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COMMON BEHAVIOURAL PROBLEMS IN CHILDREN AND THEIR MANAGEMENT

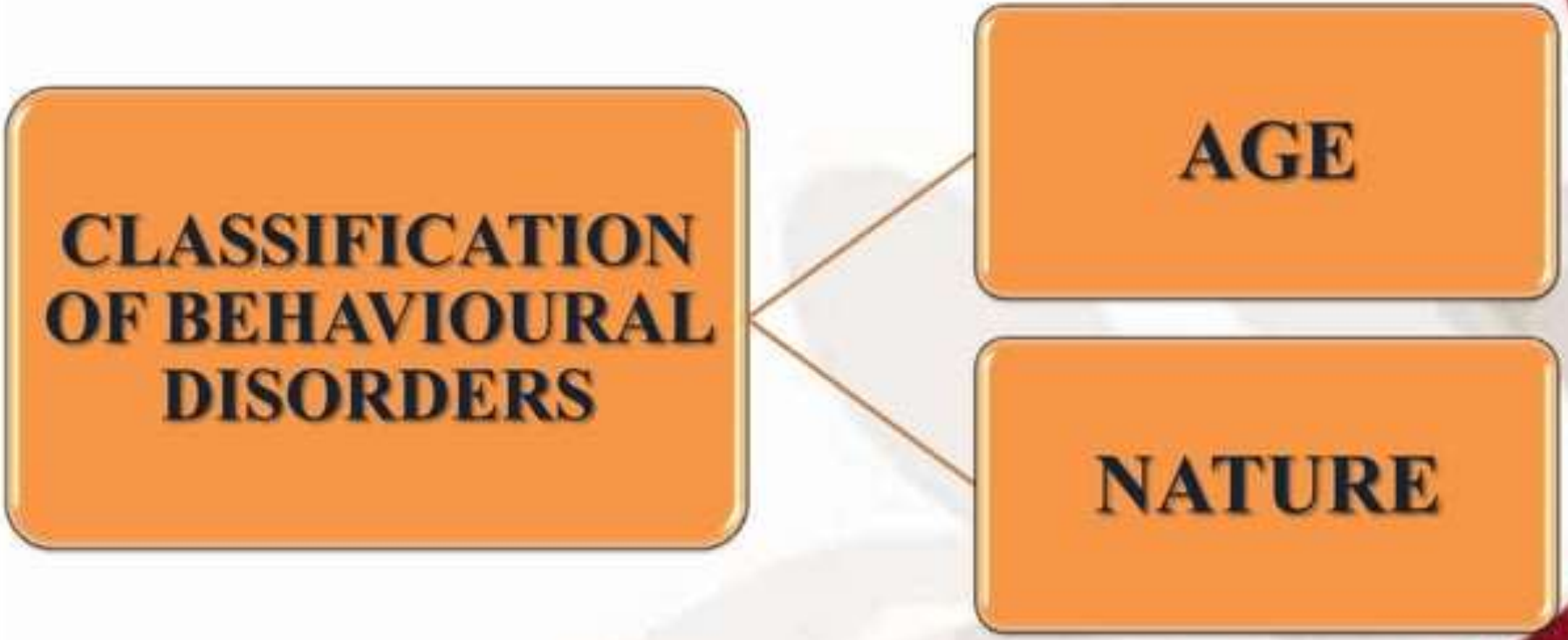

Mable_Maria

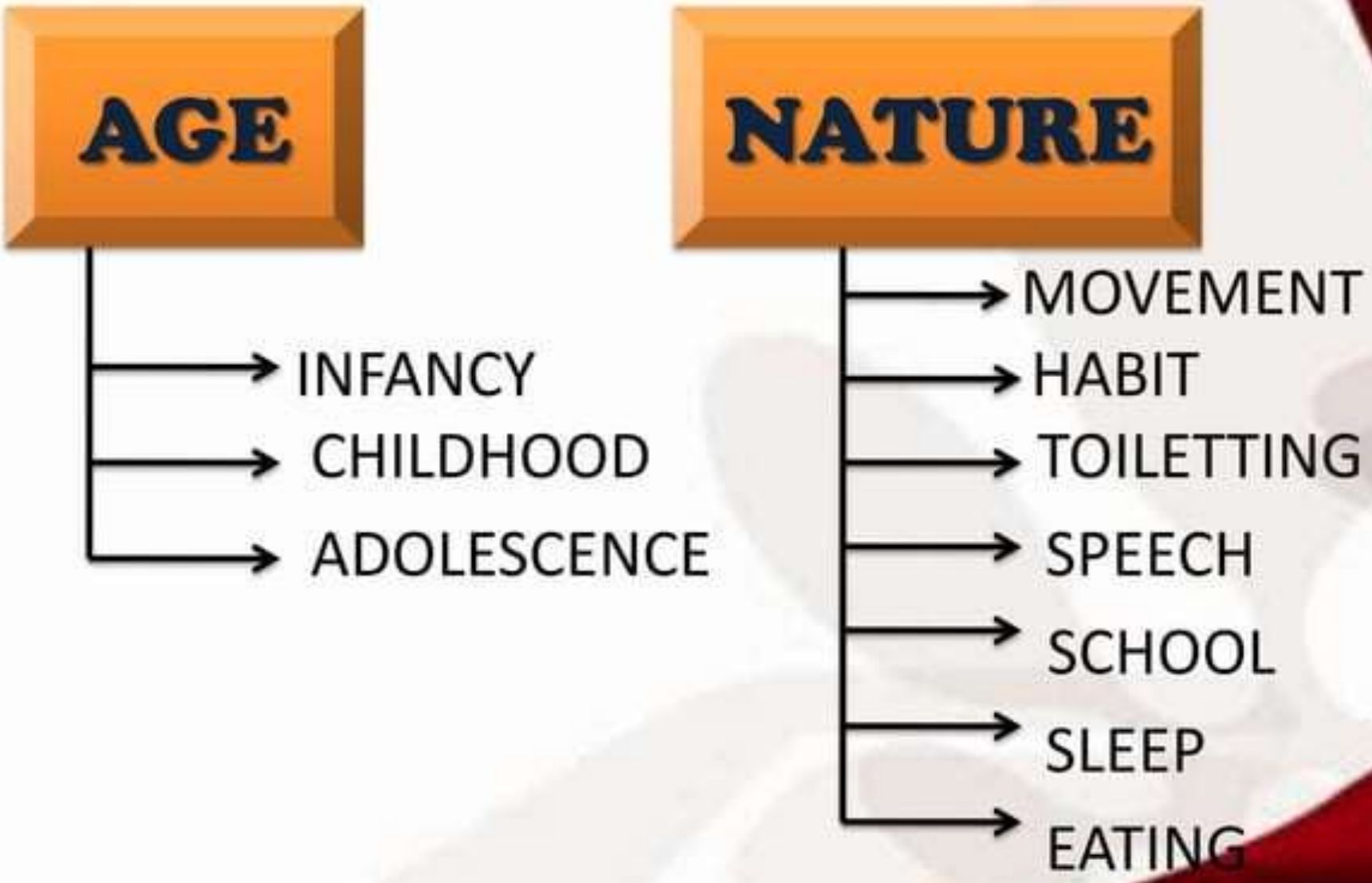
DEFINITION

When children cannot adjust to a complex environment around them, they become unable to behave in the socially acceptable way resulting in exhibition of peculiar behaviours and this is called as behavioural problems.

