

# Take the Sting Out of Biting

The Administrator's Role in  
Stopping Biting Before it Starts



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A Webinar Hosted by:  
Early Childhood Webinars  
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# Why Focus on Biting?

- My interest in biting began at Children's Health Council in the 1980's.
  - Taught parenting classes, counseled individual parents, and consulted to 50 child care programs through a five-year grant – each center received 50 hours free consultation!
  - Majority of programs wanted help with “Challenging Behavior”
    - Infant/Toddler/Two's: “PLEASE - HELP US WITH BITING!”
- It's been a hidden yet pervasive problem for many programs for decades.
- Recently, even pop culture and the media has started to pay attention to this dilemma. This year, chronic biting problems were a featured story on the Baby Blues comic strip, and the TV shows Modern Family and NBC Dateline.

# Why Is This Happening To Me?



Biting can happen in anyone's presence - parent, teacher, director - right under your nose and within arm's reach of you, even if you are a highly-skilled early childhood educator!

# Who Is Biting? It Could Be Anyone!



# When Are Children Biting?

## Poll Question #1

Nationwide, at **what time of day** does biting happen most frequently?



**POLL**

# Late Morning

- Child Health Alert, 2002
  - Children got up early in morning, fatigued
  - Morning snack issues
  - Staff have housekeeping duties at this time of day
  - Supervision of outdoor play takes special effort

# Today's Goals

- See the situation through the eyes of the biter
- Learn “Instructive Intervention” for biting incidents
- Learn the seven reasons for chronic biting behavior
- Design customized solutions to stop/prevent biting

# Chronic Biting = Adult Angst

- Emotions run high: parents blaming caregivers, and parents blaming parents, teachers blaming parents, etc.
- Administrators are in a highly-pressurized situation: Protect the whole group while helping the biter?
- Bite breaks skin = emergency room visits, potential scars
- Biter's parents on high alert, expecting call from the center
- Children get booted out of groups and vilified
- Punishments can be extreme
- When mishandled, biting morphs into other misbehaviors

**Fortunately, there are solutions!**

# Typical Biting Consultation

- The director of center or the parents of biter call me
- Observe the child: On-site or through videos
- Consult with them to gather information
  - Phone/Skype/In-person meeting
- Create an Action Plan together
- Director, teacher, parent, consultant meet to discuss the plan
- Follow-up phone meeting with director and/or parent

*You can learn to be a biting specialist, too!*

# Be A Good Detective

- Piece together **underlying** reasons
  - Child is reacting to certain **obstacles and stressors**
    - Found in both home and group care
- You must do a valid observation
  - See the world through the eyes of the child who bites
- Initial changes need to come from the adults
- Biting behavior change is almost immediate when adults remove obstacles and intervene effectively
  - Typically within 1 to 2 weeks

# Recalibrate Your Expectations

## Expecting too little

- At home, adults may **jump to the child's every demand**, never allowing the child to manage and deal with typical, **minor frustrations**. However, life at the center is very different, which is confusing.
- At home, adults may be **over-permissive**, not setting clear limits and frequently **giving up control** to the child who develops an overly-strong sense of power.
- At home or the center, adults may interrupt a biting attempt *but* without facilitating any **new learning** afterwards.

# Recalibrate Your Expectations

## Expecting too much:

- Expecting a young child to.....
  - Understand **abstract concepts** (*“Be nice to your friends.”*)
  - Know **“which words”** to use in the heat of the moment (*“You need to use your words.”*)
  - Know how to “take turns” **comfortably** (*“You know that we all have to share the toys in our class.”*)
  - Show compassion and **care about** the other child’s feelings (*“How do you think he feels when you bite him?”*)
  - Manage difficult emotions **without physical expression.**

# Developing a Conscience Takes Time

- Development of a “conscience” happens in three stages, over a period of years in a young child’s life:
  1. **“Compassion”**: aware of the emotions of others
  2. **“Sympathy”**: puts compassion into action
  3. **“Empathy”**: understands the circumstances and experiences of someone else

(Szalavitz & Perry, 2010)

# 10 Common Mistakes

1. Blaming the biter
2. Jumping to conclusions; not asking right questions
3. Not doing a proper observation
4. Not coaching the victims
5. Not providing alternatives to the biters
6. Causing stressful situations with scheduling
7. Not altering the environment
8. Not reducing the child's stressors
9. Not working proactively to prevent conflicts
10. Not intervening effectively during a conflict

# Where Are Children Biting?

## Poll Question #2

In your experience, biting is MOST LIKELY to happen in which type of setting?

