

Behavioral Disorders in Children

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Reprint Request

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Abstract

Infancy and childhood are of paramount importance in determining and patterning the future behavior and character of children.

Childhood is the period of depending. Gradually; children learn to adjust in environment. But when, there is any complexity around them they cannot adjust with those circumstances. Then they become unable to behave in the socially acceptable way and behavioral problems develop in them.

These behavioral problems are mainly due to failure in adjustment to external environment and presence of internal conflict. Behavioural problems always require special attention.

Keywords: Behavioral Disorder; Childhood; Adolescents; Chronic illness.

Causes of Behavioural Disorders

Behavioural disorders caused by multiple factors. No single event is responsible for this condition. But the important contributing factors are.

Faulty Parental Attitude

Over protection, dominance, unrealistic expectation over criticism, unhealthy comparison (divorce) etc. are responsible factors for development of behavioural problems.

Inadequate Family Environment

- Poor economical status, cultural pattern, family habits, child rearing practices, superstition, parent, mood and job satisfaction, parental illiteracy, inappropriate relationship among family members etc. influences on child's behavior and may cause behavioral disorders.

- Mentally and physically sick or handicapped condition children with sickness and disability may have behavioral problems. Chronic illness and prolonged hospitalization can lead to this problem.

Influence of Mass Media

Television, radio, periodicals & high telecommunications system affects the school children and adolescents leading to conflict and tension which may cause behavioral problems.

Influence of Social Change

Social unrest, violence, unemployment, change in value-orientation, group interaction and hostility, frustration, economic insecurity etc. affect older children along with their parents and family members resulting in abnormal behavior.

Behavioral Problems of Infancy

Manifestation of behavioral problems during infancy are found as resistances of feeding or impaired appetite abdominal colic stranger acuity resistance to parental interferences to explore environment and disturbed parent child relationship .

Resistance to Feeding or Impaired Appetite

During infancy feeding problems often develop at the time of weaning infant may refuse new foods due to dislike of last or due to separation anxiety for mother it may be due to forced feeding by the mother or may be due to forced indigestion of new foods and abdominal idea. The infant may also have painful ulcers in the mouth or sore causing difficulty in swallowing. These may be nasal congestion or any other pathologic cause which need to be excluded.

Mothers usually become frustrated and anxious with this situation so they need reassurance and guidance in rescheduling the feeding time and change of food items.

Problems like mouth ulcers, sore throat, nasal congestion or any other condition to be treated accordingly. Mother should be encouraged to provide tender loving care to her infant and separation.

Abdominal Colic

Abdominal colic is an important cause of crying in children. Some infants may cry continuously for variable periods. This problems usually start within the first week after birth , reaches a peak by the age of 4 to 10 weeks and improves after 3 to 4 months. The infant may cry loudly with clenched fists and flexed legs.

Causes

Causes are not known clearly, it occurs commonly in overactive infants who are over stimulated by parents. It can be due to hunger or improper feeding techniques or physiological immaturity of intestine or cow's milk allergy or aerophagy.

Excessive carbohydrates in food may lead to intestinal fermentation and accumulation of gas which may cause abdominal distention and pain abdominal colic increase anxiety and tension of the mother. She required explanation and help for solving the problems. Baby should be placed in upright position and burping can be done to remove swallowed air. Psychological bonding with infant to be improved. Presence of any organic cause to be

excluded and necessary management to be arranged.

Antispasmodic drugs may be administered to relief colic. Frequent small amount feeding and modification of feeding technique are very important.

Strangers Anxiety (Separation Anxiety)

Mother is significant person during infancy for satisfaction of needs , feeling of comforts , pleasure security. The infant does not belief any other persons except mother because they have trust relationship with mother only. In absence of mother if any new person approaches the child will start crying due to feeling of insecurity fear insecurity fear and anxiety.

This might upset parent, but it is an indication that parent have done a great job in the emotional development of infant by deep mother child or parent child knowledge.

Separation anxiety is avial of emotional development and might continue up to 13 to 15 months age.