CAUSES

- Faulty Parental Attitude
- Inadequate Family Environment
- Mentally And Physically Sick or Handicapped Conditions
- Influence of Social Relationships
- Influence of Mass Media


CLASSIFICATION OF BEHAVIOURAL DISORDERS
AGE
NATURE


AGE
INFANCY
CHILDHOOD
ADOLESCENCE
NATURE
MOVEMENT
HABIT
TOILETTING
SPEECH
SCHOOL
SLEEP
EATING

INFANCY

- Impaired appetite or Resistance to feeding
- Abdominal Colic
- Stranger Anxiety

CHILDHOOD

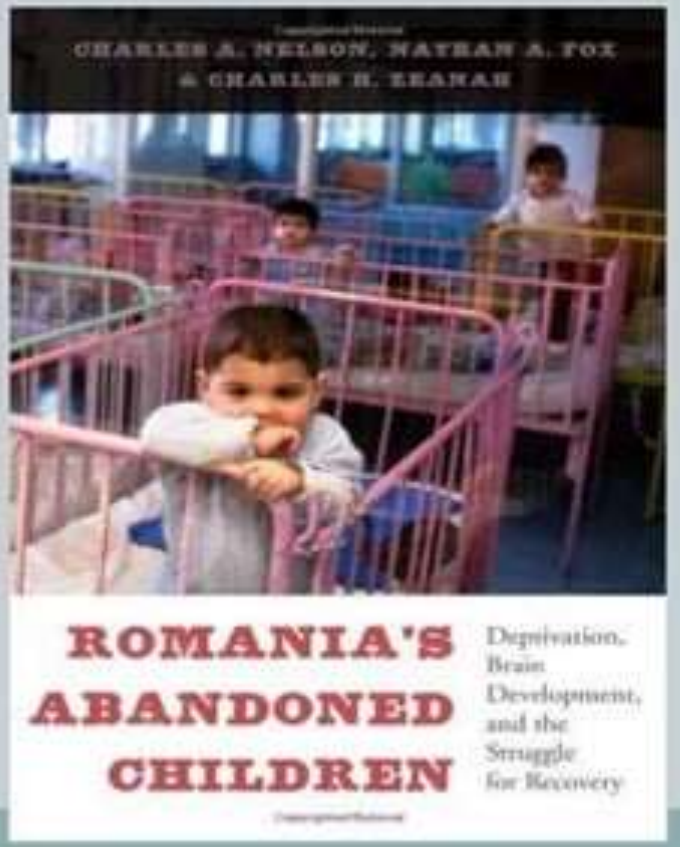
- Temper tantrums
- Breath holding spell
- Thumb sucking
- Nail biting
- Enuresis or Bed wetting
- Encopresis
- Pica or Geophagia
- Tics or Habit spasm
- School Phobia
- Attention Deficit Hyper Activity Disorder
- Speech Problems
  - Stuttering or stammering
  - Cluttering
  - Delayed Speech
- Sleep Disorders
  - Sleep walking
  - Sleep talking
  - Bruxism

ADOLESCENCE

- Masturbation
- Juvenile Delinquency
- Substance Abuse
- Anorexia Nervosa

TYPES OF BEHAVIORAL PROBLEMS IN CHILDREN

- Behavioural disorder results due to deprivation in any one of the area mentioned below :-
- 1. Emotional Deprivation.
- 2. Physical Deprivation.
- 3. Social Deprivation
- 4. Other forms.



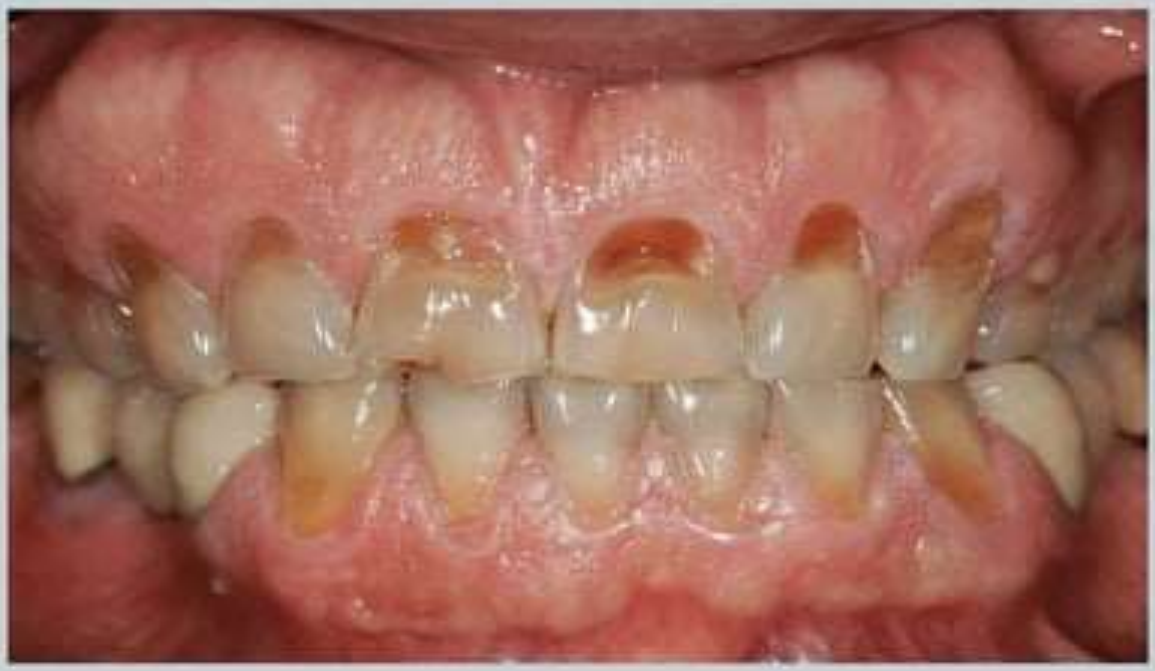
1. EMOTIONAL DEPRIVATION

- It occurs when a child is criticized, neglected, ignored or abused by primary caregiver. Behavioral problems resulting from emotional deprivation are :-

- Tempertantrum
- Breath holding spells
- Jealousy
- Insomnia
- Nightmares/ night terrors
- Somnolence

Contd.

