

BEHAVIOR CONCERNS IN CHILDREN

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Behavior Concerns in Children

These days, we as parents worry about everything when it comes to our children. Concern about healthy development is both a responsibility and a rite of passage. But kids don't come with a manual, and every child is unique. In fact, every family is unique, each with their own set of values, hopes, and dreams.

While each state sets formal standards in expectation of parenting basics: our children are entitled to attention to their fundamental needs to survive, most of us are interested in going much further beyond that: how do we help our children thrive?

We give our children so much of our time and our resources in hopes of helping them reach their fullest potential. And in return, we expect a few things out of them. Appropriate and healthy behavior is often first on the list.

But what actually *is* healthy, appropriate behavior? At what stage is a behavior no longer healthy? At what point does a behavior cross the line from annoying to dangerous? How do we as parents know when to take our concerns to the next level and seek professional help for our children? These are the questions Otto and I set out to answer as we developed the following charts with more than a half of a century of combined experience as early childhood mental health experts.

We hope you will use these general guidelines to help educate yourself and share with your clients, family, and friends. The information contained within is not an alternative or replacement for a thorough mental health assessment, and if you or your child is struggling, we hope you will reach out to professionals in your local community right away. It truly does "take a village to raise a child," and we are all in this together.

We hope this proves a useful tool to new and experienced parents alike. Please feel free to direct any questions, comments, or even complaints directly to Christy via email at christy.leaver@gmail.com.

Behavioral Concerns in Infants (0-12 months)

	Typical and Healthy	Of Concern	Seek Professional Help
Withdrawal	Infants withdraw when overstimulated or tired. Always follow the child's lead and look for the quiet alert state for optimal interaction	Frequent difficulty being soothed by familiar caregivers, except in case of colic	Signs of "failure to thrive"
Anxiety	Infants first experience anxiety only after developing a sense of self separate from that of the primary caregiver, approximately around age 6-8 months	Those cries at separation are due to lack of "object permanence." The world of an infant is contained to a small radius around them. Anything out of sight no longer exists. Peek-a-boo games are helpful at assisting in mastery of object permanence	
Aggression	Young infants are incapable of intentional aggression. Movement is mostly reflexive and accidental. Older infants do not yet have mastery over their limbs or fine muscles and are not capable of malice	Parents referring to their infants as "bad" or "mean"	
Academic Performance	Every smile, every snuggle, and every kind gesture toward your infant sets the stage for his/her learning		
Peer Choice	infants are the center of their own universe and rarely recognize or acknowledge another infant unless a twin or other multiple		
Nutrition and Exercise	Infants will "root" and attempt to suckle anything that grazes their cheek	Latching or suckling difficulties	Loss of weight or inadequate growth
Sleep	Wake frequently to eat and may have days and nights confused		Chronic lack of adequate sleep (<16 hours/day)
Appearance	Designed to be adorable and irresistible!		
Spirituality	Eyes are the windows to the soul		
Reaching Full Potential	Infants need constant nurturing care, kind eyes, and gentle skin to skin contact from a caregiver who can and will respond to every need. There is no such thing as spoiling an infant. Appropriately responding to infant cries in the first year reduces crying after the first year. A secure attachment relationship is vital for healthy development!		Whenever you have a concern about your baby

Behavioral Concerns in Toddlers (1-3)