- a) Circle time
- b) Free choice indoor activity time
- c) Outdoors
- d) Transition times
- e) Meal times



**POLL**



# Poll Answers: Location of biting

# What To Do

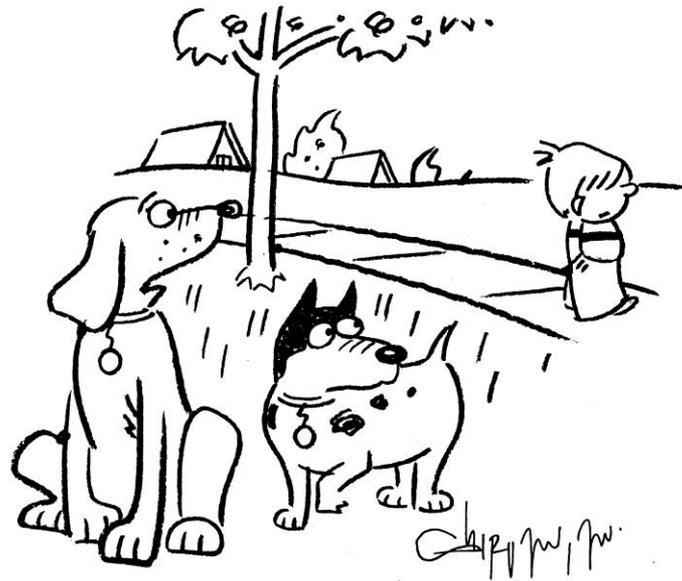
- **Observe the child for at least 60 minutes**
  - Describe how and where
- **Meet with parents, meet with staff**
  - **Information-gathering** is crucial
  - **Solutions** must address the **reasons**
- **Write down the *Action Plan*** – Be very specific
  - “What changes can the adults make to reduce stressors?”
  - **Both** the home and the program need changes
  - “How can we improve our interventions?”
  - “What kind of coaching do we need to offer?”
- **Refine interventions** during biting incidents

# Seven Key Questions

1. How much of the child's behavior is related to typical social/emotional development?
2. What past experiences or recent changes may be creating stress?
3. Is the lack of verbal skills causing frustration?
4. Is the child's physical condition a contributing factor?
5. What role does the child's temperament play in the behavior?
6. What effect does the physical environment of the home or early childhood program have on the child?
7. What kind of limit setting is the child experiencing at home and with other caregivers or teachers?

*But First.....*

# How Do We Respond When Biting Happens?



"Watch out for him - he bites."

# Use Instructive Intervention

## 1. Interrupt the behavior

- *“No biting, Evan. We don’t put our teeth on people.”*
- *“Sit right down here and I’ll be back in a minute.”*
- *“I can’t let you be near people when you hurt them.”*

## 2. Help the victim

- *“I know that really hurt! Let me help you....”*

## 3. Reflect both child’s feelings

- To the biter: *“So, Evan, you felt frustrated and angry...”*
- To the victim: *“And, Mario, you felt scared and sad...”*

## 4. Don’t force an apology or giving of ice to victim

# Instructive Intervention, cont'd...

## 4. Define the problem

- *“I see the problem; one red car that you both wanted to play with” or*
- *“Evan didn’t want Mario to sit so close to him”, or*
- *“Evan wasn’t done with the shovel yet but Mario wanted a turn”, etc.*

## 5. Clarify the limit

- *“We always touch people gently, even when we’re upset. If you bite people, Evan, you’ll have to stay right next to me. I won’t let you play with children when you hurt them.”*

# Feelings and Needs

6. Next, provide two **relevant** solutions as **alternatives** to biting: Suggest **verbal tools** that match his situation and abilities.

