BEHAVIORAL PROBLEMS OF CHILDHOOD
Mrs.Ambika K, Mr. Rachoti V. II Year M. Sc. (N), JSS College Of Nursing

INTRODUCTION
Normal children are healthy, happy and well adjusted. This adjustment is developed by providing basic emotional needs along with physical and physiological needs for their mental wellbeing. The emotional needs are considered as emotional food for healthy behavior. The children are dependent on their parents, so parents are responsible for fulfillment of the emotional needs. Every child should have tender loving care and sense of security about protection from parent and family members. They should have opportunity for development of independence, trust, confidence and self respect. There should be adequate social and emotional interaction with discipline. Also child should get scope for self expression and recreation.

ETIOLOGY OF BEHAVIORAL PEDIATRIC PROBLEMS
Behavioral disorders are caused by multiple factors. The important contributing factors are:

- **Faulty parental attitude**
  - Overprotection,
  - Dominance
  - Unrealistic expectations
  - Over criticism
  - Unhealthy comparison
  - Under discipline or over discipline
  - Parental rejection
  - Disturbed parent child interaction etc.

- **Inadequate family environment**
  - Poor socioeconomic status
  - Cultural pattern
  - Family habits
  - Superstitions
  - Parents mood and job satisfaction
  - Parental illiteracy
  - Inappropriate relationship among family members etc.
Mentally and physically sick or handicapped conditions
- Children with disability
- Chronic illness
- Prolonged hospitalization

Influence of social relationship
- Maladjustment at home and school
- Disturbed relationship with neighbors, school teachers, and peer group
- Punishment

Influence of social change
- Influence of Television, radio, high tech communication systems
- Social violence
- Unemployment
- Change in value orientation
- Hostility and frustration
- Economic insecurity

CLASSIFICATION OF BEHAVIORAL PROBLEMS IN CHILDREN

Behavioral problems according to the developmental stages
1. Behavioral problems of infancy
   a. Resistance to feeding or impaired appetite
   b. Abdominal colic
   c. Stranger anxiety/ separation anxiety disorder

2. Behavioral problems of childhood
   a. Temper tantrums
   b. Breath holding spells
   c. Thumb sucking
   d. Nail biting
   e. Enuresis
   f. Encopresis
   g. Geophagia/ pica
   h. Tics/ habit spasm
   i. Speech disorders
   j. Sleep disorders
   k. School phobia/school refusal
   l. Attention deficit disorder

3. Behavioral problems of adolescence
1) BEHAVIORAL PROBLEMS OF CHILDHOOD

a) Temper tantrums

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

Causes

❖ It occurs in maladjusted children.

❖ Temper tantrum occurs when the child cannot integrate the internal impulses and the demand of the reality.

Symptoms

❖ It is normal in toddler, may continues to preschool period and become more severe indicating the low frustration tolerance.

❖ The child become frustrated and reacts in the only way’s he knows i.e. by violent bodily activity and crying, using great deal of muscular activity and striking out against environment. When no substitute solution is available temper tantrum results

❖ The activity is directed towards the environment not to any person or anything. It is found usually in boys, single child and pampered child.

Management

➢ 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.

➢ Provide alternate activity at that time.

➢ Should not make fun and tease the child about the unacceptable behavior.

➢ The child should be protected from self injury or from doing injuries to others.

➢ Physical restraint usually increase frustrations and block the out let of anger.

➢ Frustration can be reduced by calm and loving approach.

➢ Over indulgence should be avoided.
After the temper tantrum is over the child’s face and hands should be washed and play materials 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.

b) **Breath holding spell**

A breath-holding spell is an episode in which the child stops breathing and loses consciousness for a short period immediately after a frightening or emotionally upsetting event or a painful experience.

**Causes**
- It occurs in children between 6 months to 5 years of age.
- It is observed in response to frustration or anger during disciplinary conflict.
- Over protective nature of parents may increase unreasonable demand of the child.

**Symptoms**
- Violent crying
- Hyperventilation
- Sudden cessation of breathing on expiration,
- Cyanosis and rigidity
- Loss of consciousness,
- Twitching and tonic-clonic movement may also be found.
- The child may become limp and look pallor and lifeless.
- Heart rate becomes low.
- There may be spasm of laryngeal muscles.
- This attack lasts for one or two minutes then glottis relax and breathing resumed with no residual effects.