Behavioral Problems of Childhood

Common behavioral problems of childhood are temper tantrums, breath –holding spells ,thumb sucking, nail biting, enuresis , encopresis, pica, tics , speech problems, sleep disorders, school phobia, attention deficit disorder.

Detail of These Problems is Discussed Below

Temper tantrum;- temper tantrums is a outburst or violent display of anger, frustration and bad temper as physical aggression resistance such as rigid body, biting, kicking, throwing objects, hitting, crying, rolling on floor, screaming, loudly, banging limbs etc.

Temper tantrums occurs in maladjusted children. The activity is directed towards the environment not to any person or anything. It is normal in toddler may continue to preschool period and become more sever indication the low frustration tolerance. It is found usually in boys single child and pampered child.

Temper tantrum occurs when the child cannot integrate the internal impulses and the demand of reality. The child become frustrated and react in the only ways he/she knows i.e. by violent bodily activity and crying using great deal of muscular activity of striking out against environment when no substitute solution is available temper tantrum result.

If temper tantrum continues, the child needs professional help from child guidance clinic. Parent

should be made aware about the beginning of temper tantrum and when the child loses control.

Parent should provide alternate activity at that time. Nobody should make fun and tease the child about the unacceptable behavior. Parent should explain the child that feeling is normal but controlling anger is an important aspect of growing up. The child needs professional help from child guidance clinic. Parent should be made aware about the beginning of temper tantrum and when the child loses control. Parent should provide alternate activity at that time. The child should be protected from self injury from doing injury to other.

Physical restraint usually increase frustration and block the outlet of anger.

Frustration can be reduced by calm and loving approach. Overindulgence should be avoided.

After the temper tantrum is over the child's face and hands should be washed and play material to be provided for diversion.

The child's tension can be released by vigorous exercise and physical activities. Parents must be firm and consistent in behavior.

Breath – Holding Spell

Breath holding spell may occur in children between 0 months to 5 years of age. It is observed in response to frustration or anger during disciplinary conflict.

The child is found with violent crying, hyperventilation and sudden cessation of breathing or expiration, cyanosis and rigidity.

Loss of consciousness, twitching and tonic – clonic movements may also be found the child may become limp and look pallor and lifeless heart rate become slow.

Parents & family member become very anxious with the attack. Attempt to prevent the spells is usually not successful.

Parents need assurance about the harmless effects of the attack and should be tolerant calm and kind. Identification and correction of precipitating factors (Emotional Environment) are essential approach over protection nature of parents may increase unreasonable demand of child.

Punishment is not appropriate and may cause another episode.

Repeated attack of the spells needs to be carefully evaluated with careful history physical examination and necessary investigation to exclude convulsions disorders or any other problems.

Thumb Sucking

Thumb sucking or finger sucking is a habit disorder due to feeling of insecurity and tension reducing activities it may develop due to inadequate oral satisfaction during early infancy as a result of poor breast feeding.

This habit may develop when they are tired, bored, frustrated or at bed and want to sleep but feel lonely.

It continues beyond 4 years of age then complication may arise as malocclusion and malalignment of teeth, difficulty in mastication and swallowing.

It may cause deformity of thumb, facial dislocation and speech difficulty with consonants (D&T) & GI infections.

If child develops thumb sucking at age 7 or 8 year it indicates sign of stress.

Parents and family members need supports and to be advised not to become irritable anxious and tensed.

Praising and encouraging child for breaking habits are very useful.

Hygienic measures to be followed and infection to be properly treated.

Nail Biting

Nail biting is a bad oral habit especially in school age children beyond 4 years of age (5 To 7 y.) It is a sign of tension and self punishment to cope with the hostile feeling towards parents.

It may also occur as imitating the parents who is also a nail biter. It is caused by feeling of insecurity, conflict and hostility.

The causes can be identified by the parents with the help of clinical psychology and steps to be taken to remove the habit the child should be praised for well kept hand by breaking the habit to maintain self confidences.

The child hands should be kept busy with creative activities or play. Punishment to be avoided parents need reassurance and assistance to accept the solution and help the child to overcome the problems.

