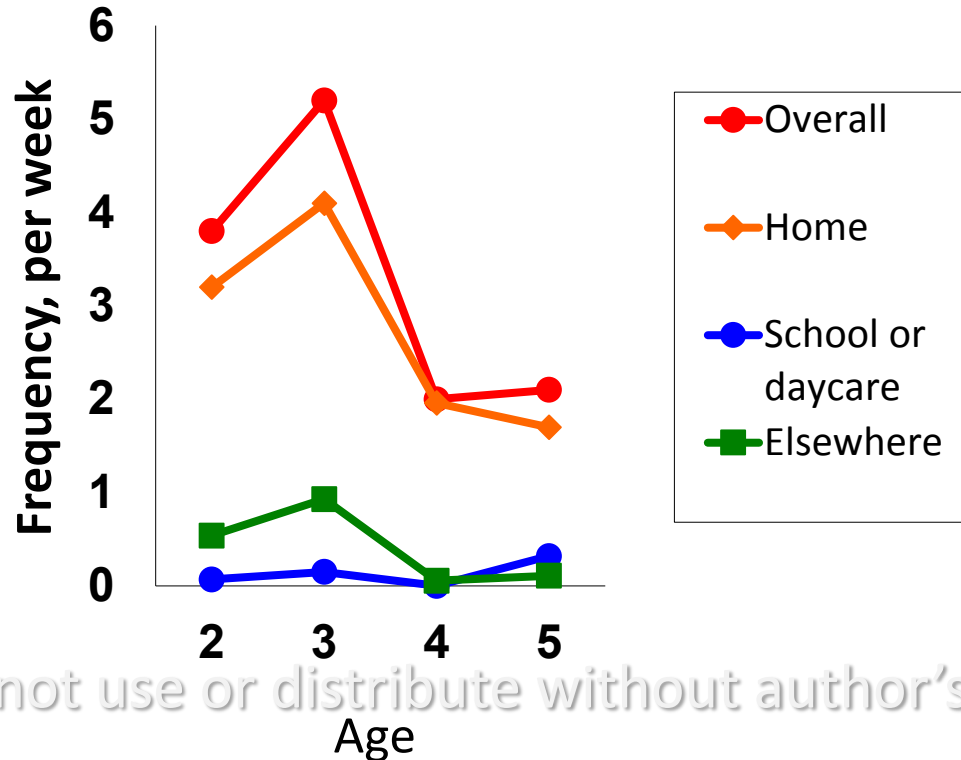
Prevalence of temper tantrums



- Younger children were significantly more likely to have tantrums, overall
- 2 and 3 year olds were twice as likely as 4 and 5 year olds to have aggressive tantrums
- There were no significant differences by gender or race

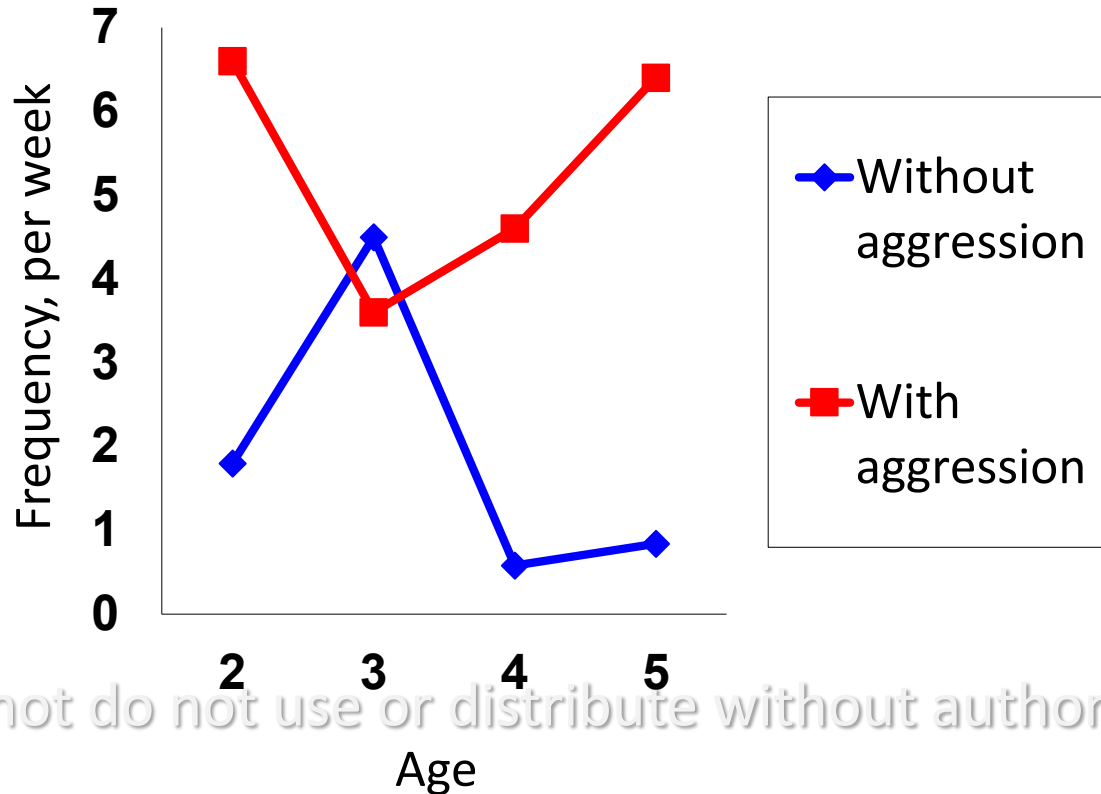
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Frequency of temper tantrums



