My Kid Has Big Behaviors… Now What?

A Sanity-Saving, Shame-Reducing, Reality-Accepting Guide for Real Parents in Real Homes

Welcome to the club of loud feelings

You're seeing explosive yelling, refusal, hurtful words, or reactions that seem much bigger than the moment. You may be tiptoeing around moods and wondering whether you're parenting or barely surviving.

> **What now, at home, when the smallest request seems to set off the biggest reaction?**

This guide is about looking for what contributes to the behavior, responding without adding fuel, and teaching safer alternatives. Warmth, routines, clear limits, and appropriate reinforcement can all belong in the plan.

Big behavior 101

Behavior gives us information, but it does not translate neatly into one emotion or diagnosis. An outburst may involve distress, a difficult task, fatigue, pain, communication needs, or a pattern reinforced by what happens next. Several factors can operate together.

Avoid choosing between "can't" and "won't" from one moment. Ask which skills are difficult, what the child is experiencing, what they are trying to obtain or avoid, and how adults can respond consistently.

ADHD, anxiety, autism, depression, trauma-related conditions, and disruptive behavior or mood disorders may be relevant for some children. Outbursts alone do not establish any of them. An assessment considers development, history, settings, and functioning.

> **Understand the distress. Stop unsafe behavior. Teach what to do instead.**

Statements such as "I wish I was never born" need a direct safety check, not an assumption that they are just angry words. See page 3. For immediate danger, an attempt, or possible overdose, call 911.

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Get curious before picking a label

Use observations to guide a conversation with the pediatrician, school, or mental health professional. These questions help clarify needs; they are not a diagnostic checklist.

When requests lead to refusal

Is the instruction clear? Is the task too difficult, too long, painful, or unpredictable? Does the child know how to begin? What happens after they refuse?

When correction leads to an explosion

Is feedback given publicly or harshly? Does the child interpret mistakes as failure? Are there learning, attention, communication, or emotional skills that need support?

When busy settings lead to distress

Look at noise, crowding, transitions, hunger, fatigue, and expectations. Ask whether a quieter setting or clearer preview improves participation.

When anger lasts well beyond the event

Notice how long recovery takes, the child’s mood between outbursts, and whether the pattern occurs in different settings. Share persistent irritability, sleep changes, or major mood changes with the clinician.

When the reaction changes what happens next

Does yelling delay a task, end a limit, or bring intense attention? That information can guide support and consistent responses. It does not prove that distress is fake or that the child consciously planned it.

> **Track: what happened before, what the child did, and what happened afterward.**

Also note frequency, duration, injuries, recovery, and what helped. Bring a few concrete examples rather than relying on “always” or “out of nowhere.”

Terms such as “rejection sensitivity” or “demand avoidance” may describe an experience, but they do not identify its cause or replace a comprehensive evaluation. Ask the clinician what a label means for this child and their support plan.

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Listen to the words. Check what they mean.

01 “I hate you!”

Keep it brief: “You’re really angry. I’ll listen, and I won’t let you hurt anyone.” Give space when safe and helpful.

Later, ask what they meant: “What was happening for you when you said that?” Don’t tell them what their heart really meant. Help them practice a clearer sentence, such as “I’m angry about the rule.”

02 “Nobody loves me” or “I wish I was never born”

> **“That sounds really painful. When you say you wish you were never born, are you thinking about suicide or wanting to die?”**

Use clear, age-appropriate language. Asking about suicide does not increase suicidal thoughts. Ask about self-harm, too. Do not wait for repeated statements, assume the words are harmless, or promise to keep them secret.

If they report suicidal thoughts or you are concerned

• Stay with them while arranging help. Ask whether they have a plan or access to something they could use. Seek urgent professional assessment; you do not have to judge the risk alone.

• Follow the care team’s safety plan and contact the clinician immediately. In the U.S., call or text 988 for crisis guidance, including when you cannot promptly reach the clinician.

• Reduce access to firearms, medications, and other dangerous items when safe. Get specific home-safety and supervision guidance.

> **For immediate danger, an attempt, serious injury, a possible overdose, or inability to keep your child safe, call 911 or go to the nearest emergency department.**

If they deny suicidal thoughts but their words or behavior still worry you, seek guidance anyway. A reassuring answer does not replace assessment when concerns persist.

Safety guidance informed by NIMH and the 988 Suicide & Crisis Lifeline. Resource links are on page 6.