Enuresis or Bed Wetting

Enuresis is the repetitive in voluntary passage of urine at inappropriate place especially at bed, during night time beyond the age of 4- 5 years. It is found in 3 -10 percent of school children.

The most frequent causes are small bladder

capacity, improper toilet training and deep sleep inability to receive signal from distended bladder to empty it.

The emotional factors responsible for enuresis are hostile or dependent parent child relationship, dominant parent, punishment, sibling rivalry, emotional deprivations due to insecurity and parent death.

The enuresis may be primary or secondary in type. Primary or persistent enuresis is characterized by delayed maturation of neurological control of urinary bladder control usually due to organic cause.

In secondary or regressive enuresis the normal bladder control is developed for several months after which the child again starts bed wetting at night usually due to regressive behavior like illness and hospitalization or due to any emotional deprivation.

Management of enuresis depends upon the specific causes.

Assessment of exact cause is very essential by through history, clinical examination and necessary investigation.

The organic causes are managed with specific treatment. On- organic causes be managed primarily with emotional and support to the child and parents along with environment modification.

The child needs reassurance, restriction of fluid after dinner voiding before bed time and arising the child to avoid once or twice, three or four hours later.

Interruption of sleep before the expected time of bed wetting is essential. The child should be fully awareness up by the parents and made to pass urine at night.

The child can assume responsibility for changing the bed clothes. Parents should not be worried about the problems.

Parents should encourage and reward the child for dry nights.

Punishment or criticism may lead to embarrassment and frustration of the child. Bladder stretching during daytime to be done to increasing holding time of urine, using positive reinforcement and delaying voiding for some time.

Drug therapy with tricyclic antidepressants (Imipramine) is useful. Condition therapy by using electric alarm bell mattress is a effective and safest method, when the child wakes up as soon as the bed is wet. Supportive psychotherapy is important for child and parent's changes of home environment to remove the environment causes are essential.

Encopresis

Encopresis is the passage of feces into

inappropriate places after the age of 5 years, when the bowel control is normally achieved. It is a more serious form of emotional disturbances due to unconscious anger stress and anxiety.

It can also be primary or secondary like bed wetting.

Assessment of this condition includes history of bowel training use of toilets and associated problems. The child needs help in establishment of regards bowel habit bowel training, dietary intake of roughage and intake of adequate fluid.

Geophagia or Pica

Pica is a habit disorder of eating non- eating substances such as clay, paints chalk, pencil, plaster from wall, cart, scalp hair etc. It is normal up to the age of two years. It persists after two years. It may be due to parent neglect, poor attention of caregiver, inadequate love and affection etc. It is common in poor social economic family and in malnourished and mentally subnormal children.

Children with pica may have associated problems of intestinal paratosis, lead poisoning vitamins and minerals deficiency. These children may have problem like trichotillomania (pulling out of scalp hair and swallow) and trichobezoar (a big palpable lump in upper abdomen due to the collection of swallowed hair).

Management of these problems is done with psychotherapy of the child and parents associated

Problems should be treated with specific management.

Tics or Habit Spasm

Tics are sudden abnormal involuntary movements. It is repetitive, purposeless, rapid stereotype movements of striated muscles, mainly of the face and neck. Tics occur most often in school children for discharge of tension in maladjusted emotionally disturbed child. It is outlet of suppressed anger and worry for the control of aggression.

This can be motor or vocal tics. Motor tics can be found as eye blinking, grimacing, and shrugging. Vocal tics are found as throat clearing, coughing, barking, sniffing etc.

A special type of chronic tics is found as Gilles de la Tourettes syndrome characterized by multiple motor tics and vocal tics. It seems to be a genetic disorder with onset at around 11 years of age. It requires for special management with behavior therapy, counseling and drug therapy with

haloperidol group of drugs. Parental reassurance and counseling of child and parent usually useful to manage the simple motor or vocal tics.

Speech Problems

Speech disorders are common in childhood these can be found as disturbance of voice (pitch disorder) articulation (baby talk) and fluency, speech problems can be associated with organic causes like hearing defect, cleft lip and cleft palate, cerebral palsy, dental malocclusion, facial and bulbar paralysis etc.