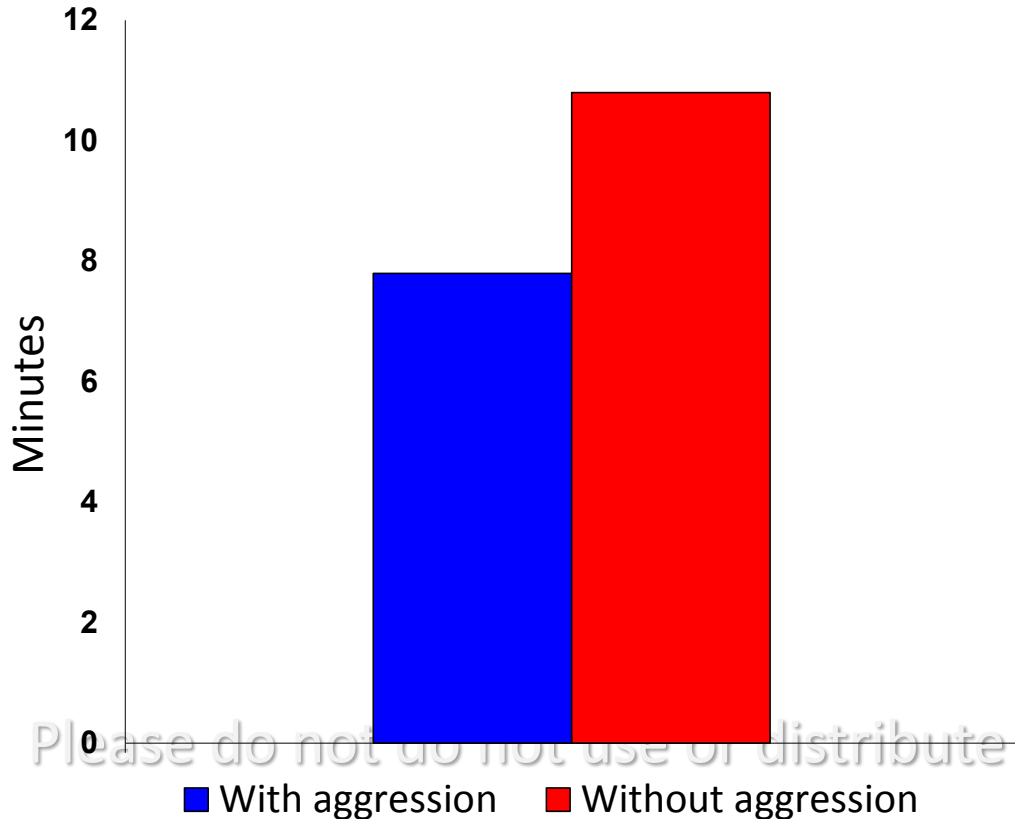
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Aggressive tantrums show different prevalence



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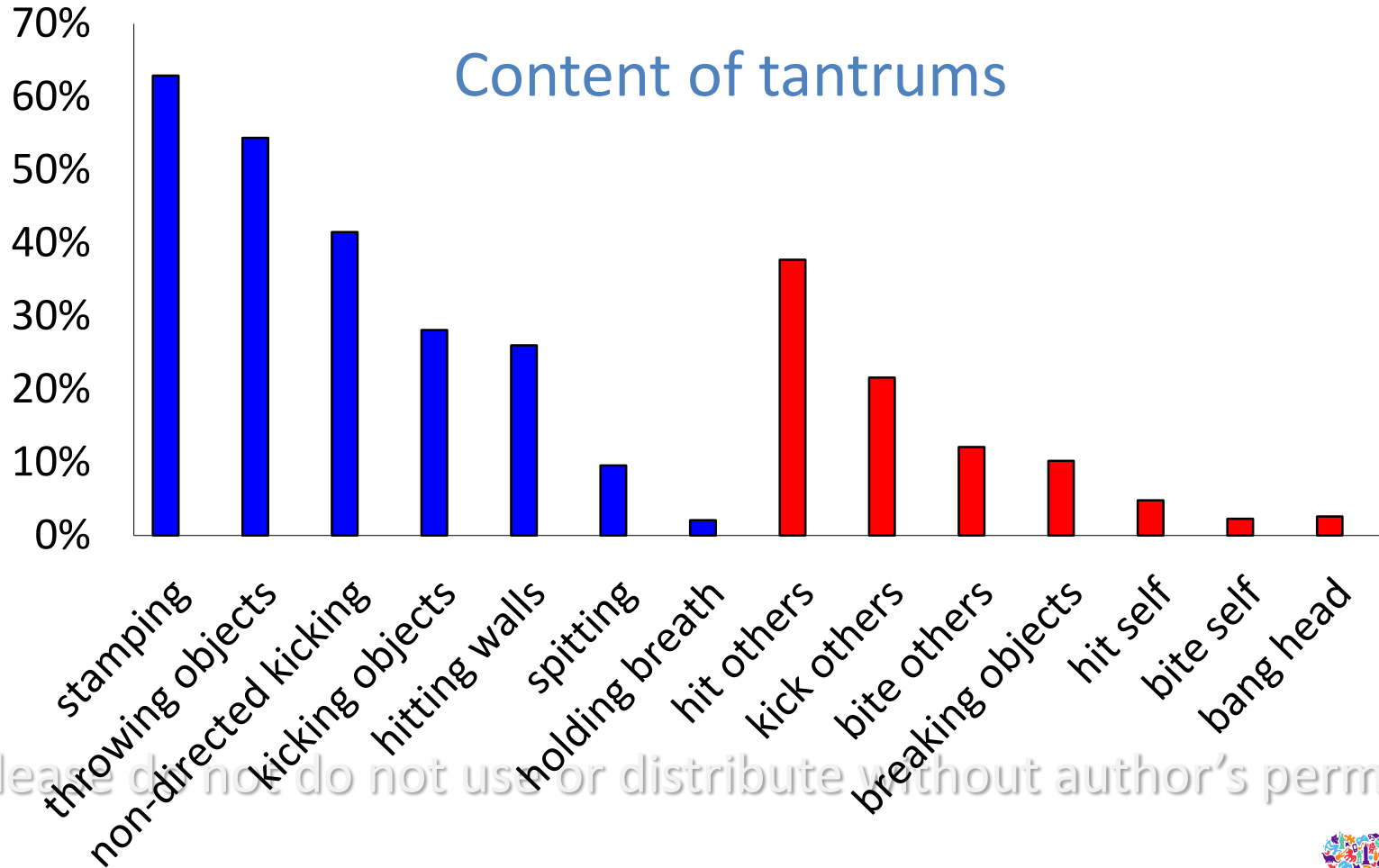
Duration of tantrums