	Typical and Healthy	Of Concern	Seek Professional Help
Withdrawal	Children of this age range withdraw when overstimulated, tired, or afraid.	Frequent difficulty being soothed by familiar caregivers	Avoidance of touch; persistent lack of eye contact (even when not in fear of reprimand); regular refusal of comfort from familiar caregivers
Anxiety	Separation anxiety in this age range is very common; parental peeing with privacy is not	Agitation that often disrupts or prevents adequate sleep	Agitation that regularly disrupts adequate sleep
Aggression	Tantrums in children of this age range are common, as is emotional dysregulation. As a child's vocabulary improves (especially emotional vocabulary), aggression decreases. Retaliatory aggression is common.	Frequent or severe tantrums lasting for periods of 20 minutes or longer; excessive sensitivity to lights, sound, stiff clothing, and/or food textures or temperatures	Regular use of aggression to express emotions; tantrums resulting in intentional injury; frequent aggressive behavior that appears disconnected to any reasonable trigger
Academic Performance	Social-emotional development lays the foundation for academic success. Need gratification and secure attachment relationship are vital!	Early childhood programming that emphasizes academic development over social-emotional development.	
Sex	Learning appropriate names of genitals; fascination with one's own genitalia, pee, and poop	Interest in the genitalia of others	Masturbation; intentional touching or attempted touching of the genitalia of others
Peer Choice	Children of this age are the center of their own universe; parallel play is common, collaborative play is not yet		
Nutrition and Exercise	Picky eating is common at this stage. Children eat when they are growing, they don't grow because they eat. Avoid force-feeding; always offer healthy food choices. And messy eating means fast learning!		
Sleep	May wake frequently through the night but can be soothed back to sleep when need is gratified		Chronic lack of adequate sleep (<14 hours/day, including naps)
Appearance	Whirling dervish wearing breakfast, lunch, and/or dinner		
Spirituality	Eyes are the windows to the soul		
Reaching Full Potential	Toddlers need a balance of nurture and structure, love and limits. Remember that needs trump wants every time. Spend a great deal of undivided time each day offering your child positive attention to enhance a secure attachment relationship and encourage positive behavior and healthy self-esteem. Your kind eyes are the biggest gift you can share with your toddler.		Consistently endorsing any 3 or more "of concern" items for longer than 6 months

Behavioral Concerns in Early Childhood (2-5)

	Typical and Healthy	Of Concern	Seek Professional Help
Withdrawal	Children of this age range seek frequent interaction from caregivers and typically withdraw only when in fear of reprimand	Avoidance of parallel and/or collaborative play with peers; difficulty being soothed by familiar caregivers	Avoidance of touch; persistent lack of eye contact (while not in fear of reprimand); refusal to interact with or acknowledge the presence of same/similar age peers
Anxiety	Separation anxiety in this age range can be common	Frequent or irrational worry	Constant irrational worry
Aggression	Tantrums in children of this age range are common, as is emotional dysregulation	Frequent or severe tantrums lasting for periods of 20 minutes or longer; excessive sensitivity to lights, sound, stiff clothing, and/or food textures or temperatures	Regular use of aggression to express emotions; tantrums resulting in intentional injury; frequent aggressive behavior that appears disconnected to any reasonable trigger
Academic Performance	Social-emotional development lays the foundation for academic success. Affect regulation and impulse control are much more important than learning the alphabet or counting.	Early childhood programming that emphasizes academic development over social-emotional development.	
Suicidal Ideation	Unless exposed to suicide by close family or friend, suicidal ideation in this age range is exceedingly rare.		
Alcohol & Drugs		Knowledge about alcohol and drugs is unusual	Any use or experimentation would be considered abuse
Sex	Self-exploration; use of “potty” words; curiosity about the bodies of others	Frequent masturbation; playing “doctor” with same-age peers despite appropriate redirection	Compulsive masturbation; frequent touching or attempted touching of the genitalia of others despite appropriate redirection
Peer Choice	Children of this age range play indiscriminately with or beside same age peers in close proximity	Reluctance to interact with peers	Refusal to interact with or acknowledge the presence of same/similar age peers
Nutrition and Exercise			Express concern about body image; restrict caloric intake
Sleep	May wake occasionally through the night but can be soothed back to sleep when need is gratified	Night terrors can be common on the upper end of this age range and are often alarming to parents but are rarely recalled by the child the next morning	Chronic lack of adequate sleep (<12 hours/day, including naps)
Appearance	Noise with dirt on it		
Spirituality	Curiosity and questions		
Reaching Full Potential	Preschool-aged children need a balance of nurture and structure, love and limits. Remember that needs trump wants every time. Spend some undivided time each day offering your child positive attention to enhance a secure attachment relationship and encourage positive behavior and healthy self-esteem.		Consistently endorsing any 3 or more “of concern” items for longer than 6 months

Behavioral Concerns Related to School Age Children (6-12)

