

# Common Behavior Concerns in Young Children



Summer 2011

# COMMON BEHAVIOR CONCERNS IN YOUNG CHILDREN

All children have mental health needs. Behavior changes as children grow and develop. Mental health needs and behavior concerns are often tied together. A child's behavior may be typical for his/her age or the behavior may indicate the need for further information and support. At times, parents and early childhood care professionals may have questions or concerns about a child's behavior. This guide is meant as a first point of reference for those who live and work with young children.

This guide lists frequent early childhood behavior concerns, some things to consider about these behaviors and possible resources for families and professionals. In many situations, those who know the child well will be the best source of information, such as parents, early childcare professionals, or the child's pediatrician.

It can be difficult for a parent to make the first call for help. The professionals listed under the resource section have all had a great deal of experience working with children and parents, and understand this issue. If an early childhood professional has concerns about a child's development, parent permission is required before a referral is made.

There may be other questions or issues facing parents or caregivers of young children. This list is not a complete list of behavior issues, but the most frequent concerns. Early intervention is often the best intervention.

*If you have questions, suggestions or additions,  
please contact 763-712-2722.*

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*Resources listed are generally located in the  
Anoka County Area.*

Please contact your school district to have your 4 to 5 year old child scheduled for early childhood screening. See page 12 for school district contact information.