- No difference in duration by type of tantrum, age, gender, or race
- Range in duration from one minute to half a day

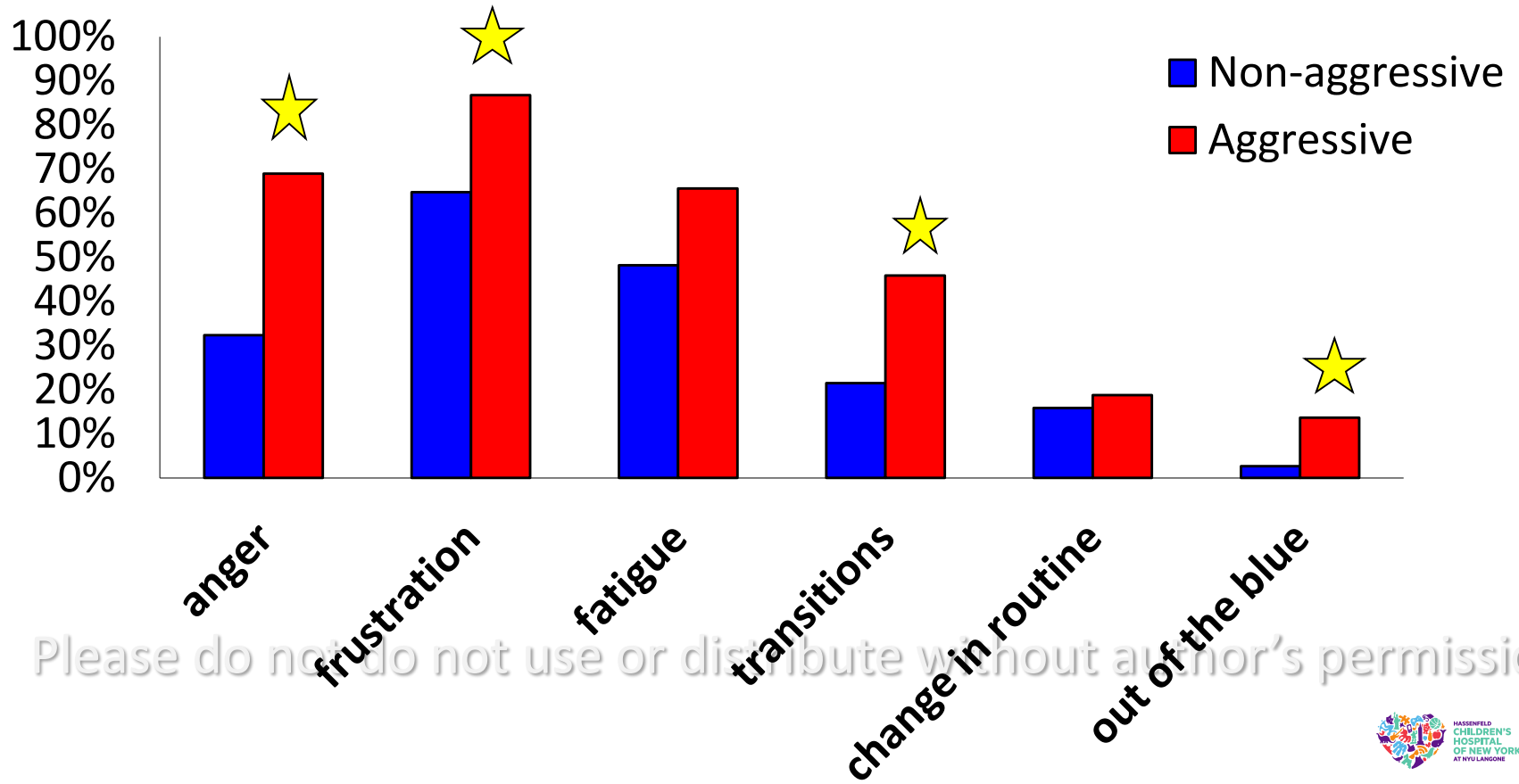
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Content of tantrums