- Masturbation or Homosexuality
- Bruxism



2. PHYSICAL DEPRIVATION

- A physically deprived child has profound effects on developing brain. Behavioural disorders coming under this are :-
  - Enuresis (Bed wetting)
  - Encopresis
  - Tics
  - Nail Biting
  - Pica
  - Thumb Sucking

- Attention Deficit Hyperactive Disorder

SOCIAL DEPRIVATION

- It is the reduction of culturally normal interaction between individual and society, It includes :-
  - Juvenile Deliquency
  - School Phobia
  - Stealing
  - Repeated Failures
  - Lying
  - Agerssiveness/Destructiveness

Other forms

- Sibling Rivalry
- Speech Disorder

Behavioral Problems of Infancy

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 taste or due to separation anxiety from mother.
- It may be due to forced feeding by the mother or may be due to indigestion of new food and abdominal colic.
- The infant may have painful ulcer in the mouth or sore throat causing difficulty in swallowing.
- There may be nasal congestion or any other pathological cause

Management

- 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 ulcer, sore throat, nasal congestion or any other conditions to be treated accordingly.
- Mother should be encouraged to provide tender loving care to her infant and to avoid separation.

Abdominal Colic

- Abdominal colic is an important cause of crying in the children.
- Some infants may cry continuously for variable periods.
- This problem usually **starts within the first week** after birth, reaches a **peak by the age of 4 to 6 weeks** and **improves** after **3 to 4 months**.
- The infants may **cry loudly** with **clenched fists** and **flexed legs**.

Conti..

- The **cause** of this colic is not clearly understood. It occurs commonly in overactive infants who are overstimulated by parents.
- It can be due to hunger, or improper feeding technique or physiological immaturity of the intestine or cow's milk allergy or aerophagy.
- Excessive carbohydrate in food may lead to intestinal fermentation and accumulation of gas which may cause

Management

- Abdominal colic of the baby increases anxiety and tension of the mother.
- Baby should be placed in upright position and burping can be done to remove swallowed air.
- Psychological bonding with infant must be improved.
- Antispasmodic drugs may be administered to relief the colic.
- Frequent small amount feeding and modification of feeding technique are very important.

Stranger anxiety or separation anxiety

- Mother is significant person during infancy for satisfaction of needs, feeling of comfort, pleasure and security.
- The infant does not belief any other persons except mother, because they have trust relationship with mothers only.
- In absence of mother, if any new person approaches, the child will start crying due to feeling of insecurity, fear and anxiety.
- This crying may upset the parent, but it is indications that parent have done a great job in the emotional development of the infant by deep mother-child or parent-child bondage.

Management

- Separation anxiety is a vital step of emotional development and may continue up to 13 to 15 months of age.
- This anxiety usually reduced when the strangers gradually approach from distance in a familiar place especially in presence of the mother or father.
- In absence of parents, loving concern of the stranger is very important.

NATURE

Problems of Movements

- Head Banging
- Breath holding Spells
- Temper tantrums
- Tics

Problems of habit

- Thumb sucking
- Nail biting
- Pica
- Trichotillomania

Problems of Toilet Training

- Enuresis
- Encopresis

Problems of Speech

- Stuttering
- Elective mutism

Problems at School

- School Phobia

Sleep Disorders

- Somnambulism
- Nightmares

Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Pica

TEMPER TANTRUMS

DEFINITION

From the age of 18 months to 3 years, the child begins to develop autonomy and starts separating from primary caregivers. When they can't express their autonomy they become frustrated and angry. Some of them show their frustration and defiance with physical aggression or resistance such as biting , crying, kicking, throwing objects, hitting and head banging. This kind of physical aggressive behaviour is known as Temper tantrum.

INCIDENCE

ETIOLOGY

- Parental Factors
- Child personality
- Other Factors

Precipitants

- Not meeting demands
- Interruption of play
- Threat of abandonment
- Stranger anxiety, criticism
- Imitation

CLINICAL FEATURES

- Screaming,
- biting,
- hammering,
- stamping feet, thrashing arms,
- kicking, throwing objects,
- rolling on the floor

MANAGEMENT

- Temper tantrums often cease with age. Remove underlying insecurity, over protection and faulty parental attitude.
- During an attack, the child should be protected from injuring himself and the others.
- Deviating his attention from the immediate cause and changing the environment can reduce the tantrum.

- Parents should be calm, loving, firm and consistent and such behaviour should not allow the child to take advantage of gaining things.

- Some temper tantrums result from the child's frustration at failing to master a task. These can be managed by distracting the child and permitting success in more manageable activity.

- Ignoring is an effective way to avoid reinforcing tantrums although young children should be held till they regain control.

- "Time out procedure"- In using time out procedure, parents should not attempt to inflict a fixed number of minutes of isolation. The goal should be to help the child develop self regulation.

BREATH HOLDING SPELLS

Definition

Breath holding spells are reflexive events in which typically there is a provoking event that causes anger, frustration and child starts to cry. The crying stops at full expiration when the child becomes apnoeic and cyanotic or pale.

Incidence

- Seen in 4-5 % of paediatric population.
- Common in the children of age group 1-5 years of age.
- Begins before 18 months of age;
- Common in girls and those from lower social class and nuclear families.