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During the storm and after it

03 Explosive outbursts

• Put safety first. Move other children away, create space, and remove dangerous objects if safe. Avoid crowding, blocking exits, or forcing physical contact.

• Use a lower voice and fewer words: “I’m here. I won’t let you hit. We need space.” Offer a quiet place or simple coping option, without demanding it.

• A child may not want to breathe with you or be touched. Don’t turn calming down into another contest. Stay available and supervise as needed.

> **“We’ll work this out when we’re ready to talk. Right now, we’re keeping everyone safe.”**

When things settle

Check for injuries and address anyone who was harmed. Review the situation briefly: what set it off, what skill was missing, and what could happen differently next time.

Repair can include returning an item or helping fix damage. Use reasonable consequences when appropriate. Distress does not eliminate accountability, and punishment alone does not teach the needed skill.

04 Chronic refusal or opposition

• Give one clear, manageable direction. Check understanding and offer help starting.

• Use two genuine choices within the limit: “Teeth before the song or after?” Keep both options acceptable.

• Try a predictable when–then plan: “When your shoes are on, then we’ll go.” Avoid threats you cannot or will not carry out.

• Notice the behavior you want repeated: “You started after one reminder.” Adjust tasks for real skill gaps or discomfort.

Persistent refusal can have many causes. If it is disrupting daily life, seek help understanding the pattern and building a coordinated response.

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Calmer does not have to mean permissive

You may yell

Because the chaos is exhausting. Repair without asking your child to excuse you: “I’m sorry I yelled. That wasn’t how I want to handle it. The safety rule still stands.”

You may threaten absurd consequences

“We’re never going on vacation. Ever.” Pull back: “That wasn’t reasonable. Here’s what needs to happen now.” Choose a response you can follow through on.

You may feel ashamed in public

> **“I’m here to respond to my child’s needs and keep people safe. I don’t need to perform perfect parenting for the audience.”**

Focus on the next safe step. You can understand your child’s distress without declaring that every behavior is involuntary or acceptable.

Make the everyday plan easier to follow

• Use visual routines and break tasks into steps. Preview changes when possible.

• Practice feeling words, a simple intensity scale, and asking for a break when calm.

• Offer a few safe, age-appropriate calming options. Sensory tools should fit the child; avoid small oral items or necklaces that create choking or strangulation risks.

• Notice recovery and safer choices: “You stepped back instead of throwing.” Offer a redo when it is useful.

Plan your own support

Share the load where possible and get parent coaching when needed. If you need a break during an unsafe episode, arrange supervision or a safe handoff rather than leaving other children exposed.

> **“You’re not a bad kid. What happened needs attention, and we’re going to work on a safer way.”**

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A bigger pattern needs a fuller plan

Arrange an assessment when

• Outbursts are frequent, intense, prolonged, worsening, or disrupting home, school, or friendships.

• There is aggression, self-injury, property destruction, persistent irritability, or family members feel afraid.

• You notice changes in sleep, appetite, mood, learning, development, or functioning, or your current approach is not helping.

Start with the pediatrician or a qualified child mental health professional. Ask about developmental and medical contributors, school information, skill needs, and a practical home plan. Parent behavior training can be part of effective care; compassion and behavioral tools can work together.

Ask who will coordinate care, what to track, how progress will be reviewed, and what to do during an escalation. Safety concerns need prompt attention, not a wait for the next ordinary appointment.

A note to the parent who is trying

Big behaviors are not a verdict on your parenting or your child’s character. They are a reason to understand the pattern, teach skills, and make safety nonnegotiable. You can offer warmth and still say no.

> **“I care about you. I won’t let people get hurt. We’ll keep getting help with what’s hard.”**

Further reading & crisis support

American Academy of Child and Adolescent Psychiatry
AACAP • Outbursts, Irritability & Emotional Dysregulation
National Institute of Mental Health
NIMH • Disruptive Mood Dysregulation Disorder: The Basics
NIMH • 5 Action Steps for Suicide Prevention

988 Suicide & Crisis Lifeline
Call or text 988 in the U.S. for crisis guidance.
988lifeline.org/help-someone-else/
Immediate danger, an attempt, or a possible overdose: call 911.

This guide offers general education, not a diagnosis or risk assessment. Use an individualized treatment and safety plan when behavior is persistent, impairing, or unsafe.

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