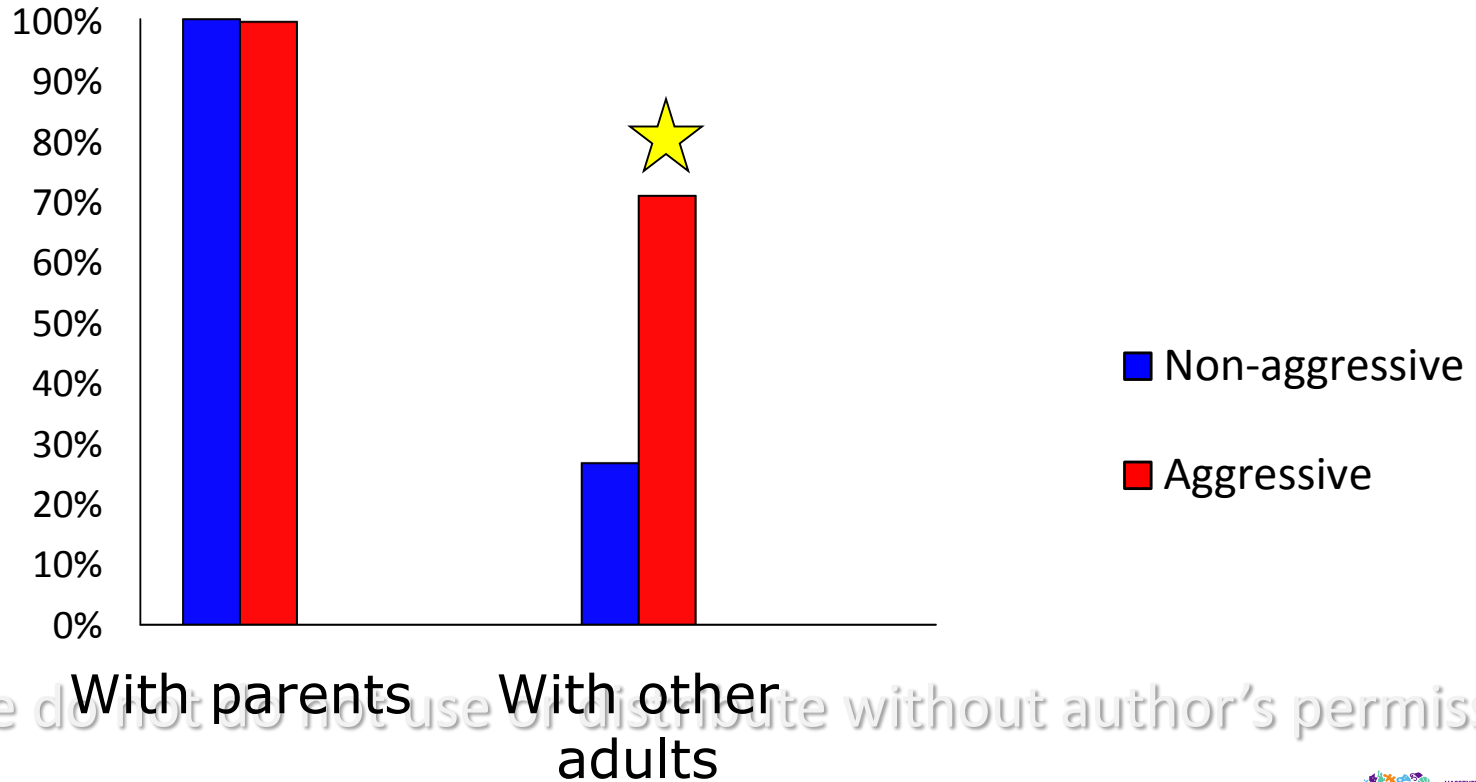
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Triggers of tantrums



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Relationship context



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What are the characteristics of atypical tantrums?

- **Persistence** with increased age
- **High frequency**
- Content: **aggression toward self or others and/or destruction of objects**
- Settings: **occurs outside of the home and at school/daycare**
- Relationship context: **occurs with adults other than parents**

• Triggers: **anger or frustration, transitions, out of the blue**

Are preschool temper tantrums
associated with early childhood
psychiatric disorders?

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Frequency of preschool tantrums and psychiatric disorders



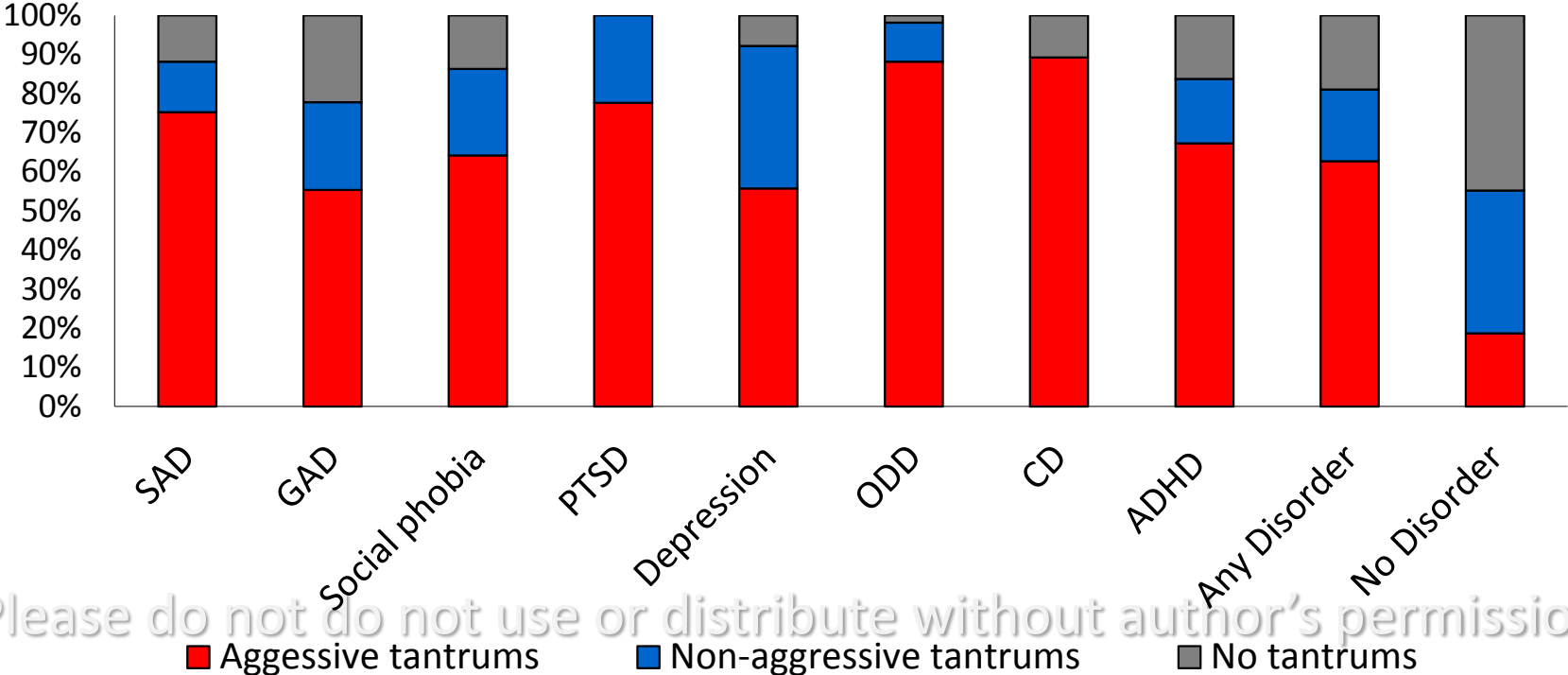
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Frequency of tantrums in the last 3 months