	Typical and Healthy	Of Concern	Seek Professional Help
Withdrawal		Reluctance to interact with peers	Refusal to interact with non-family members; school refusal
Anxiety	Occasional and reasonable worry	Frequent or irrational worry	Constant irrational worry
Aggression	Mild to moderate emotional and behavioral outbursts	Regular use of aggression to express emotions	Harming self or others; threatening harm to self or others
Academic Performance		Mild to moderate grade fluctuation in one or two subjects	Significant drop in overall academic performance
Suicidal Ideation		Curiosity and thoughts about suicide or thoughts about self-harming behaviors	Frequent talk about suicide in general; exploration of superficial self-harming behaviors
Alcohol & Drugs		Infrequent experimentation	Regular Use
Sex		Masturbation, heterosexual or homosexual thoughts, infrequent exploration with same-age peers	Obsessive sexual thoughts disturbing to the teen; compulsive sexual behavior
Peer Choice	Tendency to seek out peers who are perceived to be similar	Reluctance to interact with peers	Tendency to seek out peers of negative influence; frequent participation in delinquent behaviors with peers
Nutrition and Exercise		Express concern about body image; restrict intake as part of a healthy diet and/or eat a moderate amount of junk food; participate in healthy exercise and/or avoid intramural sports	Abrupt changes to diet or exercise program that does not appear to be in best interest to health; obsessions or compulsions related to eating or exercise
Sleep	Occasional difficulty falling asleep or staying asleep	Frequent difficulty falling asleep or staying asleep	Chronic lack of adequate sleep (<10 hours/night)
Appearance		Decrease in personal hygiene and self-care;	Refusal of any self-care or personal hygiene
Spirituality	Participate in family religious practices without much complaint		
Reaching Full Potential	School-aged children need a balance of nurture and structure, love and limits. Avoid the temptation to be your child's friend and remember that needs trump wants every time. Spend some undivided time each day offering your child positive attention to enhance a secure attachment relationship and encourage positive behavior and healthy self-esteem.		Consistently endorsing any 3 or more "of concern" items for longer than 6 months

Behavioral Concerns Related to Adolescents

	Typical and Healthy	Of Concern	Seek Professional Help
Withdrawal	Spending more time in room or apart from family than previously accustomed	Loss of interest in previously desired activities; refusal to do things previously enjoyed	Refusal to interact with family or friends; school refusal
Anxiety	Occasional and reasonable worry	Frequent or irrational worry	Constant irrational worry
Aggression	Slamming doors, arguing, mood swings with mild to moderate behavioral outbursts	Regular use of aggression to express emotions	Harming self or others; threatening harm to self or others
Academic Performance	Mild to moderate grade fluctuation in one or two classes	Significant drop in overall academic performance	Flunking classes regularly
Suicidal Ideation	Curiosity and thoughts about suicide or thoughts about self-harming behaviors	Frequent talk about suicide in general; exploration of superficial self-harming behaviors	A plan with access to means, and/or suicidal intent; significant self-harming behaviors
Alcohol & Drugs	Infrequent experimentation	Regular Use	Dependence and/or addiction
Sex	Masturbation, heterosexual or homosexual thoughts, infrequent exploration with same-age peers	Obsessive sexual thoughts disturbing to the teen; compulsive sexual behavior	Frequent risk-taking sexual behavior harmful to self or others; promiscuity; sexual assault
Peer Choice	Exploration of a diverse peer group; preference to spend time with peers rather than family; defensive of "questionable" peers and their influence; choice of peer group different from what parents would choose; experimentation of delinquent behaviors with peers	Tendency to seek out peers of negative influence; frequent participation in delinquent behaviors with peers	Consistently choosing delinquent peers and consistent participation in delinquent behaviors with peers
Nutrition and Exercise	Express concern about body image; restrict intake as part of a healthy diet and/or eat a moderate amount of junk food; participate in healthy exercise and/or avoid intramural sports	Abrupt changes to diet or exercise program that does not appear to be in best interest to health; obsessions or compulsions related to eating or exercise	Rigid unhealthy beliefs about diet and exercise; bingeing and/or purging; extreme caloric restrictions; extreme excess exercise; BMI below 5th or above 95th percentile
Sleep	Desire to stay up late and sleep in late; occasional sleep disturbances	Frequent difficulty falling asleep or staying asleep	Chronic lack of adequate sleep (<8 hours/night)
Appearance	Experimenting with hair color or style changes	Decrease in personal hygiene and self-care; Non-permissible tattooing or piercing	Refusal of any self-care or personal hygiene
Spirituality	Question cultural theology and family religious practices; opt out of religious practice when given the choice	Obsessive thoughts or interest in cult practices	Participating in cult practices
Reaching Full Potential	Myelinated neural networks in the prefrontal cortex are incomplete before the age of 25. Thus, all teenagers use only an incomplete portion of what will become their adult brain. Emotional and behavioral chaos at this age is NORMAL .		Consistently endorsing any 3 or more "of concern" items for longer than 6 months