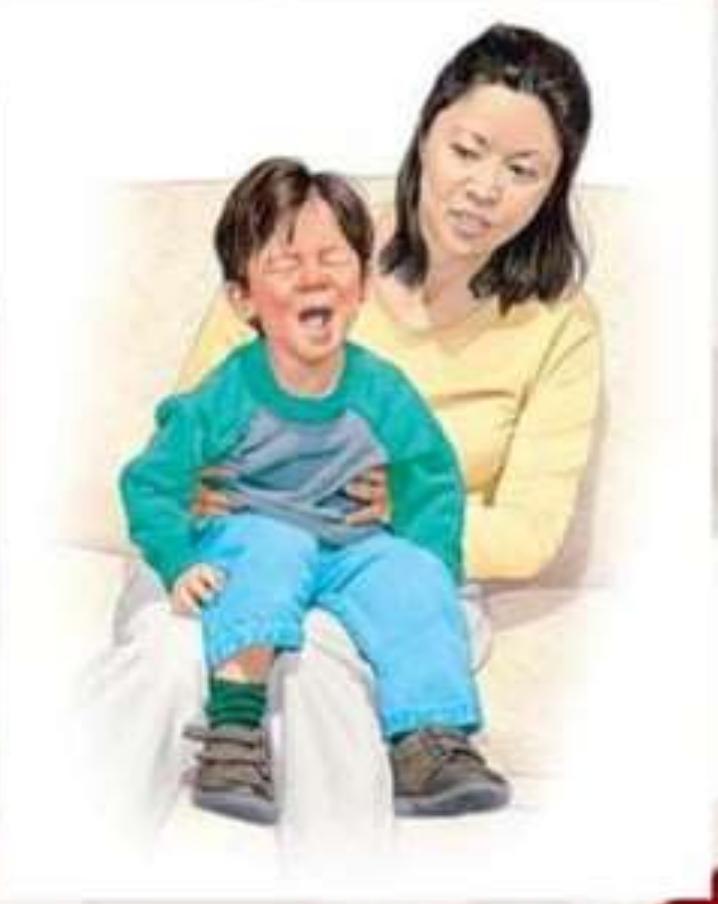
Types

- Cyanotic
- Pallid

Etiology

- Parental Factors
- Other factors
- Precipitants

Clinical Features



Management

- *Pharmacologic management*

- *Non Pharmacologic management*
  - Immediate measures
  - Long term measures
  - Parental education

ENURESIS

DEFINITION

- Enuresis is a disorder of involuntary micturition in children who are beyond the age when normal bladder control should have been acquired.

- Enuresis refers to the wetting of one's clothes or one's bed past the age of 3 years.

INCIDENCE

- It is common during 4 years to 12 years age group.

- Studies suggest that 2.5 % in the age group of 0-10 years have enuresis and at age 5, it is 7 % for males and 3 % for females.

Types

Enuresis has been classified into :

- Persistent(primary)
- Regressive (secondary)

ETIOLOGY

- Genetic
- Psychological
- Physiological
- Organic

CLINICAL FEATURES

- Incontinence
- Dysuria
- Hematuria
- Straining on urination
- Dribbling
- Stress incontinence(with coughing, lifting or running)
- Poor bowel control
- Continuous dampness

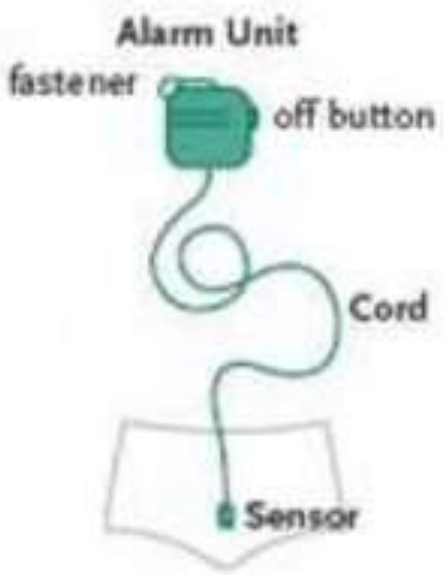
INVESTIGATIONS

- Full medical history
- Genital and neurological examination
- Urinalysis for albumin, sugar, microscopy, and culture
- if the child has UTI, he should be further evaluated by USG, cysto urethrogram and uro dynamic studies.

TREATMENT

- Pharmacologic

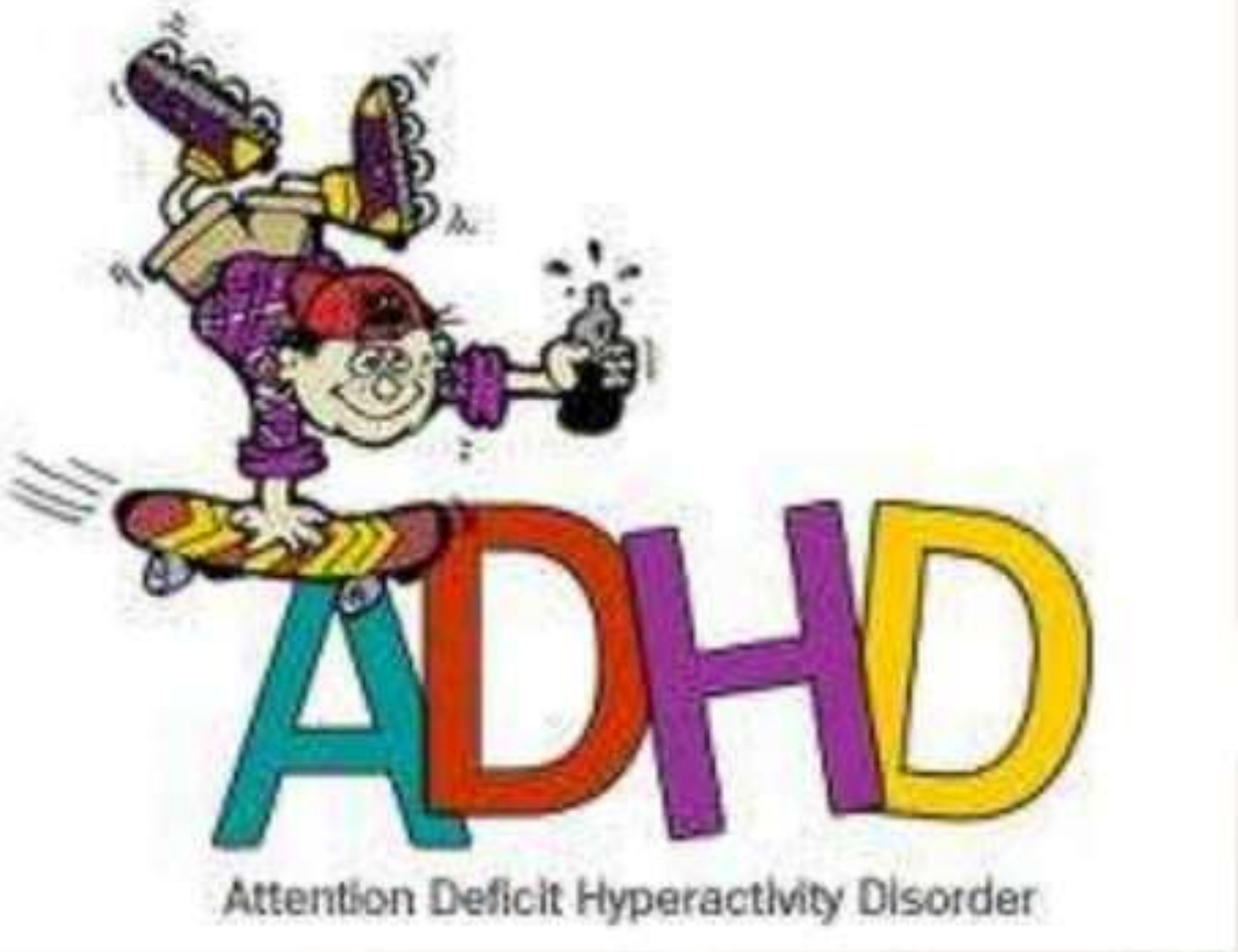
- Non-Pharmacologic
  - Behaviour Modification
  - Parental Counselling
  - Bladder Exercises
  - Alarm Device