Tantrums and impairing psychiatric disorders

Disorders	Non-aggressive tantrums	Aggressive tantrums
ADHD	NS	6.5
ODD	NS	27
Depression	NS	3.6
GAD	NS	3.9
SAD	NS	9.1
SoPh	NS	5.3
Any disorder	NS	7.3

NS=non-significant; ODD= oppositional defiant disorder; GAD=generalized anxiety disorder; SAD=separation anxiety disorder; SoPh=social phobia

Aggressive tantrums common across emotional and behavioral disorders



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■ Aggressive tantrums ■ Non-aggressive tantrums ■ No tantrums



Three boys in the videos

- **Boy in video 1:** Anxiety disorders, depressive symptoms, ODD, ADHD, impaired
- **Boy in video 2:** Separation anxiety disorder, depressive symptoms, impaired
- **Boy in video 3:** Separation anxiety disorder, depressive symptoms, impaired

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Aggressive, frequent temper tantrums
should be thought of as an
early childhood mental health fever

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TEMPER TANTRUM SCREEN

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Can these findings help us in our care
for children and their families?
Can we answer the question:
When should we worry?

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A temper tantrum screen for mental health disorders in children 2-5 years old

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Temper Tantrum Screen

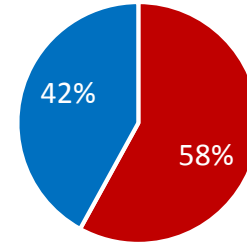
- **Question 1:** In the last month, has your child had a temper tantrum?
- **Question 2:** In the last month, during a tantrum, has your child:
 - Hit someone or self?
 - Kicked someone or self?
 - Bitten someone or self?
 - Broken something?
- **Question 3:** In the last month, has your child had a tantrum nearly every day?
- **If a parent answers “yes” to all three questions, the temper tantrum screen is positive**

How good a screen?

9%

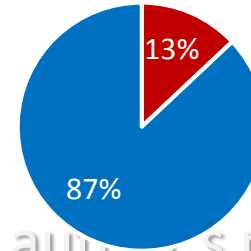
of children ages 2-5 will be positive on the temper tantrum screen (answers yes to all three questions)

Positive Temper Tantrum Screen



■ Have an impairing MH Dx ■ Don't have an impairing MH Dx

Negative Temper Tantrum Screen



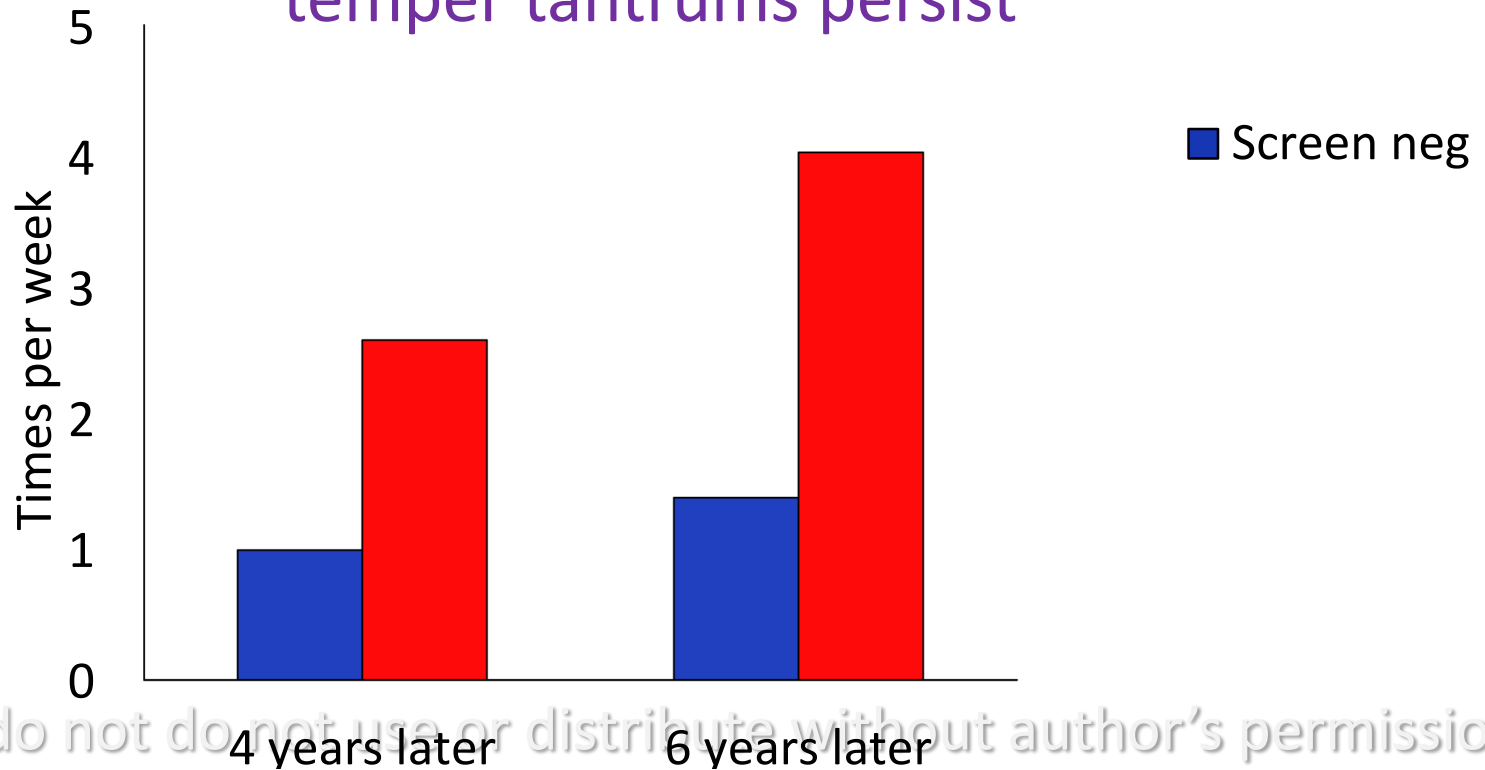
■ Have an impairing MH Dx ■ Don't have an impairing MH Dx