BEHAVIOR	AGGRESSIVE BEHAVIOR										
<p><b>THINGS TO CONSIDER</b></p>	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• Pay attention to if the child is HALT (hungry, angry, lonely, or tired).</li> <li>• Illness (a child may become aggressive when experiencing pain or physical discomfort).</li> <li>• The child has been exposed to violence/ aggressive behavior by others in the home or by watching T.V. or movies that have violent content.</li> <li>• The child is not able to express wants, needs, or feelings using words.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• If a child is unable to use words to communicate, it is typical for a child under age three to use aggression to get what he/she wants</li> <li>• Once a child gains the verbal skills to communicate with other children and adults effectively (usually between the ages of 2 and 3), the amount of aggression should decrease significantly.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If there is an increase in the number (frequency) of aggressive incidents.</li> <li>• If the aggressive behavior impacts the child's ability to make friends.</li> <li>• If the child is unable to verbally communicate basic needs/wants by 2½ years.</li> <li>• If the child significantly injures himself or others purposefully.</li> </ul>										
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BEHAVIOR	BITING						
<b>THINGS TO CONSIDER</b>	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• The child may be ill (especially if the child has chronic ear infections).</li> <li>• The child may be teething.</li> <li>• The child has been bitten by another child.</li> <li>• Biting is often a form of communication. Without language skills, a child uses his/her body to communicate.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• It is common for children under age 2½ years to bite when frustrated.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If the biting persists over a long period of time (over two months).</li> <li>• If the child is over 3 years of age.</li> </ul>						
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BEHAVIOR	DESTRUCTIVE BEHAVIOR						
<b>THINGS TO CONSIDER</b>	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• The child has experienced major changes (i.e. new baby in the home, illness or death of a family member, moving to a new home).</li> <li>• Medical concerns (chronic ear infections, chronic pain, sensory integration issues).</li> <li>• Limits are not stated or enforced consistently regarding this behavior.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• It is common for children under the age of 2½ to "experiment" with some destructive behavior (ripping paper or books, throwing objects).</li> <li>• As a child gains more verbal skills and self control, destructive behavior usually decreases.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If the severity of the child's behavior endangers other children or adults.</li> <li>• If the behavior appears to be out of the child's control.</li> <li>• If the behavior is repetitive and doesn't decrease as the child becomes older.</li> </ul>						
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BEHAVIOR	DIFFICULTY MAKING FRIENDS										
THINGS TO CONSIDER	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• The child has limited experience with other children.</li> <li>• The child needs help learning to enter a play situation or help knowing how to keep play going.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• Children under three years of age often have difficulty playing with other children.</li> <li>• Most children become more social as they move through the preschool years.</li> <li>• Children become more able to share between the ages of three and five.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If other children fear the child or avoid playing with him/her.</li> <li>• If he/she purposefully hurts other children.</li> <li>• If the child doesn't have at least one friend.</li> <li>• If the child needs significant adult help when playing with other children.</li> <li>• If a child watches others play and seldom joins in the play.</li> </ul>										
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BEHAVIOR	IMPULSIVE BEHAVIOR/HIGH ACTIVITY (ENERGY) LEVEL										
THINGS TO CONSIDER	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• Children who are overtired, anxious, or over stimulated may appear fidgety or be very physically active.</li> <li>• Children who are in a chaotic or over stimulating environment may act impulsively or appear to have a high energy or high activity level.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• Toddlers and preschool children often demonstrate a high activity level because they are learning and exploring their environment.</li> <li>• The activity level of a child usually decreases as he/she grows older.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If a child's level of impulsivity or high activity level doesn't appear to decrease as he/she grows older (particularly between the ages of three and five).</li> <li>• If a child doesn't seem to be learning from mistakes or consequences.</li> <li>• If the child doesn't develop safety awareness over time (particularly between the ages of three and five).</li> <li>• If after age three or four years, a child is not able to play with others due to a short attention span.</li> <li>• If a child switches activities more frequently than other children his/her age.</li> <li>• If the child has difficulty falling asleep or staying asleep.</li> </ul>										
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BEHAVIOR	NAME CALLING, SWEARING, & INAPPROPRIATE LANGUAGE								
<b>THINGS TO CONSIDER</b>	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>The child has received a reaction from adults or other children, which he/she finds reinforcing.</li> <li>Child has not been taught which words are inappropriate.</li> <li>Child is around others that use swearing as a "normal" part of conversation.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>All children test the limits of adults by trying out new words occasionally.</li> <li>Most children do not know the meaning of swear words.</li> <li>Children will repeat words that get a big reaction from adults.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>If swearing is uncontrollable.</li> <li>If swearing is like a vocal tic (repetitive – like grunts yelps, etc...).</li> <li>If a child's swearing does not decrease following corrective intervention.</li> </ul>								
