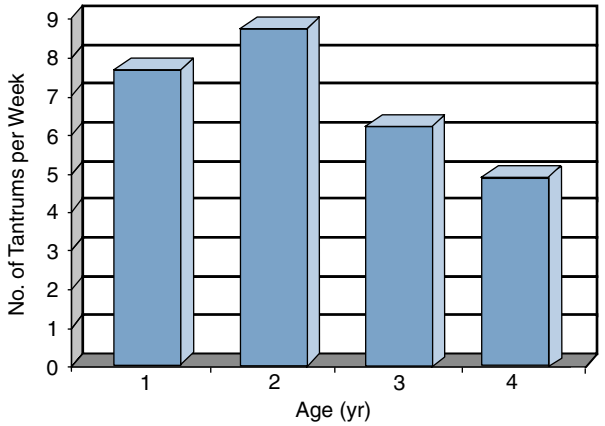

Figure 12-1 Mean tantrum frequency per week. Children 1 to 4 years of age who have tantrums typically have four to nine tantrums per week.

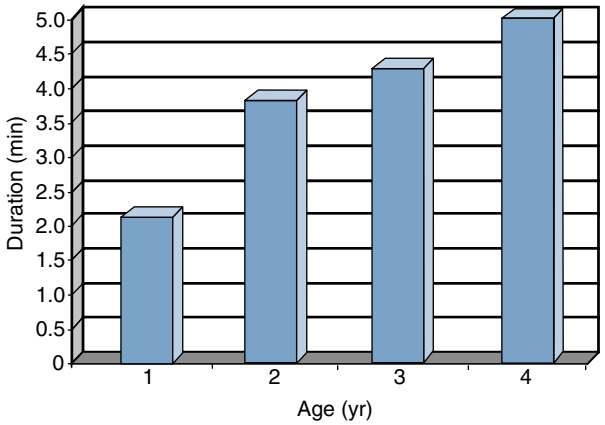

Figure 12-2 Mean duration of tantrums. The typical duration of a tantrum increases with the age of the child.

history is important, because family stress can exacerbate or prolong what begins as a normal developmental phase. The coexistence of other behavioral problems, such as sleep problems, learning problems, and social problems, suggests the possibility of a more serious mental health disorder.

The physical examination focuses on discovering an underlying illness that could decrease the child's ability to self-regulate. A thorough examination of the skin to identify child abuse is recommended (see Chapter 22). The neurologic examination identifies underlying brain disorders. Dysmorphic features may reveal a genetic syndrome. Behavioral observations reveal a child's ability to follow instructions, play with age-appropriate toys, and interact with parents and the clinician.

Laboratory studies screening for iron deficiency anemia and lead exposure are important. Other laboratory and imaging studies are performed only when the history and physical examination suggest a possible underlying etiology. Some children with excessive tantrums should have a formal developmental evaluation.

DIFFERENTIAL DIAGNOSIS

Most children who have temper tantrums have no underlying medical problem. Hearing loss and language delay may be associated with temper tantrums. Children with brain injury and other brain disorders are at increased risk for prolonged temper tantrum behavior (in terms of actual tantrum duration and continued manifestation after the normal tantrum age). These children include former premature infants and children with autism, traumatic brain injury, cognitive impairment, and Prader-Willi and Smith-Magenis syndromes. Children with rare conditions, such as congenital adrenal hyperplasia and precocious puberty, also may present with severe and persistent tantrums. Children with intellectual disability may exhibit tantrums when their developmental age is comparable to 3 to 4 years.

TREATMENT

Intervention begins with parental education about temper tantrums, stressing that tantrums are a normal developmental phase. Parents may have unwarranted concerns about their child's mental health. The clinician can help parents understand their role in helping the child move toward self-regulation of frustration and anger. The environment can be structured to limit toddler frustration; age-inappropriate demands on the child; and hunger, fatigue, loneliness, or hyperstimulation. It is important to review the child's daily routine to understand whether the child's tantrums are communicating essential unmet needs. Children who behave well all day at day care and exhibit temper tantrums at home in the evening may be signaling fatigue or need for parental attention. Identification of underlying stress is the cornerstone of treatment because many stressors can be eliminated. Parents may consider some changes in the home environment so that they do not have to say "No" to the child as frequently.

In some cases, parents inadvertently reinforce tantrum behavior by complying with the child's demands. The child's behavior can be seen as manipulative or simply as learned behavior from a prior successful experience. Parental ambivalence about acceptable toddler behavior also may lead to inconsistent expectations and restrictions. Helping parents clarify what behavior is allowed and what is off limits can avert the temptation to give in when the child screams loudly or publicly.

Distraction is an effective means of short-circuiting impending tantrums. Physically removing the child from an environment that is associated with the child's difficulty is sometimes helpful. Further behavioral interventions are recommended only after engaging in strategies to help the child gain control by meeting basic needs, altering the environment, and anticipating meltdowns. Recommended behavioral strategies include behavior modification with positive and negative reinforcement or extinction. During the first week of any behavioral intervention, tantrum behavior may increase. Parents must be warned that it will probably get worse before it gets better. At the same time that parents are working to extinguish or decrease the tantrums, it is important that they provide positive reinforcement for good behavior.

PREVENTION

Providing parents with knowledge about the temper tantrum stage and strategies for assisting the child with emotional regulation is recommended at a health care maintenance visit between 12 and 18 months of age. Regular routines for sleeping, eating, and physical activity in a childproofed home (or day care center) provided by well-rested and psychologically healthy parents (or caregivers) usually result in a quick transition through this challenging period.