In other words, next time he is in this situation, exactly what do you want him to do and say for...

- 1) Expressing **how he feels?**
- 2) Communicating what he **wants/needs?**

# Expressing Feelings

- Be a good **feelings** coach - give the child concrete ideas and permission to show how he feels (in an appropriate way):

“When you feel upset (mad, frustrated, worried, etc), you can...”

Here are some examples to choose from:

- “Take a big belly breath and blow it out.”
  - “Clench your teeth and make a sound like this....rrrr!”
  - “Put your hands on your hips.”
  - “Squeeze your hands together.”
  - “Stomp your foot.”
  - “Fold your arms across your chest.”
  - “Tell him you feel \_\_\_\_.”
- Encourage her to try it out with you now.





# How Does this Work in Real Life?

**Meet Sophia**  
**21 months old**

**A Case Study**

I gathered information from teachers and parents using key questions, I observed her at play, and I reviewed all incident reports:

- Has an older brother
- Two loving, nurturing, fulltime working parents
- Bit daily “for no reason”
- Parents on 2-weeks notice
- Good relationship existed between the church-based child care center and the parents



# Write Up Findings & Design the Solutions

## Action Plan Worksheet

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Today's Date: \_\_\_\_\_

Reasons	Describe the Situation	Design the Solutions
1. Stage of Development		
2. Previous Experiences and Recent Changes		
3. Verbal Skills		
4. Physical Condition		

# 1. Stage of Development



“He’s at that difficult age: 0 to 16.”

# Assessing Sophia's Situation

## 1. Stage of Development

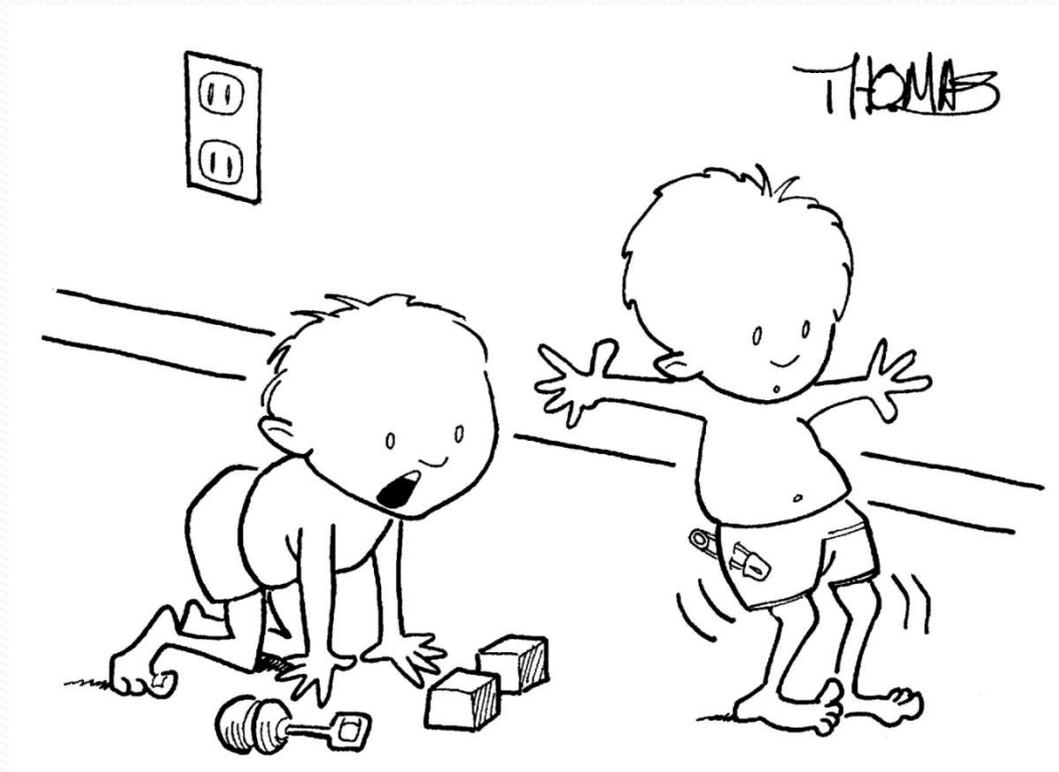
- Egocentric
- Impulsive
- Confused about feelings
- Advanced - cognitively and verbally
- Tall for her age

# Solutions for Sophia

## 1. Stage of Development

- Teach her “feelings words” – use nuanced words, describe yours, interpret hers
- Demonstrate turn-taking as an adult
- Remind yourself that she is only a toddler
- Provide more sophisticated toys as she masters items in the room

## 2. Past Experiences/Recent Changes



"Dude, don't do it. Somewhere down the road  
it will lead to chores."

