Clinical Practice and Temperament

Temperamental characteristics are important facets of child behavior and can be assessed and used for parent education and guidance by members of many professional groups:

Clinical practice using information about temperament is dedicated to:

1)understanding of the importance of normal individuality in behavior in infants and children, and

2) application of information about temperament by parents and professionals to promote normal growth and development, and

3) avoidance of unnecessary labels and treatments in otherwise normal infants and children.

Behavioral Individuality and Temperament are Normal

The modern study of temperament began with the work of Alexander Thomas, Stella Chess and associates in the New York Longitudinal Study (NYLS) in the late 1950's. This longitudinal research identified nine temperament characteristics that are present at birth and influence infant and child development in important ways throughout life. Unlike Jungian conceptions that measure personality, the NYLS temperament characteristics are assessed by looking at the behavioral style in the areas of a person's life(environment).

Since the 1950's hundreds of scientific studies of temperament have shown that temperament is an important factor in child growth, health and development.
The nine characteristics are:
Activity level-the amount of physical motion exhibited during the day

Persistence-the extent of continuation of behavior with or without interruption

Distractibility-the ease of being interrupted by sound, light, etc unrelated behavior

Initial Reaction-response to novel situations, whether approaching or withdrawing

Adaptability-the ease of changing behavior in a socially desirable direction

Mood-the quality of emotional expression, positive or negative

Intensity- the amount of energy exhibited in emotional expression

Sensitivity-the degree to which the person reacts to light, sound, etc.

Regularity-the extent to which patterns of eating, sleeping, elimination, etc. are consistent or inconsistent from day to day.

Individuals differ widely in these categories of behavior, and these temperament characteristics are an important aspect of a person's individuality. Although not every child has a disorder, every child has a temperament. Many are spirited and challenging and difficult to manage, but do not have a disorder. Some need special attention but do not get it because they are too shy and quiet. Even those with a "diagnosis" can be helped by parents, caregivers and professionals who have an understanding of their individuality and an awareness of how to improve the "fit" of behavioral style with the obstacles of daily life.

Certain patterns of temperament have been shown to create risk or protective factors for certain situations. For example highly active children are more likely to have accidents in early childhood compared with those who are inactive. Knowing this can prepare the caregiver for possible problems.

Applications of Temperament to Infants and Children

Temperamental characteristics can be measured by researchers and clinicians in several ways, including interviews, behavioral observations and questionnaires. In 1968 William B. Carey, M.D., a practicing pediatrician, developed the first practical measure of temperament, the Infant Temperament Questionnaire. Since then he and several associates have authored a series of temperament questionnaires assessing the nine NYLS temperament characteristics in infants as young as one month of age and in children through the end of the twelfth year. Collectively these are known as the Carey Temperament Scales, and are published and distributed by B-DI.

Knowledge about temperament and individuality can be useful in several ways. First, educating parents, teachers and professionals about the existence of individual differences in temperament and ways to deal with these differences can be valuable. Differences are not necessarily the result of a condition or disorder. Many parents feel responsible for, and guilty about having a spirited child, and are relieved to know that their child is normal and they are not responsible for causing the child's behavioral patterns.

Second, it is helpful to know the specific patterns of behavioral individuality to allow those working with the youngster to 'tune in' to their behavioral style. Often caregivers have a general idea about the child's temperament, but ratings on a

standardized temperament measure can improve everyone's focus, and there are often surprises (for example, the inability to adjust quickly is often seen as high persistence rather than gradual adaptability). Furthermore discrepancies between perceptions and actual behaviors are important to understand.

Third, with an accurate assessment of the child's behavior, specific changes can be planned and implemented by those working with the youngster. These interventions can improve the 'fit' between the youngster and environment, reducing stress and improving adjustment.

Avoiding Unnecessary Labels in Infants and Children

The similarity of some normal temperament traits to symptoms of ADHD (especially activity level, distractibility and persistence) has led to confusion about the dividing line between normal and abnormal behavior. The current definition of ADHD contains lists of behavioral characteristics and possession of these is often thought to constitute the disorder. However careful reading of the DSM-IV diagnostic criteria indicates that the person must 1) have the characteristics, 2) the characteristics must be causing significant impairment in adjustment and 3) must be present in two or more settings. All of these conditions must be met before a diagnosis is justified. This is important because ADHD is considered to be a neurobiological disability and many transient adjustment problems can be mistaken for ADHD if the criteria are not strictly applied. Even so, there is no evidence that every child who meets the criteria for diagnosis has something wrong with their brain. Studies are not yet conclusive on the relationship between the disorder and behavioral characteristics.

It is important to help persons in need, but mislabeling a child with a neurobehavioral disability when the issue may be their behavioral individuality is potentially damaging to that child. Recognition that normal behavioral style exists and is not pathological is essential if unnecessary labeling is to be avoided, especially in early childhood. If the problem is the child's temperamental 'fit' with their environment, then the problem should be recognized as such. Many of the behavioral recommendations for dealing with temperament are similar to those for dealing with ADHD, but do not imply that there is a disorder or disability involved.

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