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Does the tantrum screen predict
mental health disorders later in
childhood?

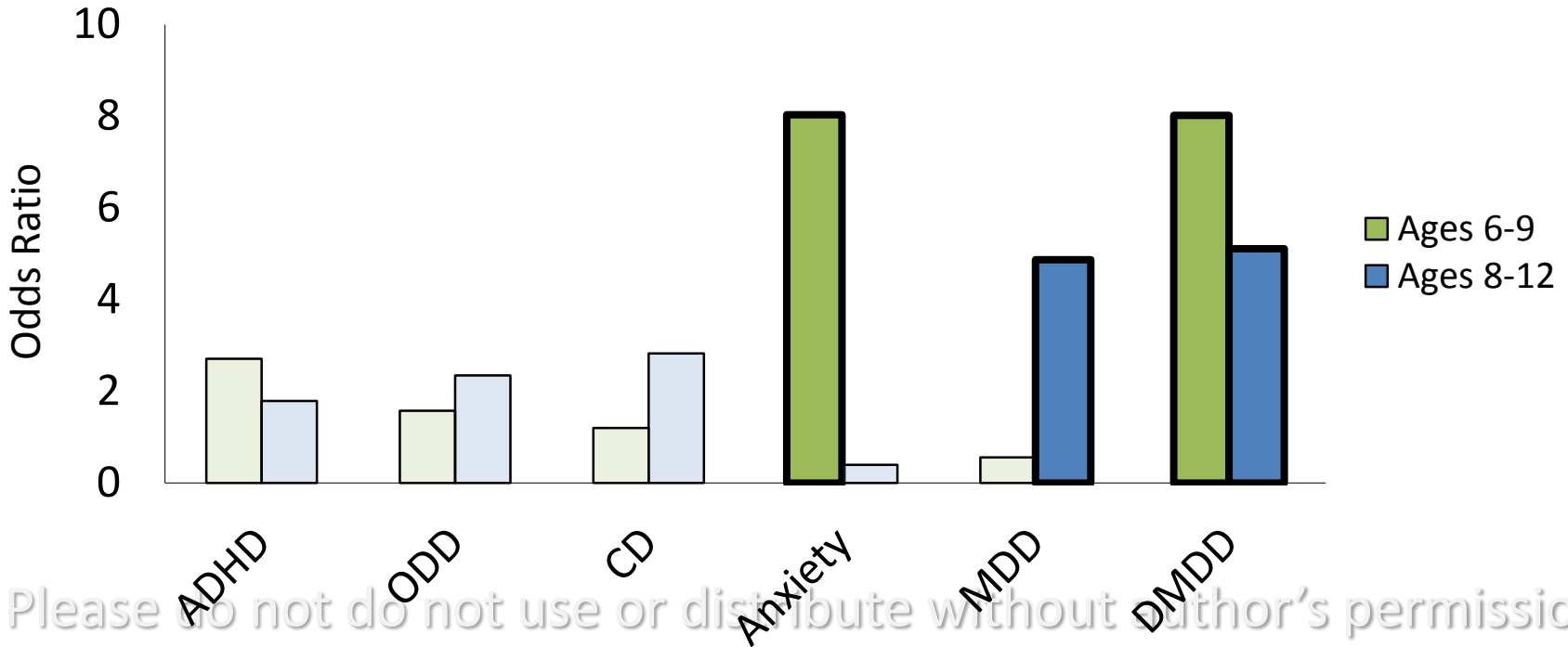
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Children who were screen positive as preschoolers: temper tantrums persist



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Preschool Tantrum Screen predicts school-age affective disorders and mixed emotional/behavioral dysregulation



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DC:0-5

**DYSREGULATED DISORDER OF
ANGER AND AGGRESSION**

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What are the implications of these insights for how we define mixed emotional and behavioral dysregulation?

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Disorder of Dysregulated Anger and Aggression of Early Childhood

is a new DC:0-5 mood disorder in which the young child exhibits a pervasive and persistent pattern of mood and behavioral dysregulation

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Disorder of Dysregulated Anger and Aggression of Early Childhood (DDAA)



Age: The young child is at least 24 months old

Duration: At least 3 months

Developmental Features: Rates of temper tantrums highest in 3–5 year olds

Prevalence: No data; expected to be 10%

Course: Has not been researched

- predictive of aggression in school-age children and adolescents
- increased likelihood of depression, anxiety, and functional impairment in school-age children

ZERO TO THREE, 2016, pp. 72–73

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DDAA Specifiers

Presence of **limited prosocial behaviors** and emotions, demonstrated by at least two of the following

- Lack of observable remorse or guilt

- Lack of observable empathy for others

- Lack of observable concern about behavior

Aggression type: none, predominantly reactive, predominantly proactive, or combined proactive/reactive

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Disorder of Dysregulated Anger and Aggression of Early Childhood (DDAA): Differential Diagnosis



