Managing your Child’s Temper Tantrums

PSYCHOLOGICAL TREATMENTS FOR CHILD TANTRUMS

Cognitive-behavioral Therapy (CBT):
CBT for children with temper tantrums and other disruptive behaviors, when combined with parent training, can produce long-term improvement. In CBT, greater emphasis is placed on teaching the child skills to cope with his/her emotions more appropriately. Thus, it is most effective for older children (ages 8 and older). Additionally, treatment is best served when parents are incorporated so that they can continue to coach their child on CBT skills at home. Typical skills taught in CBT are understanding when you feel angry, understanding others’ perspectives, decision-making, and social problem-solving skills.

COMMONLY USED MEDICATIONS FOR CHILDREN WITH SEVERE OUTBURSTS

Stimulant & non-stimulant medications used to treat ADHD can help improve tantrum behaviors in children with this disorder. As impulsive behaviors decrease, the child may not become frustrated as easily and may not try to avoid situations that his/her ADHD previously made very difficult. Common stimulants include: Ritalin, Concerta, Adderall, Metadate, Focalin, Vyvanse, Dextedrine, and Dextrostat. Currently, Strattera is the only non-stimulant drug on the market used to treat ADHD and impulsivity.

Drugs for reducing severe aggression: Recently, other medications have been used to treat aggressive behaviors and temper tantrums in children. These include mood stabilizers (Lithium, Depakote), SSRI-anti-depressants (Prozac, Zoloft), and atypical anti-psychotics (Risperidone). These medications, especially Lithium and anti-psychotics, generally have significant side effects, and are usually only indicated when children show severe bouts of chronic aggression.

RESOURCES FOR PARENTS

- www.CHADD.org - Resources for individuals with ADHD
- effectivechildtherapy.com - information on understanding and treating childhood disorders
- www.aacap.org - information on understanding and treating childhood disorders
- www.wrightslaw.com - information for parents about your child’s rights to educational services given disabilities

BOOKS

- Parenting the Strong-Willed Child – Rex Forehand and Nicholas Long
- The Explosive Child – Ross Greene
- 1-2-3 Magic – Thomas Phelan
- Taking Charge of ADHD: The complete authoritative guide for parents – Russell A. Barkley
- The Kazdin Method for Parenting the Defiant Child – Alan E. Kazdin

For any question about your child’s behavior or more information about our research, please visit our website at www.fordham.edu/perl, or contact us at perl1@fordham.edu or (718) 817-0968.

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WHEN ARE A CHILD’S TANTRUMS OUT OF CONTROL?
Temper tantrums are considered a part of normal development for young children, particularly those under the age of 5. However, some children continue to exhibit severe tantrums after this age. These outbursts can be:
- Explosive
- Difficult to control or soothe
- Prolonged- lasting more than 15-20 minutes
- Occurring several times per week

Children who exhibit severe temper outbursts often have difficulty making and keeping friends, doing well in school, and in their family relationships. Parents are usually the most affected by their children’s temper outbursts. Frequent, out-of-control tantrums can cause a significant amount of distress and lead the family to modify their lifestyle in order to prevent or reduce child tantrums from occurring. Such modifications may include:
- Daily home routines, such as mealtime transitions, waking up, getting ready for school, or bedtime
- Going to public venues, such as restaurants or supermarkets
- Attending child social activities, such as birthday parties or play dates

WHY DO SOME CHILDREN HAVE SEVERE TANTRUMS?
We don’t really know why. We do know that children with severe outbursts often have difficulty with attention, impulsivity, anxiety, and mood regulation. Our research is looking at neurological reasons for why kids exhibit these severe temper outbursts.

WHY DO TANTRUMS PERSIST OR WORSEN OVER TIME?
Again, there is not one single answer to this. However, many children exhibit tantrums when they cannot get their way or when demands are placed on them. When these children exhibit tantrums, the intensity of their emotions and behaviors makes it difficult for parents to handle, and parents may sometimes give in to their child’s demands in order to stop the tantrum. In this way, the child is reinforced for his tantrum- it was effective at getting the desired result. Thus, “giving in” to a child’s tantrum behaviors can make the outbursts likely to continue as the child knows it can help him/her get what he/she wants.

