

Living in the Real World

Reality Bites: Biting at the Center — Part 1

by Jim Greenman and Anne Willis Stonehouse

You can see it in the eyes of staff and parents when an epidemic of biting breaks out. A tension hangs over the room like smog, a demoralizing haze of fear and anger and anticipation: when will it strike again?

Children biting other children is at once the most common and the most difficult repercussion of group child care, especially with toddlers. It happens even in the best of programs (but it happens more in lousy programs). When it happens, it is often scary, very frustrating, and very stressful for children, parents, and teachers.

Group living is hard — people rub up against each other and children in child care need and want attention from adults, and (sadly) negative attention is more desirable than being ignored. A bite is powerful and primal: quick and effective, usually inspiring immediate and dramatic reactions. Size and strength are not required, even a baby can inflict a very painful bite. Once present, it is hard to get rid of quickly. The child often bites again, another child imitates, and soon it's an epidemic. Parents become very upset about biting, and the problem escalates.

Why Do They Do It?

Biting is a horrifying stage some children go through and a major problem or crisis for the group while it is happening. Yet at the same time, for the biting child, it's a natural phenomena that has virtually no lasting developmental significance. It derives its significance from the group care setting. **It is not something to blame on children or parents (or teachers).** A child who bites is not on a path towards being a discipline problem, a bad person, or a cannibal. Yes, it is an anti-social act, but an act of an individual not yet equipped to be fully social, just beginning life as a citizen.

So why does this child bite and that child not? We make all sorts of guesses but don't really know. There are a number of possible reasons that children under age three bite, none of them the fault of a bad home, bad parents, or bad teachers. Sometimes we think we have a good idea what's causing the biting but most of the time it is hard to guess what is going on in the child's head. Some of the likely reasons suggest ways of handling the biting:

- **Teething.** When teeth are coming through, applying pressure to the gums is comforting, and babies will use anything available to bite. Obviously, if this is a likely cause, then a teething ring or objects to bite will lessen the baby's need to bite other people.
- **Impulsiveness and lack of self-control.** Babies sometimes bite because there is something there to bite. This biting is not intentional in any way, but just a way of exploring the world.
- **Make an impact.** Young children like to make things happen, and the reaction when someone is bitten is usually pretty dramatic.
- **Excitement and overstimulation.** When some very young children are very excited, even happily so, they may behave in an out-of-control fashion. Natasha loved moving to music and, after a session in care with music and scarves and everyone twirling and enjoying themselves, it was very predictable that Natasha would bite someone if an adult did not help her calm down.
- **Frustration.** Too many challenges, too many demands, too many wants, too little space, too many obstacles may lead a child to bite, especially before they have the capability to express frustration through using language.

Memoirs of the Parent of "That Child!"

"I still have vivid memories of that horrible period that began when she was 19 months old. It was so awful, every day walking into her room and waiting to find out who Jenny had bitten. Four bites in one day, 14 in a week, 25 for all of June. Life was hell. We slunk in and out like the parents of a criminal. Was it us — some flaw in our home or some mutant gene?"

Jenny was such fun as a toddler — this tiny red-haired mop top, with a great smile and bouncy enthusiasm. Even at her biting worst, she was happy. We never saw the biting at home, there weren't very young kids around.

We'd have these meetings with her teachers and the director. We were all desperate, and even though we all were doing everything we could, we became defensive, sometimes disbelieving each other. Maybe she was bored (their fault), troubled (our fault), immature (her fault).

I knew other parents were upset. After all, their children were coming home with Jenny's imprint (thankfully this was before AIDS). I saw them look at Jenny, at us. Finally one mother began yelling at me, shoving her son's arm in my face with the incriminating two red half circles.

And then at about 22 months, Jenny stopped. Part of it was all the stuff the staff was doing and we were doing at home. But probably she just outgrew it. Now I look at Jenny and see this high school kid — good student, lots of friends, never in trouble — and I can laugh about what Sheila and I went through. But I remember wondering how she would ever have a normal life."

Who's to Blame?