# Assessing Sophia's Situation

## 2. Past Experiences, Recent Changes

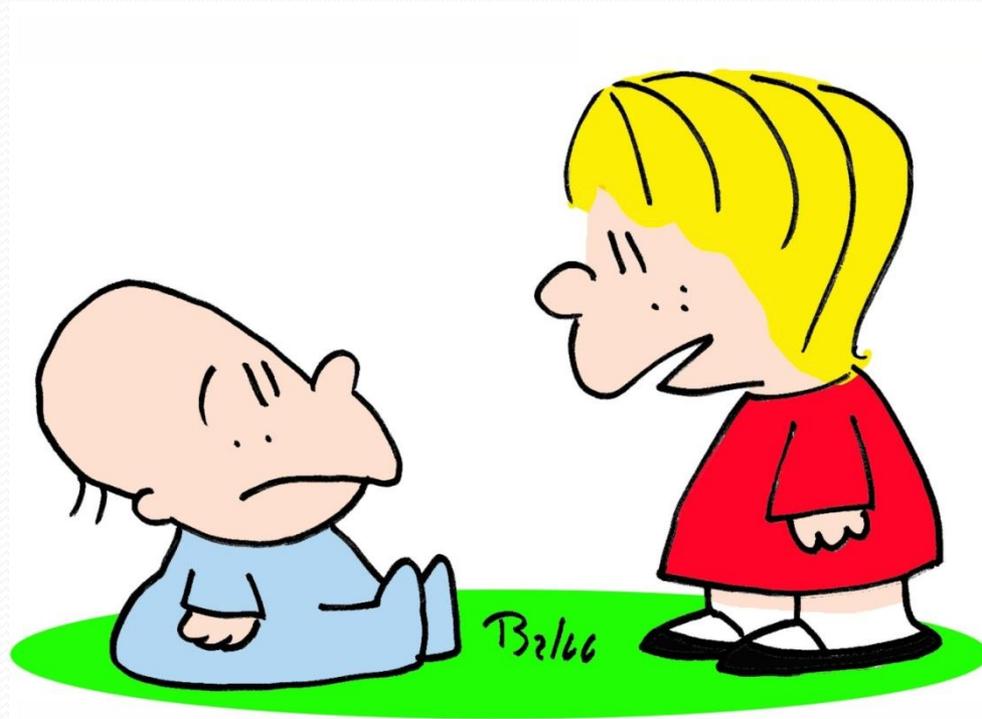
- Was bitten by others
- Allowed to grab things from brother; he teases and provokes her
- Recently moved into toddler room
- Some recent turnover in staff
- Being weaned from bottle
- Just moved from crib to nap mat

# Solutions for Sophia

## 2. Past Experiences, Recent Changes

- Parents need to stop allowing grabbing
- Understand her difficulty handling change
- Continue weaning at home
- Offer damp washcloth/teether when tense
- Help her feel more comfortable on her mat at naptime, to ensure she sleeps
- New staff should build rapport with Sophia

### 3. Lack of Verbal Skills



"You gotta learn to talk, Jeffrey — it's part of the aging process."