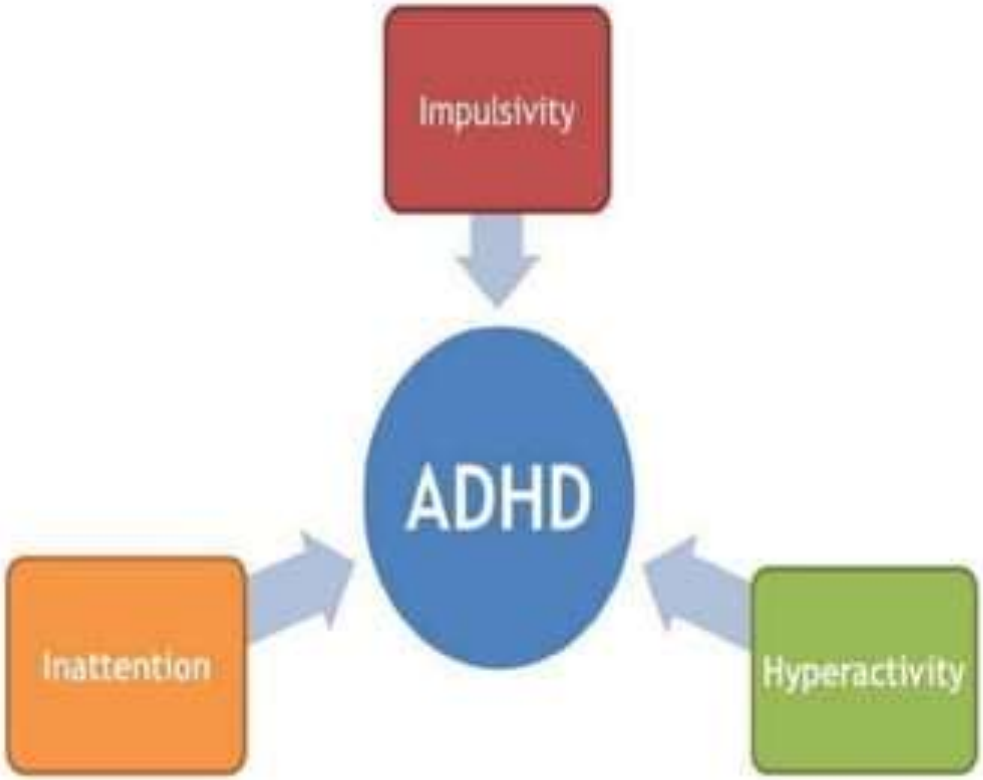


Alarm unit fastens onto outside of pajama top at shoulder

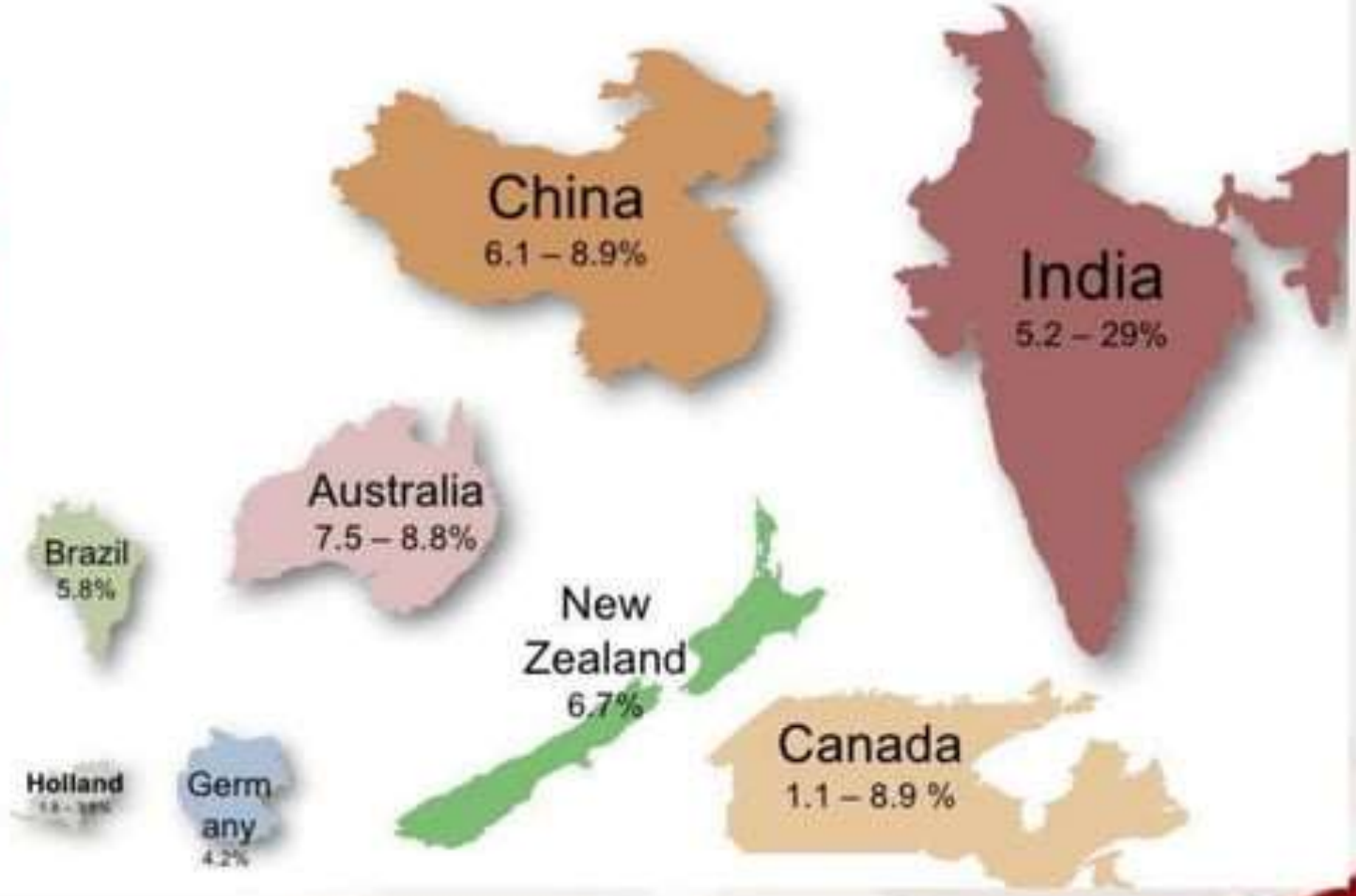
Cord runs under pajama top from alarm unit to sensor