The common speech problems related to emotional disorders are stuttering or stammering cluttering, delay speech, dysplasia etc.

Stuttering or Stammering

Stuttering or stammering is fluency disorders beings between the age of 3-5 years probably due to inability to adjust with the environment and emotional stress.

It is characterized by interruptions in the flow of speech, hesitation, spasmodic repetitions and prolongation of sounds specially of initial consonants.

It is commonly found in boys in fear anxiety and timid personalities.

Management of stuttering includes behavior modification and relaxation therapy to resolve the conflict and emotional stress thus to improve self confidence in the child parents need counseling to rationalize their expectations of child's achievement.

Cluttering

Cluttering is characterized by unclear and hurried speech in which words tumble over each other. These are awkward movements of hands, feet's and body. These children have erratic and poorly organized personality and behaviors' pattern.

They Need Psychotherapy

Delayed Speech

Delayed speech beyond 3 to 3.5 years can be considered as organic causes like mental retardation infant autism hearing defect or severe emotional problems.

The exact causes must be excluded for necessary interventions.

Dysplasia

Dysplasia is the most common disorder difficulty

in articulation. It can be caused by abnormalities of teeth jaw or palate or due to emotional deprivation treatment of the structural abnormalities and speech therapy should be done adequately. In absence of structural problems, the responsible emotional disorders or factors should be ruled out. The child needs counseling and modification of family environment.

Attention Deficit Disorder

Attention deficit disorder (ADD) are learning disabilities can be related to CNS dysfunction or due to presence of psycho educational determinates. It is usually associated with hyperactive and known as hyperactive attention deficit disorders.

These children are logging behind in intellectual and learning abilities with alteration behaviors patterns.

The causes of this patterned problems is not understood clearly but predisposing factors can be prematurity of low birth weight brain damage infection or injury and interaction between genetic and psychological psychosocial factors.

Impulsive children with poor attention span, hyperactivity and more demanding attitude are more likely to show poor learning abilities.

The manifestation may be combination of reading and arithmetic disability, impaired memory poor understanding of spoken words etc. The child is usually over activity, aggressive, excitable, and impulsive and inattention.

They may be easily frustrated, irritated and show temper tantrums.

Management is done by team approach including pediatrician, psychologist, psychiatric pediatrics nurse specialist, school health nurse teachers, social worker and parents.

The management is done by behavior modification, counseling and guidance of parents and appropriate training and education of the child

Drug therapy can be help to improve the cause dysfunction or other associated problems.

Behavioral Problems of Adolescence

Common behavioral disorders of adolescence are excessive masturbation, delinquency, antisocial behaviors' substances abuse, anorexia nervosa etc. These problems need special attention and necessary interventions.

Masturbation

Masturbation or genital stimulation by handling

the genitals gives pleasures to the children the infants and toddlers do this out of pure curiosity the older children masturbate due to anxiety or sexual feelings Boys during teens mostly engage with this practices children play with each other genitals or a child play alone with own.

Adolescent experience sexual excitement and erection of pencil or clitoris followed by relief during masturbation. It develops a sense of mastery over sexual impulse and help the adolescent to capacity and prepare for heterosexual relations.

Parents should be informed that masturbation is normal response during prepubescent and pubescent stage and has a role in physical and emotional development.

If parents told about harmful effects of masturbation when the child experiences pleasure out of it then there will be conflict in the child, which can be associated with guilt feeling and shame. This conflict may be expressed by physical symptoms like sever pain and later as neuroses with feeling of unworthiness and maladjustment severe weakness.

In case of excessive masturbation the child needs specially attention, facilities for recreation and discussion sex, education and counseling excessive masturbation can sexual maladjustment in future.

Juvenile Delinquency

Juvenile Delinquency means indulgence in an often by a child in the form of premeditated purposeful, unlawful activities done habitually and repeatedly usually these children belongs to broken family or emotionally disturbed family with overcrowded unhealthy environment and having financial or legal problems.

