

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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