Sensor clips to underpants


ADHD
Attention Deficit Hyperactivity Disorder


Impulsivity
ADHD
Inattention
Hyperactivity

INCIDENCE


China
6.1 – 8.9%
India
5.2 – 29%
Australia
7.5 – 8.8%
Brazil
5.8%
New
Zealand
6.7%
Canada
1.1 – 8.9 %
Holland
Germ
any
4.2%

TYPES

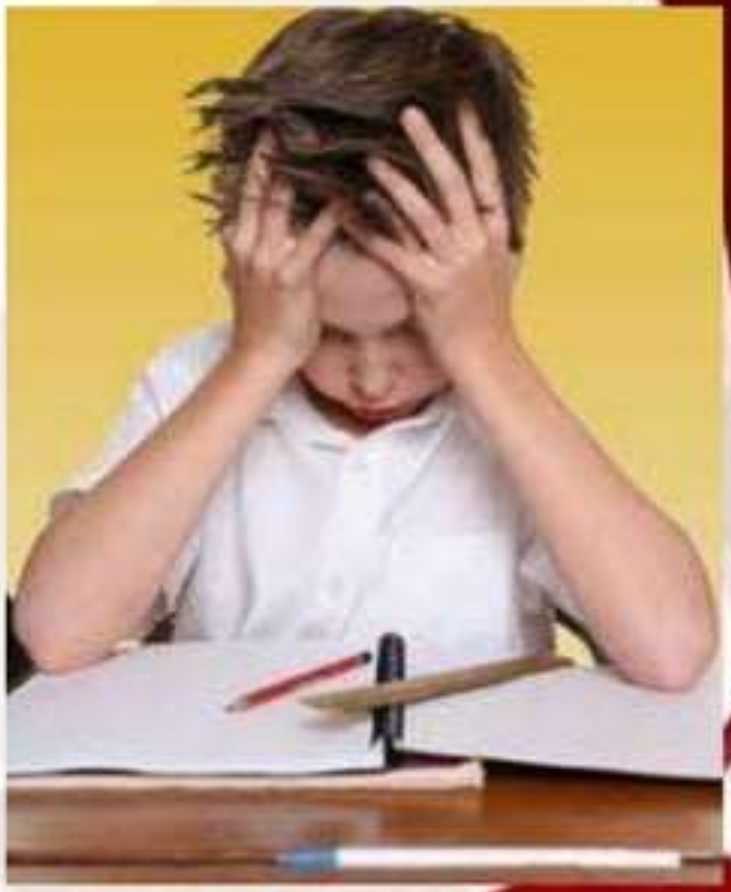
CLASS I: INATTENTION + HYPERACTIVITY + IMPULSIVENESS.

CLASS II: HYPERACTIVITY + IMPULSIVENESS

CLASS III: INATTENTION

ETIOLOGY

- Genetic Factors
- Biochemical Theory
- Pre, Peri and Postnatal Factors
- Environmental Influences
- Psychosocial Factors



RISK FACTORS

- Drug exposure in utero.
- Birth complications.
- Low birth weight.
- lead poisoning.

DIAGNOSIS

- Complete medical evaluation.
- A psychiatric evaluation.
- Detailed prenatal history and early developmental history.
- Direct observation, teacher's school report, parent's report.

CLINICAL FEATURES

- Sensitive to stimuli, easily upset by noise, light, temperature and other environmental changes.
- At times the reverse occurs and the children are flaccid and limp, sleep more and the growth and development is slow in the first month of life.
- General coordination deficit.
- Short attention span, easily distractable.
- Failure to finish tasks
- Impulsivity.
- Memory and thinking deficits.
- Specific learning disabilities.

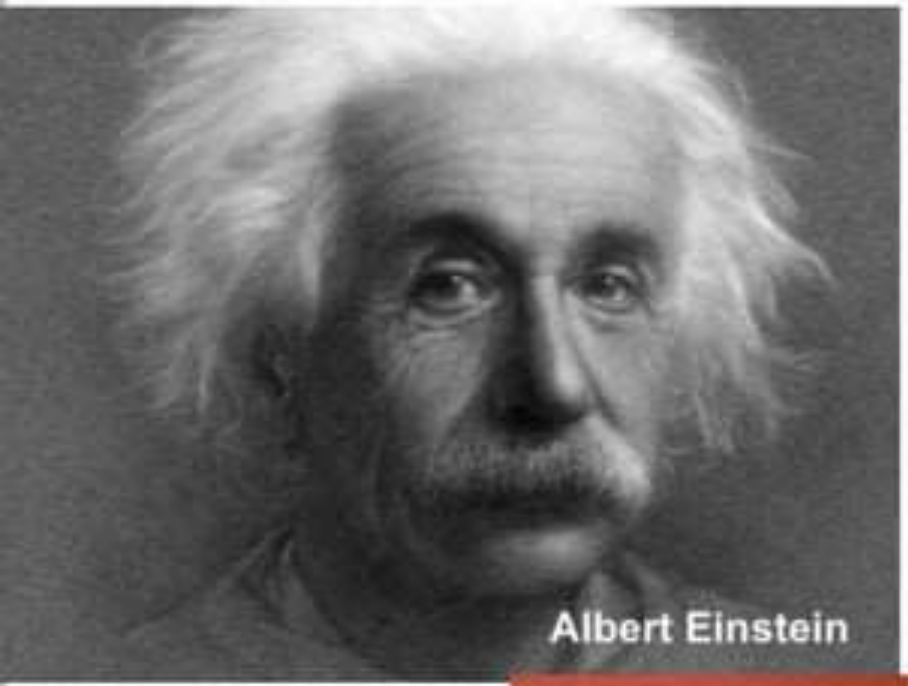
TREATMENT

- **Pharmacologic**
- **Non Pharmacologic**
  - **Psychologic Therapies**
    - ***Behaviour therapy***
    - ***Cognitive Behaviour Therapy***
    - ***Biofeedback***

NURSING INTERVENTION

- Develop a trusting relationship with the child.
- Ensure safe environment.
- Offer recognition for successful attempts and positive reinforcement.
- Provide information and materials related to the child's disorder and effective parenting techniques.
- Explain and demonstrate positive parenting techniques
- Coordinate overall treatment plan with schools, collateral personnel and the family.