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<b>THINGS TO CONSIDER</b>	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>Children often imitate the behavior of others. A child may be imitating behavior they see or hear. [Be aware of who or what a child is exposed to. Monitor television or videos closely.]</li> <li>If a child has received a lot of attention for inappropriate sexual behavior and has found a powerful reaction.</li> <li>Children need information, limits, and boundaries regarding appropriate sexual behavior. Teach about "good touch and bad touch".</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>Young children are naturally curious about their bodies and the bodies of others.</li> <li>Toddlers often explore their own bodies and learn about their body parts through touch.</li> <li>Young children may engage in genital play or stimulation to reduce tension or to help them fall asleep.</li> <li>Young children may engage in play (for example "Doctor") that includes looking and touching to learn about the differences between their bodies.</li> <li>A child may ask questions about Mom or Dad's bodies ("Why don't I have breasts like Mommy?" or "Why is Daddy's penis bigger than mine?").</li> <li>A child may occasionally experiment with sex words or poop/pee talk to be silly or to gain attention.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>If behavior is persistent and cannot be redirected.</li> <li>If there are sudden changes in sexual behavior or interest that is not age appropriate.</li> <li>If there are physical signs of infection or pain or irritation of genitals.</li> <li>If the child is acting out sexual behavior that could harm self or others.</li> <li>If the child's sexual behaviors are beyond the range of "normal".</li> <li>If the child has nightmares, new fears of falling asleep or of the dark.</li> <li>If the child "targets" victims in terms of younger or more vulnerable children.</li> </ul>																
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BEHAVIOR	SLEEP DIFFICULTIES								
THINGS TO CONSIDER	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• Nighttime waking may occur because a child may be too warm/cold, thirsty, or having a bad dream.</li> <li>• A child may have difficulty falling asleep at night if he/she is not tired (you may consider decreasing the child's nap time or eliminating nap time).</li> <li>• A child may be over tired or there may be too much activity before bed (wrestling, loud TV, etc.) making it difficult for the child to fall asleep.</li> <li>• If routines are not established.</li> <li>• Child may be ill or teething.</li> <li>• Child has recently experienced a recent change such a new home, new sibling, death or divorce in the family.</li> <li>• A child may have a medical condition such as sleep apnea.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• Children between three to five years of age need 10 to 14 hours of sleep per day.</li> <li>• Nightmares and night terrors are normal.</li> <li>• Children adapt best when a routine is followed each night.</li> <li>• Children gradually give up naps during preschool years. A few children may give up naps in their toddler years.</li> <li>• Staying dry through the night is not expected until about six years of age.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If a child snores or has interrupted breathing during sleep. This may indicate sleep apnea.</li> <li>• If a child doesn't get 10 to 14 hours of sleep per day due to difficulty falling asleep or staying asleep.</li> <li>• If a child experiences bedwetting after age seven.</li> </ul>								
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BEHAVIOR	SOCIALLY WITHDRAWN/EXCESSIVE SHYNESS										
THINGS TO CONSIDER	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• Some children are shy by temperament.</li> <li>• Children sometimes become shy in new situations or during times of change (such as a move, divorce, a death in the family, etc...).</li> <li>• If a child has had few experiences with peers, he/she may not know how to enter groups or play situations.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• Children under three years often play along side others, rather than with other children.</li> <li>• Some children prefer to watch or observe before they begin an activity or enter a new situation.</li> <li>• Children usually begin to want to play with other children in the preschool years.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If behavior interferes with learning in a school or childcare situation.</li> <li>• If a child suddenly becomes traumatized or depressed.</li> <li>• If a child doesn't speak in specific situations, but will speak in others.</li> </ul>										
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BEHAVIOR	TEMPER TANTRUMS/OPPOSITIONAL BEHAVIOR												
<p>THINGS TO CONSIDER</p>	<p><b>Why could this be happening?</b></p> <ul style="list-style-type: none"> <li>• If the rules change or are inconsistent about expected behavior.</li> <li>• If consequences are implemented inconsistently or are not enforced immediately following the inappropriate behavior.</li> <li>• A child may be motivated to continue oppositional behavior in order to gain one-on-one attention or to avoid or distract the adult from giving a consequence.</li> </ul> <p><b>Typical Development:</b></p> <ul style="list-style-type: none"> <li>• Temper tantrums are typical for toddlers and should decrease during preschool years.</li> <li>• Power struggles with preschool age children are not an unusual occurrence.</li> <li>• Toddler and preschool children need clear rules and predictable consequences to help them feel safe.</li> </ul> <p><b>When to be concerned:</b></p> <ul style="list-style-type: none"> <li>• If behaviors become violent and dangerous to others or to the child.</li> <li>• If the tantrums/oppositional behavior have increased in frequency (number) and length.</li> <li>• If the child isn't successful in their early childhood settings due to power struggles, tantrums, or oppositional behavior.</li> <li>• If the child is persistent about things being in a particular order or in a particular way.</li> <li>• If the power struggles consistently occur over seemingly "little things" or occur during times of transition (leaving the house, getting dressed, doing activities in a different way).</li> <li>• If certain sounds, types of touch, or texture of clothing "trigger" tantrums on a consistent basis.</li> <li>• If the conflict or struggles occur because the child gets "stuck" on a certain thought, topic, or activity.</li> </ul>												
<p>POSSIBLE RESOURCES</p>	<table border="0"> <thead> <tr> <th data-bbox="285 1013 840 1052">RESOURCE</th> <th data-bbox="840 1013 953 1052">COST</th> </tr> </thead> <tbody> <tr> <td data-bbox="285 1052 840 1091">Early Childhood Family Education . . . . .</td> <td data-bbox="840 1052 953 1091">Sliding Fee</td> </tr> <tr> <td data-bbox="285 1091 840 1130">Developmental Pediatrician. . . . .</td> <td data-bbox="840 1091 953 1130">Health Insurance</td> </tr> <tr> <td data-bbox="285 1130 840 1169">Child Psychologist/Child Therapist . . . . .</td> <td data-bbox="840 1130 953 1169">Health Insurance</td> </tr> <tr> <td data-bbox="285 1169 840 1208">Birth to Three: Anoka Area Interagency Early Intervention . . . . .</td> <td data-bbox="840 1169 953 1208">No Fee</td> </tr> <tr> <td data-bbox="285 1208 840 1247">Three to Five: Early Childhood Special Education. . . . .</td> <td data-bbox="840 1208 953 1247">No fee</td> </tr> </tbody> </table>	RESOURCE	COST	Early Childhood Family Education . . . . .	Sliding Fee	Developmental Pediatrician. . . . .	Health Insurance	Child Psychologist/Child Therapist . . . . .	Health Insurance	Birth to Three: Anoka Area Interagency Early Intervention . . . . .	No Fee	Three to Five: Early Childhood Special Education. . . . .	No fee
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## RESOURCE PHONE NUMBERS