# Assessing Sophia's Situation

## 3. Lack of Verbal Skills

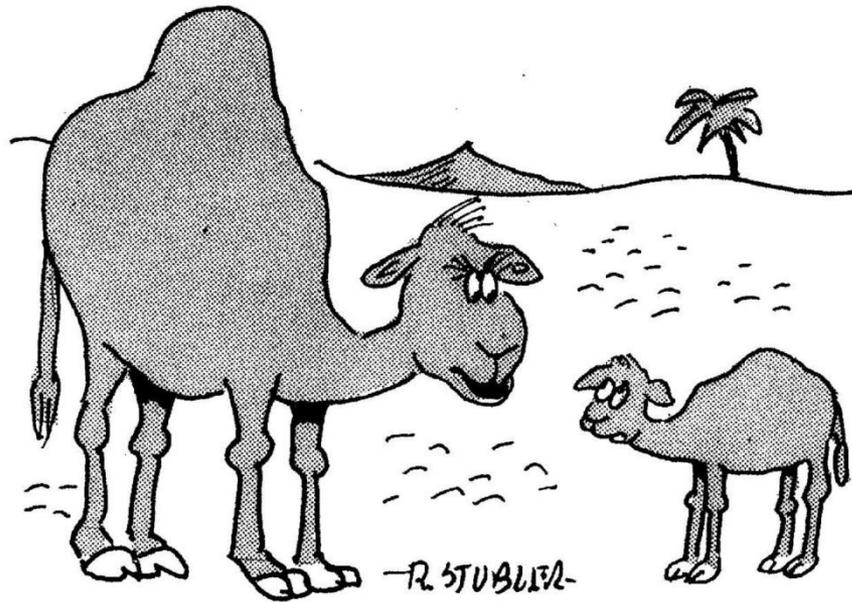
- Uses complete sentences with adults
- Teachers sometimes misinterpret her verbal maturity for impulse control
- Doesn't use words to express her feelings
- Doesn't use words in her play with others

# Solutions for Sophia

## 3. Verbal Skills

- Stop simply saying, “Use your words.”
- Give her specific verbal tools, such as:  
*“Be careful”, “How many minutes ? (until my turn)”, “Move over, that’s my spot”.....*
- Read her books about characters who deal with difficult feelings
- Put on a puppet show and use songs about expressing needs and feelings

# 4. Physical Condition



"WHAT DO YOU MEAN YOU'RE THIRSTY?  
YOU HAD A DRINK JUST LAST WEEK."

# Assessing Sophia's Situation

## 4. Physical Condition

- Agitated when hungry
- Agitated when sleepy, doesn't nap well at center

# Solutions for Sophia

## 4. Physical Condition

- Make sure she gets a good breakfast
- Be mindful of her hunger threshold and provide snacks, when possible
- Create a calmer place for her to nap
- Send a lovey to school for naptime

# 5. Temperament



# Various Temperament Traits:

Some examples:

- Approach or withdraw from situations
- Move physically
- Use energy to show how they feel
- Handle changes, how adaptable they are
- Feel strongly “bothered” by the five senses: hearing, touch, sight, smell, taste

# Assessing Sophia's Situation

## 5. Temperament

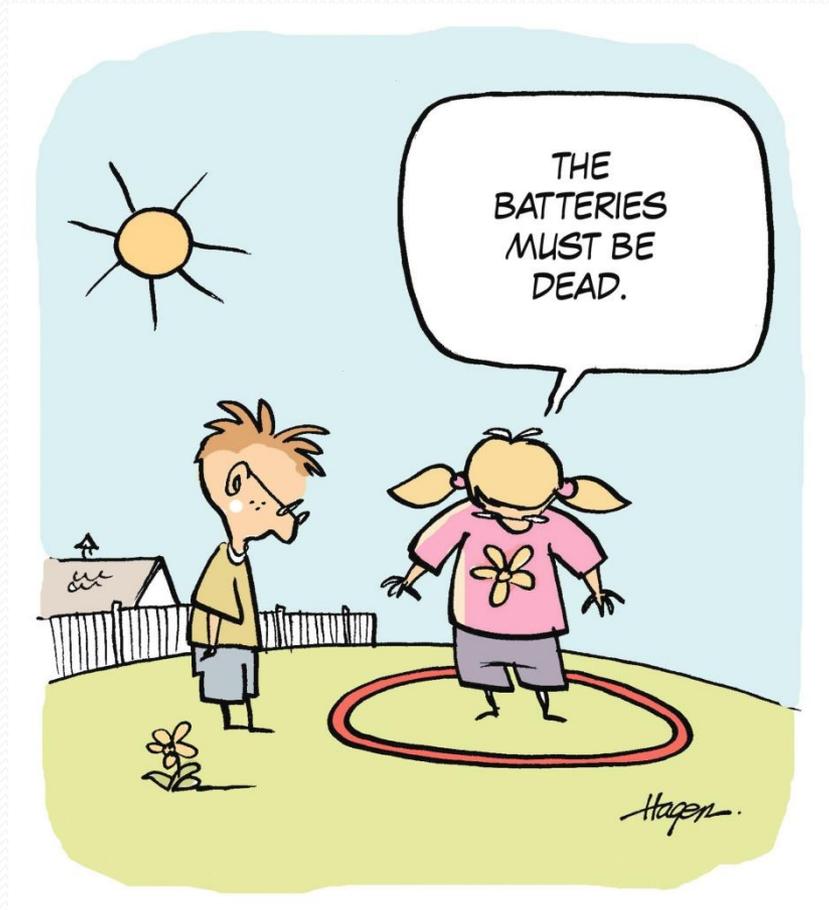
- Extremely **persistent**
- Expresses emotions **intensely**
- Very **sensitive** to feeling crowded
- **Non-adaptable**; change is hard for her
- Highly **distractible**