We have to blame somebody. If it isn't the child or the parents, it has to be the program, right? There is no blame, but a **good program should accept responsibility for biting** because it recognizes biting as a natural phenomena — like toileting accidents, tantrums, and separation trauma. It is the center's job to provide a safe setting where no child needs to hurt another to achieve his or her ends and where the normal range of behavior (including biting) is managed. In the dire case where all attempts to extinguish the biting behavior are working too little or too slowly and

the child has to leave the program, it is as much the program's setback as the child's or the parents'.

When a child has become "stuck" for a while in a biting syndrome and it is frustrating for the parents of victims that the caregivers are unable to "fix" the child quickly or terminate care, empathizing with their feelings of helplessness and their concern for their children is essential while you let parents know all your efforts to try to extinguish the behavior quickly. It is important to articulate how you are struggling to balance your commitment to the family of the biting child with that of the other families.

The name of a child who bites another should not be released because it serves no useful purpose and can make a difficult situation even more difficult.

PUNISHMENT DOESN'T WORK TO CHANGE THE CHILD — either delayed punishment at home which a child totally will not understand or punishment at the center which may make the situation worse.

Managing the Crisis

No other situation requires as much perspective, thoughtful responsiveness, and careful communication as an epidemic of biting. Doing the following are important:

- Prepare parents for the possibility of their child being either a biter or a victim **before** the fact, as early as the intake into the center. If it is not un-likely to happen, then let's not hide it.
- Empathize with all the children and parents involved, and the staff. It's a difficult situation for all.
- Make sure parents are aware of all the steps that you are taking to minimize biting and end the crisis before they become upset. They need to know that our understanding biting as a natural and common phenomena does not mean we throw up our hands in resignation.
- Have a sense of how long you will stick with a child "stuck" in a biting pattern, and communicate that to the child's parents right away. Fear of a sudden loss of child care adds to the tension. Again, it is better if parents know this before a crisis occurs.

The Other Side of the Mirror: My Child the Victim

"If I can't keep my baby safe, keep him from being some other kid's snack substitute, what kind of mother am I? One day there is a bite on his cheek, then on his arm, two days later another one, and then even a bite on his bottom. The teachers would empathize with me and say, 'Biting is normal at this age.' Yeah, I know that toddlers bite, but mothers protect and I couldn't protect my kid. It may be normal to bite, but it's not normal to be gnawed on every day.

'We're doing all we can,' they said. So? Was I supposed to live with that? I wanted those biters out. How long was I supposed to let my child suffer, at 14 months old? I was told, 'Stevie is so curious and friendly that he is the most common victim.' I blew up. So it's his fault?

I left the center with hard feelings. Not because it was the center's fault, or even that they wouldn't throw out the biters. They were trying so hard to solve the problem, they didn't seem to understand what it was like to be in my shoes. We had to leave."

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Living in the Real World

Reality Bites (Frequently): Biting at the Center—Part 2

by Jim Greenman

Knowing that infants and toddlers bite in group care is one thing. Doing anything about it is quite another. Even understanding why the biting is occurring doesn't necessarily lead to a "cure."

When a Child is Bitten

1. Avoid any immediate response that reinforces the biting, including dramatic negative attention. The biter is immediately removed with no emotion, using words such as "biting is not okay — biting hurts." The caring attention is focused on the victim.

The biter is not allowed to return to the play and is talked to on a level that she can understand. You communicate that you understand the child's frustration (or needs for exploration or teething relief with an infant) and are willing to help her achieve self-control: "When you feel like biting, use words," "I'll help you not bite." (Don't assert "I won't let you bite" unless you can deliver on that promise).

2. Redirect the child to other play.
3. Look intensively at the context of each biting incident and look for patterns based on past incidents.

Was there crowding, overstimulation, too few toys, too much waiting, other frustration? Is the biting child getting enough attention, care, and appropriate positive reinforcement for not biting? Does he need help getting engaged in play?

4. Work with each biting child on resolving conflict or frustration in an appropriate manner. Notice and reinforce all the occasions that the child does not bite.

5. Adapt the environment, and work with parents to reduce any child stress.

6. Make special efforts to protect potential victims.

Changes to the Room Environment

1. Analyze the room environment, schedule, routines, and expectations of children and staff to minimize:
 - Congestion
 - Confusion and disorder

- Child waiting
- Child frustration
- Child boredom
- Commotion
- Competition for toys and materials
- Competition for adult attention

2. Avoid large groups and break into small groups:

- Use other spaces in the center, the playground, and walks.
- Within the room, spread out the activities and the staff to avoid bunching up (also use the nap area).