**Anoka Area Interagency Early Intervention** . . . . . **763-433-4888**  
 Interagency referral for children birth three with special needs; or suspected delays in motor, speech/language, cognitive, social/emotional development; **No Fee**

or at risk of developmental delays due to biological or environmental factors.  
 Anoka Area Interagency links families with services to meet their needs.

**MN State Help Me Grow** . . . . . **1-866-693-GROW (4769)**  
 Visit [www.MN.ParentsKnow.info](http://www.MN.ParentsKnow.info)

**Early Childhood Special Education (ECSE)** . . . . . **No Fee**  
 Screening, assessment and intervention for children birth through kindergarten.  
 The following phone numbers are for ages three to five years.

- Anoka – Hennepin School District #11 ECSE** . . . . . **763-433-4602**
- Centennial School District #12 ECSE** . . . . . **763-792-6123**
- Columbia Heights School District #13 ECSE** . . . . . **763-528-4448**
- Forest Lake School District #831 ECSE** . . . . . **651-982-8131**
- Fridley School District #14 ECSE** . . . . . **763-502-5148**
- St. Francis School District #15 ECSE** . . . . . **763-753-7170**
- Spring Lake Park School District #16 ECSE** . . . . . **763-785-5560**

**Early Childhood Family Education (ECFE)** . . . . . **Sliding Fee**  
 Provides parent education, support, and consultation, including, parent and child activities, classes and home visits. Each school has an ECFE program which offers many different fun and educational experiences for children birth to kindergarten.

- Anoka – Hennepin School District #11 ECFE** . . . . . **763-506-1275**
- Centennial School District #12 ECFE** . . . . . **763-792-6120**
- Columbia Heights School District #13 ECFE** . . . . . **763-528-4423**
- Forest Lake School District #831 ECFE** . . . . . **651-982-8300**
- Fridley School District #14 ECFE** . . . . . **763-502-5123**
- St. Francis School District #15 ECFE** . . . . . **763-753-7170**
- Spring Lake Park School District #16 ECFE** . . . . . **763-785-5560**

## RESOURCE PHONE NUMBERS

**Lee Carlson Center for Mental Health and Well Being** . . . . . **763-783-4990**  
 Provides Women’s, Men’s, and children’s groups for those who **Health Insurance/Sliding Fee**  
 have experienced domestic abuse.

**Anoka County Community Health and Environmental Services (Public Health Nursing)**  
 Public health nursing services include providing families with information **763-422-6970**  
 about normal child growth and development, healthcare, childhood safety, **No Fee**  
 infant and child feeding/nutrition, and parenting education; as well as referral  
 to resources as needed.

**Anoka County Child Protection** . . . . . **763-422-7125**  
 Responds to and investigates reports of maltreatment (physical/sexual abuse  
 and neglect) of children.

**Midwest Children’s Resource Center (St. Paul)** . . . . . **651-220-6750**  
 Provides diagnosis and treatment of physically, sexually, or **Varies/Health Insurance**  
 emotionally abused children. Staff works closely with the legally  
 mandated community providers of services.

**Children’s Home Society and Family Services** (parent support program) . . . . . **763-785-9222**  
 Child Abuse Prevention services for residents of Anoka County Provides  
 support to families, with children ages birth — 12, experiencing stress or crisis.  
 Provides short and long term support in meeting goals and moving forward.  
 Services include 24 hour parent support, advocacy, face to face support  
 meetings, resource and referral. Voluntary and confidential, no fee for services.

**Hennepin County Children’s Mental Health** . . . . . **612-348-4111**

**Hennepin County Child Protection** . . . . . **612-348-3552**

**PACER** . . . . . **952-838-9000**  
 Resources and support for families of children with disabilities.

**Autism Society of Minnesota** . . . . . **651-647-1083**

**Twin Cities Crisis Center** . . . . . **763-755-3801**

**Center for Inclusive Childcare** . . . . . **651-603-6265**

**Anoka County Children’s Mental Health** . . . . . **763-712-2722**

**Childcare Resource and Referral** . . . . . **763-783-4881**

**Healthy Start** . . . . . **763-783-4839**

**Fraser Anoka** . . . . . **763-231-2590**

**Call Insurance Provider for providers, referrals and available resources.**

# Notes

## DEFINITIONS

**Referrals to specialists and/or assessments may be requested depending on the identified concerns for a child.**

*Child Psychiatrist:* A medical doctor who is able to diagnose, treat and prevent mental disorders in children. A psychiatrist can prescribe medications, provide psychiatric testing and therapy.