Photo by Kwei Street Studios



- Outer range of typical, especially during times of stress
- PTSD or reaction to ongoing stress
- Adjustment disorder, particularly if context-specific
- Relationship disorder; identify relationship-specific patterns of dysregulation
- Major Depressive Disorder
- Generalized Anxiety Disorder
- Insufficient sleep or sleep disorder
- Developmental processes
- Prescribed pediatric medications

ZERO TO THREE, 2016, p. 75

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- Limited or delayed language may lead to symptoms of DDAA because child does not have alternative communication skills or does not understand the language of others
- Autism spectrum disorder may present with symptoms of DDAA
- Hearing disorder may explain why a child does not respond to directions
- Sensory over-sensitivity disorder may be associated with patterns of dysregulation related to sensory exposures
- An extensive list of prescribed medications can contribute to dysregulation (e.g., oral steroids, and occasionally inhaled steroids; inhaled beta-adrenergic agonists, antihistamines)

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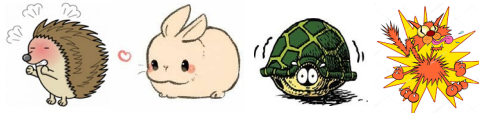
A BRIEF NOTE ABOUT MANAGING TANTRUMS

**COURTESY OF DR. YAMALIS DIAZ,
CLINICIAN *EXTRAORDINAIRE***

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Phases of emotional dysregulation

Fight – Flight – Freeze – Freak out



- Trigger/Agitation**
- Common triggers?
 - Child often demonstrates cues that they are *getting* upset. What are they?

Agitation

Peak

Peak

- Most significant child behavior.
- How long? How high?
- Assess likelihood of unsafe, aggressive, destructive behavior.
- What's their most common "style"?

Recovery

Recovery

- Child begins to calm down
- Decreasing behavioral intensity
- Volume decreasing
- "Stops & plops"
- Begins to verbalize
- Tries to return to ongoing activity

Trigger **X**

Good news... what goes up,
must come down!

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Yamalis Diaz, PhD

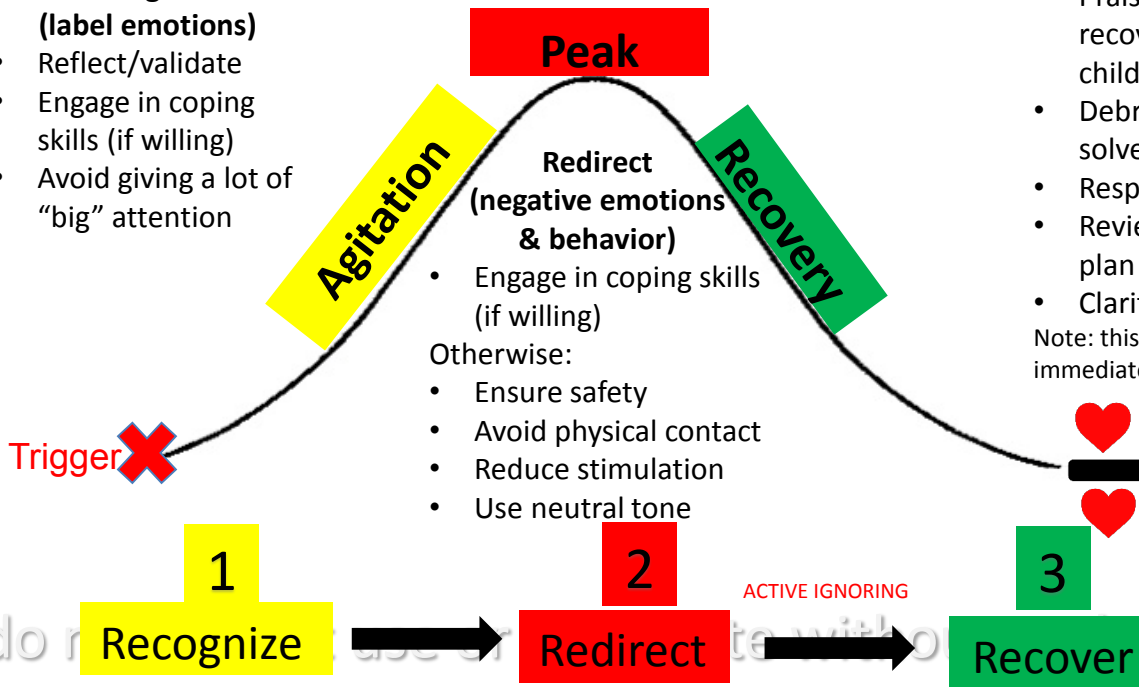
The Child Study Center at NYU Langone Medical Center

Teach effective staff responses at each phase *during* tantrum (“Three R’s”)

Fight – Flight – Freeze – Freak out



- Recognize
(label emotions)**
- Reflect/validate
 - Engage in coping skills (if willing)
 - Avoid giving a lot of “big” attention



Peak

Agitation

**Redirect
(negative emotions
& behavior)**

- Engage in coping skills (if willing)
- Otherwise:
- Ensure safety
 - Avoid physical contact
 - Reduce stimulation
 - Use neutral tone