PROGNOSIS


Albert Einstein


Agatha Christie


Walt Disney
Mable_Maria


Encopresis
(Soiling)

Definition

- Encopresis refers to passage of faeces into inappropriate places at age when bowel control should have been established.

Etiology

- Inefficient intestinal motility
- Aggressive and prolonged medical management (laxatives, enemas, suppositories)
- Dietary manipulation for perceived constipation
- Anal fissures and rashes
- Surgical procedures for imperforate anus
- Psychosocial stresses or illness

Management

- Initial Counseling
- Initial catharsis
- Maintenance regimen
- At home
- Dietary management

THUMB SUCKING

Definition

- Thumb sucking is defined as the habit of putting thumb into the mouth most of the time.

- It usually involves placing the thumb into the mouth and rhythmically repeating sucking contact for a prolonged duration.

Etiology

- A gratifying action especially under unpleasant and unsatisfying feeding situation.
- Psychological
- Precipitants

Management

- Parental counselling
- Behaviour Therapy
- Use of T-guards

PICA (GEOPHAGIA)

Pica is a habit disorder of eating non edible substances such as clay, paint, chalks, pencil, plaster from wall etc.

Causes

- Parental neglect, poor attention of the caregiver, inadequate love and affection, mental health conditions like mental retardation and OCD etc.
- Nutritional deficiencies.
- Children of poor socio economic status family, malnourished and mentally subnormal children.

Clinical Features

- Anaemia
- Perverted appetite
- Intestinal parasitosis
- lead poisoning
- Vitamins and mineral deficiency,
- Trichotillomania, trichobezoar etc.

Diagnosis

- Blood investigations
- According to the DSM classification, a person is said to have **pica,** only if:
- Persistent eating of non nutritive substances for a period of at least one month
- Does not meet the criteria for either having autism, schizophrenia, or Kleine-Levin syndrome.
- The eating behavior is not culturally sanctioned.
- If the eating behavior occurs exclusively during the course of another mental disorder

Treatment

- Treatment of the deficiencies.
- Parental counselling
- Education and guidance
- Behaviour modification
- Psychotherapy

TICS

Tic is an abnormal involuntary movement which occurs suddenly, repetitively, rapidly and is purposeless in nature.

Types

Motor Tics- characterized by repetitive motor movements.

- *Simple motor tics*
- *Complex motor tics*

Vocal Tics- characterized by repetitive vocalisations.

- Simple vocal tics
- Complex vocal tics

Treatment

- Pharmacotherapy
- **Haloperidol** is the drug of choice. In severe cases, pimozide or clonidine can be used.
- **Antipsychotics (**blocks dopamine receptors)
- Benzodiazepines to reduce anxiety.
- Serotonin reuptake inhibitors.
- Behaviour therapy may be used.
- Parents and the family should be educated and counselled about course of disorder and spontaneous resolvement of disorder
- Relaxation exercises have proven efficacy.
- Awareness training.

ANOREXIA NERVOSA

Definition

Anorexia Nervosa is a eating disorder found as a refusal of food to maintain normal body weight by reducing food intake, especially fats and carbohydrates.

The core psychopathological feature is the dread of fatness, weight phobia and a drive for thinness.

Etiology

- *Genetic causes*
- *A disturbance in hypothalamic function.*
- *Social Factors*
- *Individual psychological factors*
- *Causes within family*
- *Diseases of liver, kidney, heart or diabetes.*

Diagnosis

- Complete physical examination including lab tests to rule out metabolic and CNS abnormalities; malabsorption syndrome etc.
- Complete blood testing- haemoglobin levels, platelet counts, cholesterol level, total protein, sodium, potassium, chloride and BUN.
- ECG readings.

Complications

Management

- **Pharmacotherapy**
  Neuroleptics
  Appetite stimulants
  Antidepressants
- **Psychological Therapies**
  Individual psychotherapy
  Behavioural therapy
  Cognitive behaviour therapy
  Family therapy