HOW CAN YOU REDUCE YOUR CHILD’S TANTRUMS?
Fortunately, there are ways that parents can help reduce child tantrums in the family environment.

Not “giving in” to your child’s tantrums
When you “give in” to a child’s tantrum, you may have stopped the tantrum in that moment (which may be a temporary relief), but you have set the stage for your child to continue his/her tantrum behaviors in the future. So, giving in to his/her tantrums will solve the crisis in the moment, but can make them worse in the long run.
- Do not let your child get what he/she wants out of the tantrum. Although this may be a difficult feat to carry out, consistently saying “No” despite his/her tantrum will likely cause the outbursts to improve over time.
- IMPORTANT: follow through on saying “No” consistently. If your child even occasionally gets his/her way as a result of a tantrum, he/she is likely to maintain tantrum behaviors.
- Planned ignoring: Leaving the room in which your child tantrums can help stop this behavior as he/she no longer has your attention (and provide you with a chance to calm down and collect your thoughts).
- Do not try to convince or negotiate with the child during the middle of their tantrum. This will likely prolong the tantrum.
- Make sure your child understands that you will not listen to his/her demands when he/she tantrums. This is best discussed at a time when the child is not upset.

Planned Rewards/Consequences
Oftentimes, children will tantrum in effort to get out of doing something that they do not like. In these cases, offering extra incentives to complete the avoided behavior can be helpful. For example, if a child exhibits a tantrum whenever it’s time for him to complete his homework, consistently offering incentives (i.e., watching his favorite TV show, playing a game) after he’s completed his homework may motivate him to do it. It is important to note that: Rewards must: (1) be motivating to the child; (2) be carried through every time the child completes the desired behavior; (3) be consistently denied when the child does not complete the behavior; and (4) not be replaced with comparable rewards if the behavior is not completed (i.e. “You cannot watch TV but you can still play video games.”).

Positive Parenting: Catch your child being good
Parents of children with severe tantrums may feel like they are always giving their child negative feedback or giving attention mostly when their child is acting inappropriately. And, unfortunately, they probably are. This cycle can cause the child to continue acting up in order to get attention and create strain and hostility in the parent-child relationship.
- Look out for and specifically praise your child for his/her efforts at positive behavior.
- Example: Putting your hand on your child’s shoulder, and saying “I really like the way you shared your toys with your brother” when you noticed that he was giving his brother a turn with his toys.
- Be sure to praise specific behaviors or efforts, not your child’s global ability
  - Example: “David, thank you for putting all your toys back in the container when I asked you to.” NOT: “Thanks for being good.”
- What this does:
  - Shows your child what pro-social behaviors you want to see from them.
  - Gives him/her attention for positive behaviors.

PSYCHOLOGICAL TREATMENTS FOR CHILD TANTRUMS
Parent Management Training (PMT):
PMT teaches parents how to approach their child’s tantrums and disruptive behavior and to modify the environment to reduce the frequency and severity of these behaviors. PMT focuses on teaching parents behavioral management skills, and less emphasis is placed on working 1:1 with the child in therapy. Techniques typically taught include positive reinforcement of positive behaviors, consistent rewards and consequences for behavior, planned ignoring of misbehavior, and use of time outs.

Parent-child Interaction Therapy (PCIT):
Typically designed for parents of children between 3-6 years old, PCIT teaches parents specific skills to interact positively with their child, how to ignore minor misbehavior, and offer appropriate directives and consequences for misbehavior. PCIT sessions usually involve the parent and child interacting together in a room, while the therapist is watching from another room giving concrete tips to the parent (through a headset). Parents typically benefit from the concrete strategies that are practiced within the sessions.