Recovery

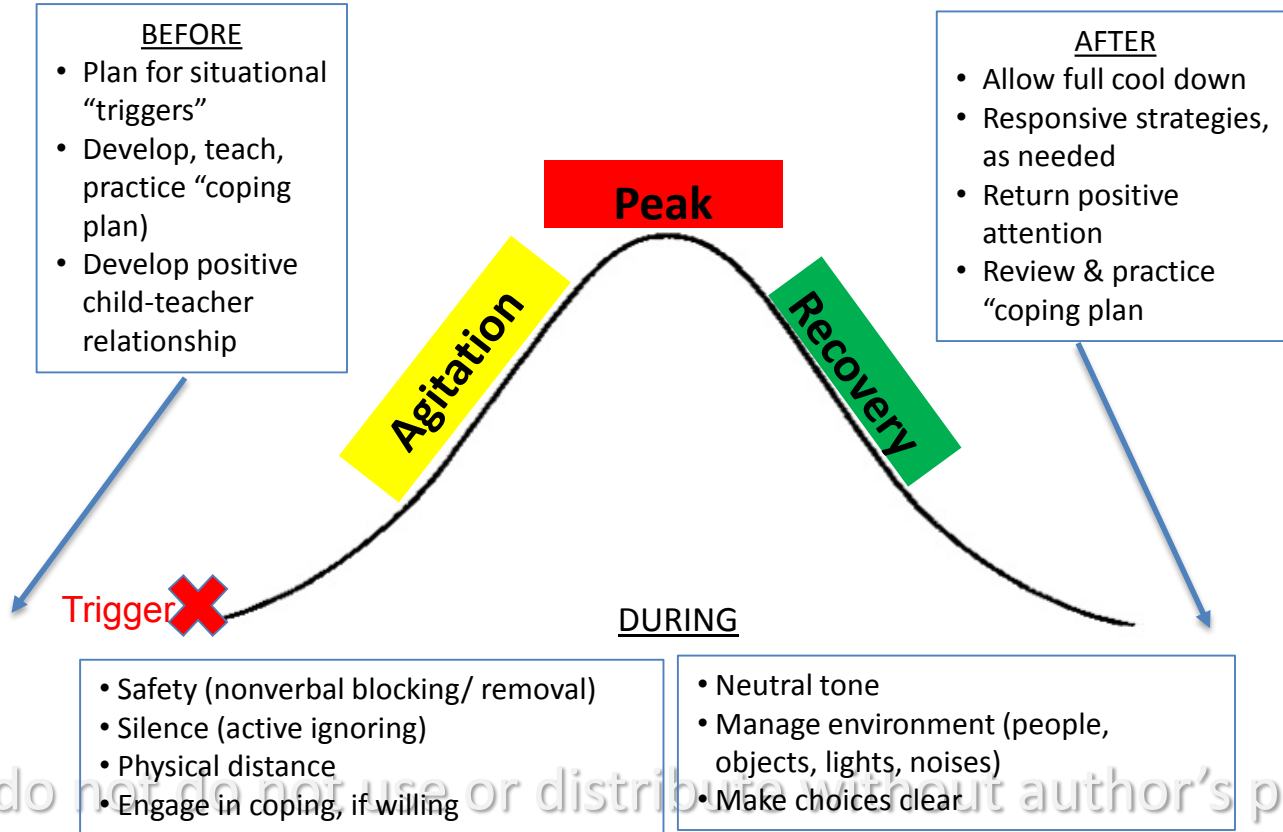
Resolve/Return

- Use a “love sandwich”
 - Begin to return attention
 - Praise calming during recovery (if not aversive to child)
 - Debrief/discuss/problem solve
 - Responsive strategies?
 - Review existing behavioral plan
 - Clarify expectations
- Note: this does not all need to be immediately following tantrum.

Please do not use force or physical restraint without the child's permission



Key Strategies



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**NYU LANGONE
CHILD STUDY CENTER
RESOURCES**

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NYU Langone Child Study Center Resources

- **Free Resources**

- **Webinars** <https://nyulangone.org/locations/child-study-center/child-study-center-webinars>
 - **Upcoming (will be available in archive after first airing)**
 - **Honey, Where are the Brakes? How to Reduce Your Child's 0-100 Anger Acceleration.** Dr. Sam Fasulo. March 17, 2020. 1:00-1:30.
 - **Breaking the Chain of Emotion Dysregulation in Families.** Dr. Giselle Colorado. June 9, 2020
 - **Available on website**
 - **Taming Tots' Tantrums.** Dr. Yamalis Diaz. December 13, 2016.
- **Workshops at the Child Study Center, 1 Park Avenue, 7th floor** <https://nyulangone.org/locations/child-study-center/child-study-center-workshops>
 - **From Innocent to Goblins: Trauma and Disruptive Behaviors.** Drs. Akeem March and Lara Cox. January 20, 2020 6:30-7:30 pm. Register <https://www.eventbrite.com/e/from-innocent-to-goblins-trauma-and-disruptive-tickets-77567890649?aff=web>

- **Clinical Services**

- **Perinatal & Early Childhood Mental Health Service** <https://nyulangone.org/locations/child-study-center/perinatal-early-childhood-mental-health-service>
- **Attention Deficit Hyperactivity & Behavior Disorder Service** <https://nyulangone.org/locations/child-study-center/attention-deficit-hyperactivity-behavior-disorders-service>

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Thank You!

helen.egger@nyulangone.org

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Visit our Website

TTACNY.org
ttac.info@nyu.edu

The screenshot shows the homepage of the NYC Early Childhood Mental Health Training and Technical Assistance Center. The header is dark blue with the organization's name and a 'TTAC' logo. Below the header is a navigation menu with links for 'ABOUT US', 'TRAINING & TECHNICAL ASSISTANCE', 'RESOURCES', 'ECTC PORTAL', and 'EVENTS'. A 'ASK TTAC' chat icon is also present. The main content area features a large banner image of a woman kissing a child, with the text 'NYC Early Childhood Mental Health Provider Resources' and a 'LEARN MORE >' link. To the left of the banner, there is a section for 'Events' listing two upcoming events: one on Wednesday, June 13, 2018, about Sensory Integration and Self-Regulation, and another on Monday, November 26, 2018, about Foundations of Social-Emotional Development. Below the events is a 'CONTACT US' button with an envelope icon. At the bottom, there is a section titled 'A COLLABORATION BETWEEN' followed by logos for the New York State Center for Child Development, the McSilver Institute for Poverty Policy and Research, and NYU Silver School of Social Work. Two additional resource cards are shown: 'NYC DOHMH Bureau of Early Intervention E-Learning Modules' and 'The Early Childhood Mental Health Network', each with a small image and a 'Learn More' link.

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Thank you!



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