*Child Psychologist:* A licensed individual who is trained in dealing with mental processes in children (both normal and abnormal) and their effects upon behavior. A psychologist is not a medical doctor, and therefore cannot prescribe medications; however he/she may be able to provide psychological testing and therapy.

*Children's Mental Health:* A state of emotional and psychological well-being. Mental health begins at birth and everyone has mental health needs.

*Developmental Pediatrician:* A pediatrician who specializes in treating children with developmental delays, ADD/ADHD, and other special needs.

*Occupational Therapist (OT):* A licensed individual trained to provide assessment and therapy to correct physical and psychological problems which interfere with activities and tasks of daily living such feeding, swallowing, sensory integration, fine motor (hands/fingers) skills, etc.

*Pediatric Neurologist:* A medical doctor who specializes in diseases of the nervous system (brain and spinal cord) in children.

*Sensory Integration Disorder:* Sensory integration problems occur when one or more of the senses is not being interpreted correctly by the brain. This misinformation can lead to perceiving the world differently. Things that are generally thought of as pleasurable such as a light brush on the arm, or a kiss on the cheek, or a pat on the head may in-fact be painful to children with sensory integration disorders. As a result of sensory integration problems, these children may experience problems in learning, motor skills and behavior.

*Assessment:*

*Educational:* informal and formal testing of the basic senses, social/emotional/behavioral development, cognitive development (play skills), physical/motor development (muscles) and self-help skills of an infant or child.

*Neurological:* testing pertaining to the structure and disease of the nervous system (brain and spinal cord).

*Psychological:* testing pertaining to the study of the mind in all of it's relationships, both normal and abnormal processes.

*Psychiatric:* testing pertaining to the study, diagnosis, and prevention of mental illness.

## RESOURCE BOOK LIST

### Aggressive Behavior

- Kids, Parents and Power Struggles . . . . . by Mary Sheedy Kurcinka  
Mastering Anger and Aggression: The Brazelton Way . . . . . by T. Berry Brazelton  
1-2-3- magic: Effective Discipline for Children . . . . . by Thomas W. Phelan Ph. D.  
Transforming the Difficult Child: The Nurtured Heart Approach . . . . . by Howard Glasser

### Biting

- Positive Discipline . . . . . by Jane Nelson  
Without Spanking or Spoiling . . . . . by Elizabeth Crary  
The Preschool Years . . . . . by Ellen Galinsky and Judy David

### Destructive Behavior

- The Explosive Child . . . . . by Ross Green  
How to Talk So Kids Will Listen and Listen So Kids Will Talk . . . . . by Adele Faber and Elaine Mazlish  
Transforming the Difficult Child: The Nurtured Heart Approach . . . . . by Howard Glasser  
The Out of Sync Child . . . . . by Carol Stock Kranowitz

### Difficulty Making Friends

- Helping Your Child Feel Secure . . . . . by Stanley Greenspan M.D.  
Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries, Phobias . . . . . by Tamar Chansky  
Transforming the Difficult Child: The Nurtured Heart Approach . . . . . by Howard Glasser

### Impulsive Behavior / High Activity (Energy) Level

- The Out of Sync Child Has Fun . . . . . by Carlo Stack Kranowitz  
The Explosive Child . . . . . by Ross W. Greene  
Driven to Distraction . . . . . by Edward M. Hallowell, John J. Ratey  
Raising Your Spirited Child . . . . . by Mary Sheedy Kurcinka  
Transforming the Difficult Child: The Nurtured Heart Approach . . . . . by Howard Glasser

### Name Calling, Swearing & Inappropriate Language

- Positive Discipline . . . . . by Jane Nelson  
Kids, Parents, and Power Struggles . . . . . by Mary Sheedy Kurcinka  
The Explosive Child . . . . . by Ross W. Greene  
Raising Your Spirited Child . . . . . by Mary Sheedy Kurcinka

### Sexual Behaviors

- The Preschool Years . . . . . by Ellen Galinsky and Judy David  
Growing Up Again . . . . . by Jean Illsley Clarke and Connie Dawson

## RESOURCE BOOK LIST

### Sleep Difficulties

- Sleepless in America: Is Your Child Misbehaving or Missing Sleep?  
. . . . . by Mary Sheedy Kurcinka  
The Sleep Book for Tired Parents: Help for Solving Children's Sleep Problems  
. . . . . by Rebecca Huntley  
Healthy Sleep Habits, Happy Child: A Step-by Step Program for a Good Nights Sleep  
. . . . . by Marc Weissbluth, M.D.