3. Look for ways to increase the promotion of the children's sense of security and stability:

- "No surprises" — maintain a predictable schedule and ensure that children understand and anticipate the progression of the day.
- Ensure prime times with the child's primary caregiver.
- Ensure warm, cozy, semi-secluded "places to be."
- Avoid staffing changes. Develop and maintain individual and group rituals.

4. Look for ways to engage children more effectively in the environment:

- Analyze choices perceived by children.

- Analyze the developmental appropriateness of choices.
- Provide duplications and multiple options.
- Consider whether to increase the motor and sensory choices available.

5. Look for ways to calm children after periods of excitement:

- Relaxed transactions
- Calming music
- Calming physical contact with caregivers

6. Analyze grouping of children to avoid combinations that might lead to conflict or biting:

- Avoid grouping biters and likely “victims” together.
- Avoid grouping children who will compete for toys.

Epidemic Response

When biting changes from a relatively unusual occurrence of a couple times a week to a frequent and expected occurrence, it should be considered an epidemic or health emergency, a serious threat to the well being of the children in the room (including the biter). What happens in health emergencies? We apply extraordinary resources to the crisis.

Do the following:

1. Room staff meet with the director and/or assistant director on a daily basis throughout the crisis for advice, support, and to maintain a perspective devoid of blame (children, parents, or staff).
2. Chart every occurrence, including attempted bites, and indicate location, time, participants, behaviors, staff present, and circumstances.
3. Evaluate the immediate staff response to each biting situation to

ensure appropriate intervention that includes:

- Comforting the injured child and treating the injury.
- Cool, firm, disapproving response to the biter that does not inadvertently provide reinforcement to the biter.

4. Analyze the chart and profile the behavior patterns and the environmental context of frequent biters and frequent victims.

5. “Shadow” children who indicate a tendency **to bite** and:

- Anticipate biting situations.
- Teach non-biting responses to situations and reinforce appropriate behavior in potential biting situations.
- Adapt the program to better fit the individual child’s needs.

6. “Shadow” children who have a tendency **to be bitten**:

- Anticipate biting situations.
- Teach responses to potential biting situations that minimize the chance of becoming a victim.

7. Consider early transition of children “stuck” in a biting behavior pattern for a change of environment, if developmentally appropriate (and allowed by licensing).

8. If necessary, bring in outside observers to help you analyze the entire situation (not just the biter).

Maintain Positive Relationships with Parents

1. Let all the parents know that there is a problem and everything that you are doing to stay on top of it.
2. Remind them of your philosophy regarding working with children in crisis — like a child stuck in a biting mode.

3. Work together as partners with the parents of both biting children and frequent “victims” to keep them informed and develop a joint strategy for change.

4. Prepare the parents of the biting child for the worst if suspension or termination from the program is possible and suggest they make contingency plans. Having to leave the program is a terrible consequence, having to leave with little warning is even worse.

“I Dreaded Going to Work”

The head teacher in a room undergoing a rash of biting described what it was like:

You don't know how lousy it feels when biting gets out of control. Four bites today, three bites yesterday, six bites last Friday. I went through periods of feeling like a terrible teacher.

I didn't want to face the other parents. I'd get angry at the biting kids and see Ben and Becca as if they were these little monsters and want to kick them out. And I felt even more angry with their parents! I wanted them to do more, take more responsibility, be more structured, more loving, more something.

All of these feelings swirled around, although only my husband had to hear the wails and moans. I knew the feelings weren't fair and it took all my professionalism to stuff them down.

Hanging On

There are no magic feathers to “solve” a biting crisis. Sometimes nothing works and children grow out of it or leave the program. Doing all of the above should help alleviate or shorten the crisis.

Maintaining good relationships with parents during a biting epidemic requires all the trust and good will built up by good program practice.

Because it is a “natural” and inevitable occurrence — like illness, earthquakes, and floods — all we can do is prepare for biting and maintain perspective while it is happening. It is the time when our expertise, professionalism, and character are put to the test.

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