DESTINY STEPS OF GREATNESS

Managing Challenging Behaviors

A Parent’s Guide to Tantrums, Biting, Hitting, Emotional Regulation & Positive Discipline

Behavior is communication. Our job is to listen, guide, and teach.

Every child deserves support. Every family deserves guidance. This guide offers practical, judgment-free ideas for understanding young children’s behavior and responding with care and consistency.

FOR FAMILIES WITH CHILDREN FROM INFANCY THROUGH EARLY ELEMENTARY YEARS

Educational information only. This guide is not a diagnosis, therapy plan, or substitute for individualized professional advice.

1 | Why challenging behaviors happen

Young children are still learning how to communicate needs, handle frustration, wait, share, and recover from strong emotions. Tantrums, biting, hitting, and refusing directions can be signs of an unmet need or an emerging skill—not evidence that a child is “bad.”

Start with the possible need

• Body: Hunger, fatigue, illness, sensory overload, or needing movement.

• Connection: Seeking reassurance, attention, or help with separation.

• Communication: Not yet having words to express “stop,” “help,” or “my turn.”

• Environment: Sudden transitions, long waits, confusing expectations, or overstimulation.

• Development: Limited impulse control and growing independence.

What to do first

Notice what happened before the behavior, what the child did, and what happened after. Look for patterns over several days. Respond to the need while maintaining the boundary.

> Try saying: “You are upset because playtime ended. I understand. I won’t let you hit. I can help you take a breath, then we’ll put our shoes on.”

2 | What is typical at different ages?

• Infants: Crying and fussiness are primary ways of communicating. Respond with comfort, predictable routines, and attention to basic needs.

• Toddlers (1–3): Big feelings, limited language, and impulsive actions are common. Use short phrases, close supervision, and simple choices.

• Preschoolers (3–5): Children are practicing sharing, waiting, and flexible thinking. Model language, rehearse skills, and give consistent reminders.

• Early elementary: Children can practice naming emotions, problem-solving, and repairing harm, though they still need adult support.

Development varies. Frequent, severe, unsafe, or worsening behavior deserves a closer look, regardless of age.

3 | What to do in the moment

When a child has a tantrum

• Stay close and calm; use a quiet voice and few words.

• Keep the child and others safe. Remove dangerous objects if needed.

• Name the feeling without giving in to unsafe behavior: “You’re frustrated. I’m here.”

• Wait until the child is calmer before teaching or discussing consequences.

• Afterward, reconnect and practice one simple alternative.

When a child bites or hits

• Block the action gently and immediately: “I won’t let you bite.”

• Attend to anyone hurt and provide appropriate first aid.

• Avoid yelling, shaming, biting back, or labeling the child.

• Offer words or gestures: “Stop,” “Space please,” “Help me.”

• Notice triggers such as crowding, teething, transitions, or competition for toys.

When a child refuses or struggles with transitions

• Give a brief warning: “Two more minutes, then shoes.”

• Use a picture schedule, a predictable routine, or a first–then statement.

• Offer two acceptable choices: “Walk to the door or hold my hand?”

• Praise the skill you want repeated: “You came when I asked.”

> Safety first: If behavior creates immediate danger, focus on protection and calming—not a lecture. If a child is injured, assess the injury and seek medical care as appropriate.

4 | Teach emotional regulation over time

Children learn regulation through co-regulation: a calm adult helps them settle, then teaches a skill when they are ready.

• Practice slow breathing during calm moments (“smell the flower, blow the candle”).

• Create a calm corner with books, soft items, and feeling pictures; never use it as punishment.

• Use simple feeling words: sad, angry, worried, excited, overwhelmed.

• Read stories and role-play asking for help, taking turns, and handling “no.”

- Protect sleep, meals, movement, and one-on-one connection time.

5 | Positive discipline with clear boundaries

Positive discipline is not permissive parenting. It combines warmth, predictable limits, and teaching.

A simple four-part response

• Connect: “I see you’re upset.”

• Limit: “I won’t let you throw blocks.”

• Teach: “Blocks stay on the floor. You can squeeze this pillow.”

• Repair: When calm, help the child check on others, clean up, or try again.

Instead of this … try this

Instead of	Try
“Stop crying!”	“You’re having a hard time. I’m here.”
“You’re bad for hitting.”	“Hitting hurts. I’ll keep everyone safe.”
“Calm down right now.”	“Let’s sit together until your body settles.”
“You never listen.”	“First put toys away, then we’ll read.”

6 | Partner with your childcare provider

Parents and educators can work together to identify patterns and use consistent strategies. Ask what happens before and after the behavior, which supports help, and how progress will be tracked. Agree on one or two skills to practice at home and in care.

Questions worth asking

• When does the behavior usually happen?

• What has helped the child feel safe and successful?

• Are there changes in sleep, routines, communication, or relationships?

• Can we use the same simple words and expectations at home and school?

7 | When to seek additional support

Reach out to your child's pediatrician when behaviors are persistent, escalating, causing injury, significantly interfering with daily life, or occurring alongside developmental or communication concerns. Ask about developmental and behavioral screening and whether further evaluation could help.

If you are concerned about a child under age 3 in Texas, you can contact Early Childhood Intervention (ECI) to ask about an evaluation. For children age 3 and older, contact your local public school district to ask about evaluation options through Child Find. You do not need to wait for a formal diagnosis to ask questions.

Trusted starting points

• CDC — Learn the Signs. Act Early.: cdc.gov/act-early (milestones and parent tools).

• HealthyChildren.org: American Academy of Pediatrics parenting guidance.

• Texas ECI: hhs.texas.gov/services/disability/early-childhood-intervention-services

• Texas Education Agency — Special Education: tea.texas.gov/academics/special-student-populations/special-education

• 2-1-1 Texas: 211texas.org (local family and community services).

> Important: A child who is losing previously acquired skills, has sudden major changes in behavior, or presents a risk of serious harm needs prompt professional assessment. For an immediate emergency, call 911.

8 | A plan for the next seven days

• Choose one behavior to understand, rather than trying to change everything.

• Observe and record triggers and patterns without blame.

• Practice one replacement skill daily when your child is calm.

• Use the same short boundary and supportive phrase each time.

• Celebrate small progress and review what is working after one week.

Progress is rarely a straight line. Connection, consistency, and curiosity matter more than perfection.

Printable | My Child's Behavior Observation Sheet

Child's first name: _____ Age: _____

Date(s): _____ Parent/caregiver: _____

Behavior I want to understand: _____

What happened just before? (setting, time, transition, sleep, hunger, people)

_____

_____

_____

What did my child do? (describe actions without labels)

_____

_____

_____

How did I respond, and what happened afterward?

_____

_____

_____

What might my child have needed or been trying to communicate?

_____

_____

One replacement skill we will practice: _____

One phrase I will use consistently: _____

What helped? _____

Questions for our pediatrician or childcare provider:

_____

_____

You do not have to figure everything out alone. Asking questions, observing with compassion, and seeking support are meaningful steps toward helping your child thrive.

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