BULIMIA NERVOSA

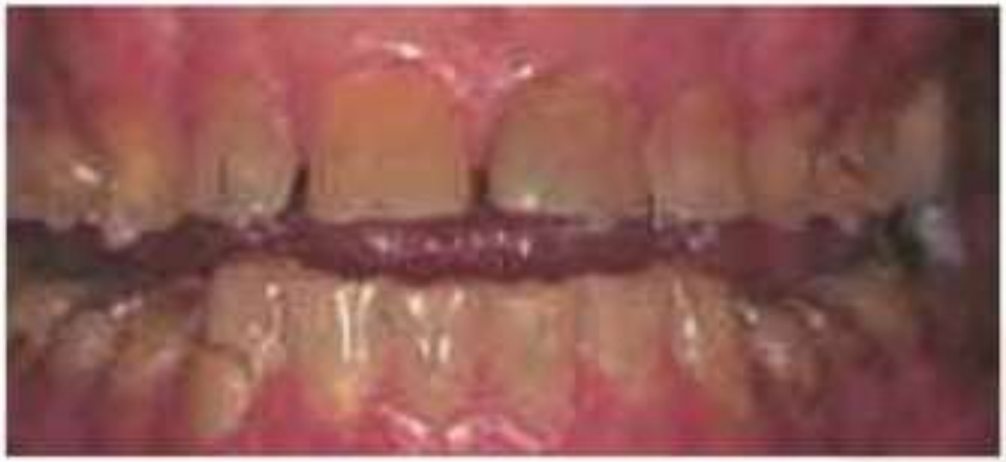
Definition

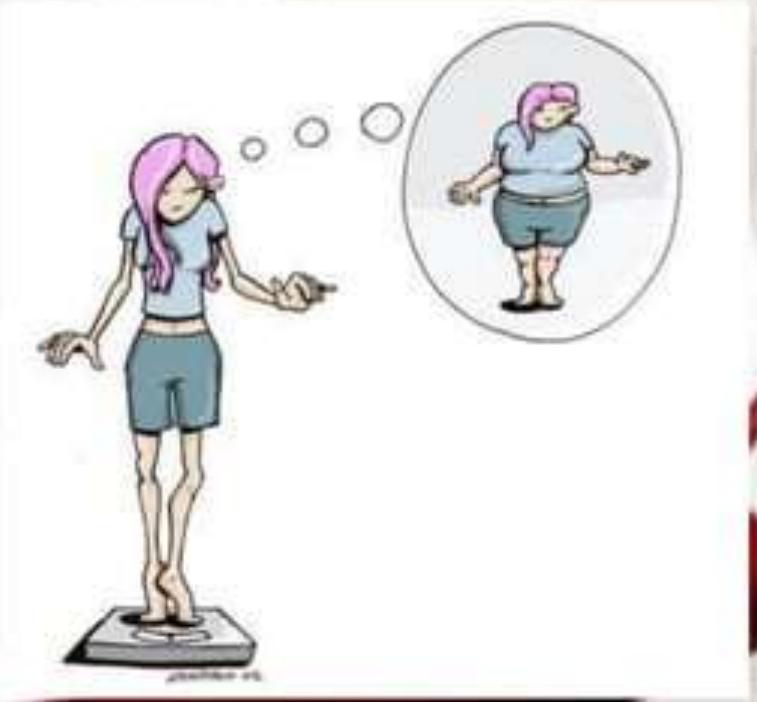
Bulimia nervosa is characterised by episodes of binge eating followed by feelings of guilt, humiliation, depression and self condemnation.

Etiology

- More common in first degree, biological relatives of people with bulimia.
- Specific areas of chromosome 10p linked to families with a history of bulimia
- Possible role of serotonin levels in brain.
- Society's emphasis on appearance and thinness.
- Family disturbances or conflict.
- Sexual abuse.
- Learned maladaptive behaviour.
- Struggle for control or self identity.

Clinical Features





Diagnosis

History Collection and physical examination.

Laboratory tests – blood glucose, serum electrolytes etc.

Management

- Psychotherapy
- TCAs or Selective serotonin reuptake inhibitors.
- Hospitalization in complicated cases.


Stuttering

Definition

Stuttering or stammering is a defect in speech characterized by interruptions in the flow of speech, hesitations, spasmodic repetitions and prolongation of sounds specially of initial consonants.

Types

- Developmental
- Acquired
- Psychogenic

Causes

- It is evident in children who cannot cope with the environmental and emotional stresses.
- It is commonly found in boys with fear, anxiety and timid personality.
- Family history.

Signs and Symptoms

Management

- Behaviour modification
- Relaxation therapy
- Parents need counselling
- Breath control exercises and speech therapy.
- Fluency Shaping Therapy
- Stuttering Modification Therapy
- Electronic Fluency Device
- Anti stuttering medications.

CLUTTERING

- Cluttering is a speech and communication disorder characterised by unclear and hurried speech in which words tumble over each other. There are awkward movements of hands, feet, and body. These children have erratic and poorly organized personality and behaviour pattern
- Management includes behaviour modification and psychotherapy.

SCHOOL PHOBIA

Definition

School phobia is persistent and abnormal fear of going to school.

It is emotional disorder of the children who are afraid to leave the parents, especially mother and prefer to remain at home and refuse to go to school profusely.

Signs and Symptoms

Recurrent physical complaints like abdominal pain, headaches which subside if allowed to remain at home.

Management

- Habit formation
- Improvement of school environment
- assessment of health status of the child to detect any health problems for necessary interventions.
- Family counselling
- Behaviour techniques
- Drugs

STRANGER ANXIETY DISORDER

By about 6-7 months, the infant can differentiate between the primary caregivers and others. Thus at this age, they develop fear of unfamiliar people or strangers. The infant , when approached by unfamiliar person, turns away, even cry or runs towards the primary caregiver. This is known as **stranger reaction**.

Management

- Nurses should advise the parents to be calm.
- Infant is managed with relaxation techniques.
- Reassurance of parents.
- child should be referred to psychiatrist to evaluate for associated anxiety disorders.
- **Cognitive behavioural therapy** and **family therapy** are being tried.

ABDOMINAL COLIC

DEFINITION

Colic is characterized by intermittent episodes of abdominal pain and severe crying in infants younger than 3 months of age.

JUVENILE DELINQUENCY

- According to Dr. Sethna, Juvenile delinquency involves wrong doing by a child or a young person who is under an age specified by the law of the place concerned.

- A juvenile delinquent is a person who is below 16 years of age (18 years in case of a girl) who indulges in antisocial activity.

Causes

- Social Causes
- Psychological causes
- Economic Causes
- Physical

Management

- Reform of Juvenile Delinquents
- Probation
- Reformatory Institutions
- Psychological Techniques
  - Play Therapy
  - Finger Painting
  - Psychodrama

SOMNAMBULISM

- Walking and carrying out complex activities during the state of sleep is termed as somnambulism.
- Child moves aimlessly during the sleep.
- It is more common in boys. It is seen in 5-8 % of children in the age of 5-12 years.
- Often sleep walking is related to stress.
- **Management:** Plan for scheduled awakenings. Room should be free from dangerous articles. Provide comfortable happy environment. Parents need to be educated and counselled regarding the disease

SPECIFIC BEHAVIOURAL DISORDERS

MATERNAL DEPRIVATION

Causes:

- Young age of the parent (teenage parent)
- Unwanted pregnancy.
- lower level of education
- Lower socio economic status
- Absence of father
- Mental Illness, including post partum depression.

Symptoms

- Decreased or absent linear growth.
- Lack of appropriate hygiene
- Lack of interaction between mother and child
- Weight less than 5th percentile or an inadequate rate of weight gain.

Treatment

- Multidisciplinary approach including physicians, nutritionist, social workers and visiting nurse.
- In severe cases hospitalization is required.
- Child's intake is increased to 150 cal per kg/day.
- Advise the parents to seek help from programmes available for young parents, single parent etc.

FAILURE TO THRIVE

Definition

- The term failure to thrive is applied to infants and young children (usually up to the age of 2-3 years) who show failure of expected weight gain and striking lack of well being.

- The essential component in failure to thrive is sluggish weight gain.

Etiology

- **Extrinsic Causes**
  - *Poor dietary intake*
  - *Social and emotional deprivation*
- **Intrinsic Causes**
  - *Malabsorption*
  - *Intestinal parasitosis*
  - *Persistent vomiting*
  - *Metabolic*
  - *Chronic Illnesses*

Clinical Manifestations

- Infant is underweight for age (usually 3rd percentile)
- Child appears small in size with expressionless faces
- Poor gross motor activity
- Delayed vocalization
- Poor response.
- Child tends to remain absorbed in thumb sucking.
- Beyond infancy the child is underweight, thin and inactive.

Thankyou