- a. The factors contributed to the problems are mainly rapid urbanization and industrialization.
- b. social change and changing lifestyle
- c. Influences of mass media
- d. Change in moral standards and value systems.
- e. Lack of educational opportunity and recreational only facilities
- f. Poor economy
- g. Unsatisfactory condition at school and college
- h. Unhealthy and health teacher relationship
- i. Lack of discipline.

The juvenile delinquent behaviors include lying, theft, burglary, truancy from school runaway from home, habitual disobedience fight, ungovernable,

behaviors, mixing with antisocial gang, cruelty to animal, destruction attitude, murder, sexual assault etc. In a broad sense delinquency is not merely juvenile crime it includes all deviations' from normal youthful behavior and antisocial activities.

Prevention

Preventions of juvenile delinquency is possible by elimination of contributing factors.

Delinquent child needs sympathetic attitudes with necessary guidance's and counseling for modification of behavior.

The child should be referred to child guidance clinic for necessary help.

A team approach is necessary in management of this condition includes social workers, psychologist, psychiatrist, pediatrician, community health nurse, school teachers, family members and parents modification of social environment and rehabilitation of the delinquent child should be promoted.

Substance Abuse

Substances abuse or drug abuse is a threatening social problem of school going and adolescence age group. It is periodic or chronic intoxication by repeated intake of habit forming agents. The abuse agents are mainly tobacco, alcohol, sleeping pills and from qualities, mood elevators, stimulants, opiates LCD, cocaine, heroin and cancer

The children with this behavior disorder are having frustration, emotional conflict and disturbed family and school relationship.

They are victims of gang activities, wrong adventures, poor parental guidance's and lack of relation and education.

They may involve in various antisocial activities like stealing, shoplifting and even begging the substances abuse is commonly found in boarding public school.

Preventive Measure

Preventive measure of substance abuse include the following Provision of adequate facilities for recreation and entertainment, especially in the hostels.

Poor channelization of energies of adolescents into construct activities.

In calculation of dangers of drugs abuse among students, their teacher and family members.

Provision of mental health program and periodical psychiatric guidance's.

Strict implementation of drug control measure. The addicted children need psychotherapy, deaddiction services and rehabilitation.

Anorexia Nervosa

Anorexia nervosa is a eating disorder occurs most often in adolescent girls the problems is found as refused of food to maintain normal body weight by reducing food intake especially fats and carbohydrates. The affected adolescent girls practices vigorous exercise for weight reduction or induced vomiting by stimulating gag reflex to remain slim and it is a marked disturbance of body image. The adolescent thinks that they are fat even though they are underweight.

Anorexia means loss of appetite, but in this condition the affected individual, experiences true hunger through they have absolute control over their appetite There is no specific organic of anorexia nervosa; the affected adolescent may have associated conditions like disease of liver. Kidney, heart or diabetic. Parents of the affected adolescent may be anorectic and having conflict in relationship with the child or over protective which lead to development of immaturity resolution and excess dependences.

Management of condition includes psychotherapy antidepressant drugs behavior modification and nutrition rehabilitation parental counseling for modification of parent child relationship is essential.

Nurses Responsibilities in Behavioral Disorder Children

Nurses play vital role for prevention early identification and management of behavioral

disorder of children.

Nurses themselves, need to have up to date knowledge and skill related to these problems. They can help the children, their parent's family indifferent aspect.

Nurses Responsibilities

Nursing responsibilities can be summarized as following.

Assessment of specific problems of the child by appropriate history and detection of the responsible factors.

Informing the parents and making them aware about the cause of behavioral problems of particular child.

Assessing the parents, teacher and family member for necessary modification of environment at home school and community.

Encouraging the child for behavioral modification as needed.

Promoting healthy emotional development of the child by adequate physical, psychological and social support.

Creating awareness about psychosocial disturbance which may lead to behavioral problems during developmental stages.

Providing counseling services for children their parents to solve.

Participation in the management of the problems child as a member of health team.

Referring the children with behavioral problems for necessary management and supported to better health care facilities, child guidance's clinic, social Welfare, services and support agencies.