Toddler Developmental Issues Related to Socialization (15-36 months)

♦ Emergence of a complex sense of self
  * Autonomy and independence
  * Separation/individuation
  * Child goal diverges from parent goal

♦ Increasing physical/motor abilities
  * Engaging in unsafe activities
  * Ability to hurt others

♦ Advanced cognitive/language development
  * Use language instead of action to express feelings
  * Can understand rules and consequences
  * Increased memory to retain information about rules
  * Internalize parental image
  * Beginning to internalize parental standards

♦ Imposition of social standards onto child - “civilizing”
  * Toilet-training
  * Eating at table at mealtime
  * Compliance with adults
  * Cultural mandates

Environmental Issues Affecting Socialization

♦ Contamination of uterine environment
  * Substance exposure
  * Malnutrition
  * Exposure to infectious diseases
  * Maternal psychological functioning

♦ Compromised entry into extra uterine environment
  * Prematurely
  * Delivery complications

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* Neonatal illness
* Prolonged hospital stays
* Abandonment

♦ Family ecology
  * Multiple caretakers/moves
  * Unresponsive, non-contingent parent
  * Under- or over-stimulating household
  * Parent psychopathology
  * Parental substance use
  * Family violence

♦ Larger ecologies
  * Community violence
  * Neighborhood deterioration
  * Limited resources
  * Lack of community role models and providers of guidance
  * Impact of pervasive poverty
  * The influence of cultural prescriptions

**Managing Behavior**

♦ Review with parents/caregivers details of behavior problems (develop a diary documenting behaviors including antecedents, timing, affect, etc.)

♦ Develop individualized plan based on specific child’s needs

♦ Consensus between parent and caregiver re: strategies

♦ Focus on positive behaviors

♦ Create of ritual that provide predictability and opportunities for self-practice

♦ Incorporate times for self-regulation (quiet) in plan

♦ Provide for special time with parents to follow child’s lead

♦ Devise procedures relevant to specific problem
  * Temper tantrums: ignore unless safety is concerned
  * Sleeping: attend to child while s/he remains in bed
  * Feeding: provide preferred foods, minimize activity/talking
  * Toileting: not shaming; child helps to clean up

♦ Seek mental health consultation when behaviors persist
Intervention: To Address the Needs of Children Who Present Inappropriate Behaviors

♦ Primary caregiver as provider of external regulation
♦ “Be with” and hold child who escalates beyond control
♦ Provide child with opportunities to practice self-regulation
♦ Maintain predictability; over prepare child for transitions
♦ Overstate social signals (facial expression, vocal tone, gestures, affect)
♦ Provide increased physical and psychological structure
♦ Attend closely to child’s verbal and nonverbal cues
♦ Provide verbal feedback to child re: feelings/behaviors
♦ Provide alternative modes for child to express affect (e.g., symbolic and motor play; reading relevant stories, etc.)
♦ Consistency between home and program re: strategies to address child’s behavioral difficulties
♦ Staff should de-brief at end of day together and with child’s parent regarding what worked and did not work with child
Discipline For Young Children

♦ Developmentally appropriate
♦ Focused on specific behavior
♦ Accompanied by language
♦ Immediate
♦ Consistent (across settings, times, caregivers)
♦ Flexible (based on level of transgression)
♦ Planned (behavior should be anticipated)
♦ Emotionally neutral
♦ Culturally acceptable (may need to negotiate)

Intervention strategies were adapted from the following resources:


