



Difficult developmental phases in babies and children

Certain developmental phases can provoke anger and frustration in even the most well-meaning and conscientious caregivers. By anticipating the following difficult phases and the challenges associated with them, parents can avoid potential incidents of child maltreatment.

Colic and crying

Colic is the prolonged bouts of crying in infants within the first 3 months, with no apparent cause. Colic usually is identified as inconsolable crying for at least 3 hours a day, at least 3 days a week, and at least 3 weeks. Excessive crying can begin around 2 weeks of age and usually tapers off around 4 months, with peak crying during the second month.

How to cope

- Remember that crying is common and is not your fault.
- Help your baby make the transition into sleep by using soothing, comforting, rhythmic activity (try a front carrier, baby swing, or cradle).
- Do not overfeed, as this causes more discomfort.
- Let your baby cry himself to sleep if you've tried everything and he continues to cry.

Night crying

Trained night crying, trained night waking, or trained night feeding refers to habitual waking and crying several times a night, beginning at about 7 to 8 months of age. These are conditioned problems. They often appear in a child who was sleeping well before, and are the result of a parent or caregiver habitually rocking or nursing baby to sleep in the first months of life.

How to cope

- Eliminate any long daytime naps.
- Move the crib out of your room.
- Don't rock or pat the baby to sleep; instead, put her to bed awake so she will learn to put herself to sleep.
- Leave the baby in the crib if you check on him because he's crying; be brief and boring.

Separation anxiety

Most young children experience separation anxiety when they are separated from a loved one. This anxiety and distress may intensify when children are placed in a new environment, especially if they have little experience in new situations and don't know what to expect. This stage usually occurs at about 6 months of age and can last up to 3 years of age.

How to cope

- Offer reassurance, not punishment.
- Rehearse separations by playing peek-a-boo, hide and seek, and other games.
- Don't leave the room quickly.
- Don't leave the child with unfamiliar sitters.
- Don't use a separate room for time-out.

Normal exploratory behavior

Toddlers are naturally curious, and will explore their surroundings to satisfy this curiosity. If the child's exploration causes disruption to the home, caregivers may have the tendency to become frustrated or angry. It is important, however, to understand the child's need for exploration and provide a safe environment for the child to meet his needs.

(continued on the back)

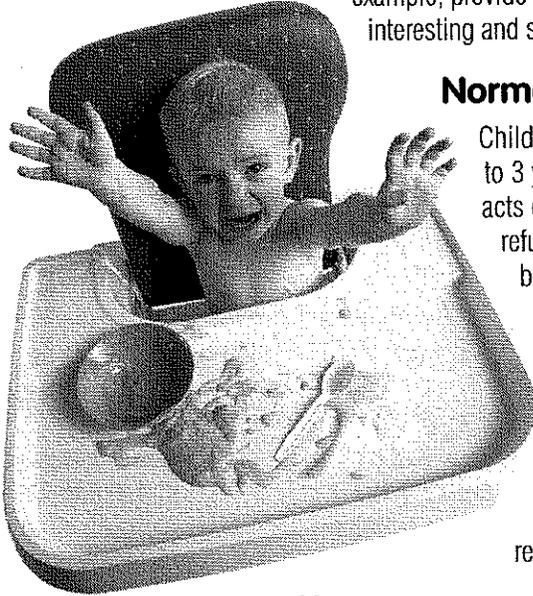
Source: *The Complete and Authoritative Guide: Caring for Your Baby and Young Child Birth to Age 5* by the American Academy of Pediatrics and *Parenting for Dummies* by Sandra Hardin Gookin.





How to cope

- Safety-proof the home as much as possible.
- Distract or redirect the child from items that cannot be removed such as the oven or heater.
- Discipline the child for safety issues (for example, running into the street).
- Permit as much exploration as possible (for example, provide a special drawer with interesting and safe utensils).



Normal negativism

Children between the ages of 1 to 3 years of age will display acts of negativism. They may refuse to go to bed or take a bath. This phase is normal and is important to the child's development of self-determinism. Do not punish the child for this type of behavior. Caretakers should try not to take the child's negative responses seriously.

How to cope

- Keep a sense of humor.
- Don't punish the child for saying "no."
- Give some independence (minimize the rules and give the child more real choices).
- Offer transition time (when playing with toys and dinner time approaches, give the child a few minutes warning).

Normal poor appetite

Between 18 months and 3 years of age, many children lose their appetite to some degree. Caregivers should keep in mind that this phase is normal, and they should not try to force feed the child.

How to cope

- Remember, most toddlers eat less than when they were babies because they are not growing as fast.
- Reduce milk intake to a pint or less per day (may toddlers ?ll up on milk and leave little room for other nutritious foods).
- Let the child feed himself and **do not** force feed.
- Never make the child eat when she is not hungry.
- Make mealtime as pleasant as possible.

Toilet training resistance

Children may refuse toilet training if they are not ready, or if the training is approached too forcefully. Caregivers should refrain from becoming frustrated with this situation. Try to approach toilet training with realistic expectations.

How to cope

- Make sure the child is ready before you try to toilet train.
- Reward cooperation and any success.
- Don't punish for accidents; instead, be supportive, sympathetic, and kind.