### Socially Withdrawn / Excessive Shyness

- Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries, and Phobias . . . . . by Tamar Chansky  
Transforming the Difficult Child: The Nurtured Heart Approach . . . . . by Howard Glasser

### Temper Tantrums / Oppositional Behavior

- Kids, Parents, and Power Struggles . . . . . by Mary Sheedy Kurcinka  
The Out of Sync Child Has Fun . . . . . by Carol Stock Kranowitz  
The Preschool Years . . . . . by Ellen Galinsky and Judy David  
Transforming the Difficult Child: The Nurtured Heart Approach . . . . . by Howard Glasser

### General parenting book list

- Touchpoints: The Essential Reference . . . . . by T. Berry Brazelton  
Discipline: The Brazelton Way . . . . . by T. Berry Brazelton and Joshua D. Sparrow  
Emotionally Intelligent Parenting: How to Raise a Self-Disciplined Responsible Socially Skilled Child . . . . . by M. J. Elias, PHD; S.E. Tobias, Psy. D.; B. S. Friedlander Ph.D.  
Kids Are Worth It . . . . . by Barbara Coloroso  
Boys and Girls Learn Differently . . . . . by Michael Gurian  
Lost at School: Why Our Kids with Behavioral Challenges are Falling Through the Cracks and How We Can Help Them . . . . . by Ross Greene  
No: Why Kids of All Ages Need to Hear It and Ways Parents Can Say It . . . . . by David Walsh, Ph.D.  
Why Do They Act That Way? . . . . . by David Walsh, Ph.D.  
Parenting on Purpose: Red Yellow Green Framework for Respectful Discipline . . . . . by Ada Alden

## WEB-SITES

- [www.MN.ParentsKnow.info](http://www.MN.ParentsKnow.info) . . . . . Minnesota State Help Me Grow Early Intervention Information for Families with children Birth to Three years old.
- [www.zerotothree.com](http://www.zerotothree.com) . . . . . Zero to Three: Parents are the real experts. They know their child better than anyone. They also are their child's first and most important teacher.
- [www.parenting.umn.edu](http://www.parenting.umn.edu) . . . . . University of Minnesota Extension Services on Parenting
- [www.extension.umn.edu/info-u](http://www.extension.umn.edu/info-u) . . . . . Information about families
- [www.autism-society.org](http://www.autism-society.org) . . . . . Autism Society, a national organization with resources for families.
- [www.ausm.org](http://www.ausm.org) . . . . . Autism Society of Minnesota
- [www.pacer.org](http://www.pacer.org) . . . . . PACER resources and support for families of children with disabilities. Phone 952-838-9000
- [www.help4adhd.org](http://www.help4adhd.org) . . . . . National Resource Center on Attention Deficit Hyperactivity Disorder (ADHD)
- [www.chadd.org](http://www.chadd.org) . . . . . Children and Adults with Attention Deficit / Hyperactivity Disorder ADHD Education, Advocacy and Support
- [www.macmh.org](http://www.macmh.org) . . . . . Minnesota Association of Children's Mental Health
- [www.parentsknow.state.mn.us](http://www.parentsknow.state.mn.us) . . . . . Parenting information, resources, and activities to help children grow develop and learn from birth to high school.

### Search the district website under **Community Education** or **Community**

**Early Childhood Family Education, ECFE**  
**Early Childhood Special Education, ECSE**

### Independent School District, ISD

ISD # 11	Anoka – Hennepin	<a href="http://www.anoka.k12.mn.us">www.anoka.k12.mn.us</a>
ISD # 12	Centennial	<a href="http://www.centennial.k12.mn.us">www.centennial.k12.mn.us</a>
ISD # 13	Columbia Heights	<a href="http://www.colheights.k12.mn.us">www.colheights.k12.mn.us</a>
ISD # 14	Fridley	<a href="http://www.fridley.k12.mn.us">www.fridley.k12.mn.us</a>
ISD # 15	St. Francis	<a href="http://www.stfrancis.k12.mn.us">www.stfrancis.k12.mn.us</a>
ISD # 16	Spring Lake Park	<a href="http://www.splkpark.k12.mn.us">www.splkpark.k12.mn.us</a>
ISD # 831	Forest Lake	<a href="http://www.forestlake.k12.mn.us">www.forestlake.k12.mn.us</a>



Compiled by:  
Early Childhood Mental Health Subcommittee  
of the  
Anoka Area Early Childhood Mental Health Committee