# Solutions for Sophia

## 5. Temperament

- Use active listening, clearer explanations
- Help her through transitions physically
- Give her advanced notice of changes
- Use “anchoring” to help focus her attention and feel more centered/calm
- Speak softly, use good eye contact

# 6. Environment



# Common Environmental Influences

- Crowded Conditions
- Inadequate Play Spaces
- Lack of Novelty
- Lack of Loose Parts
- Lack of Softness

# Assessing Sophia's Situation

## 6. Physical Environment

- General boredom
- Mostly baby toys
- Lack of stimulating materials throughout
- Lack of fine motor items
- Too few “play spaces”, indoors and out
  - One swing, few riding toys, some balls

# Solutions for Sophia

## 6. Physical Environment

- Purchase more developmentally appropriate items for both class and yard
- Count up play spaces, make adjustments

# 7. Limit Setting



"I'm about to have a tantrum. What are you doing?"

# Types of Limit Setting

1. **Punishment**: shame, guilt, spanking, threats, fear, name-calling, “command/control” tactics
2. **Over-Permissiveness**: “spoiling”, giving the child too much power, constant praise, pleading, tries to avoid conflict
3. **Authoritative Discipline**: “Firm but warm”, reiterate the limit, use logical consequences, and use a matter-of-fact style

# Assessing Sophia's Situation

## 7. Limit Setting

- “Time out” seen as a game at home
- She loves going to the office after biting
- Apologies are used as “ticket out of trouble”
- Adults not providing any/clear instruction on alternatives to biting

# Solutions for Sophia

## 7. Limit Setting

- Discontinue the ineffectual time-outs
- Stop taking her to the office when biting
- Stop making her apologize
- Use “Instructive Intervention” consistently
- Intervene in biting “attempts”, too

# Wrap-Up

- Identify obstacles: detailed observations & interviews
- Make the necessary changes to remove obstacles
- Use Instructive Intervention for attempts and bites
- Be more proactive in your social/emotional coaching
  - Use songs, books, praise, social facilitation, etc.
- Stay calm, be intentional, be consistent
- Get additional help, as required, from other disciplines, i.e., physical or speech/language therapy, parent educator, family therapist, pediatrician, etc.

# *Thank You!!*

## *Lisa Poelle*

For individual consultation, training, or speaking engagements, go to:  
[www.stopthefightingandbiting.com](http://www.stopthefightingandbiting.com)

For more examples of useful techniques and case studies, get:

**“The Biting Solution: The Expert's No-Biting Guide for  
Parents, Caregivers, and Early Childhood Educators”**

published by Parenting Press and available through IPGBook.com

Also: Introduce children to a fun, new song about what to do *instead of biting!*

***We Don't Put Our Teeth On People*** - by The 2 Tones

Available for download at [www.cdbaby.com](http://www.cdbaby.com)