**Management**
- Parents need assurance about the harmless effect of the attack and should be tolerant, calm and kind.
- Identification and correction of precipitating factors are essential approach.
- The child can use secondary gain as advantages.
- Punishment is not appropriate and may cause another episode.
Repeated attacks of the spells need to be evaluated with careful history, physical examinations and necessary investigations to exclude convulsive disorders or any other problems.

c) **Thumb sucking**

Thumb sucking or finger sucking is a habit disorder due to feeling of insecurity and tension reducing activities.

**Causes**

Inadequate oral satisfaction during early infancy as a result of poor breast feeding

In older children, this habit may develop when they are tired, bored, frustrated or at bed and want to sleep, but sleep lonely.

**Complications**

If thumb sucking continues beyond four years of age then complications may arise as

- Malocclusion
- Mal-alignment of teeth
- Difficulty in mastication and swallowing
- May cause deformity of thumb,
- Facial distortion and
- Speech difficulties with consonants (especially D and T) and
- GI tract infections

**Management**

- Praising and encouraging child for breaking the habit are very useful.
- Distractions during bored time or engaging the thumb or finger for other activity to be practiced to keep the hand busy.
- Use thumb devices
- The child should not be scolded for the habit.
- Consultation with the dentist and speech therapist may be required to correct the complications.
- Hygienic measures to be followed and infections to be treated promptly.
Other type of treatments include:

d) **Nail biting**

Nail biting is a bad oral habit especially in school age children beyond 4 years of age. It is a sign of tension and self punishment to cope with the hostile feeling towards parents. It may occur as imitating the parent who is also a nail biter.

**Causes**

- It is caused by feeling of insecurity,
- Conflict and hostility
- Pressurized study at school or home
- Watching frightening violent scenes

**Symptoms**

The child may bite all 10 finger nails or any specific one.

The bite may include the cuticle or skin margins of nail bed or surrounding tissue.

**Management**

- The cause of nail biting to be identified by the parents with the help of clinical psychologist 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 confidence.
- The child’s hand to be kept busy with creative activities or play
- Punishment to be avoided
- Parents need reassurance and assistance to accept the situation and to help the child to overcome the problem.
e) **Enuresis or Bed Wetting**

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

**Causes**

- Small bladder capacity
- Improper toilet training and deep sleep with inability to receive the signals from distended bladder to empty it.
- The emotional factors such as hostile or dependent parent-child relationship, dominant parent, punishment, sibling rivalry, emotional deprivation due to insecurity and parental death
- The child with emotional conflict and tension desires to gain care and attention of parents as in infancy.
- Environmental factors like dark passage to toilet or cold or fear of toilets or toilet at distance from the bedroom may cause bedwetting at night.
- The associated organic causes may present e.g. spina bifida, neurogenic bladder, juvenile diabetes mellitus, seizure disorders etc. and need to be excluded.

**Types**

- Primary or persistent enuresis is characterized by delayed maturation of neurological control of urinary bladder, when the child never achieved normal bladder control usually due to organic cause.

- Secondary or regressive enuresis the normal bladder 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 deprivations.

**Management**

- Assessment of exact cause is very essential by thorough history, clinical examination and necessary investigations.
- The organic causes are managed with specific treatment.
- Nonorganic causes to be managed primarily with emotional support to the child and parents along with environmental modification.
The child needs reassurance, restriction of fluid after dinner, voiding before bed time and arise the child to void, once or twice, three to four hours later. Interruption of sleep before the expected time of betting is essential.

The child should be fully waken up by the parent and made aware of passing of urine at night. The child can assume responsibility for changing the bed cloths. Parents should not be worried about the problem.

Parents should encourage and reward the child for dry nights.

Punishment and criticism may lead to embarrassment and frustration of the child.

Bladder stretching during daytime to be done to increase holding time of urine, using positive reinforcement and delaying voiding for some time.

Drug therapy with tricyclic antidepressants is useful in some cases.

Condition therapy by using electric alarm bell mattress is effective and safest method, when the child wakes up as soon as the bed is wet.

Supportive psychotherapy is important for child and parent. Changes of home environment to remove the environmental causes are essential.

f) **Encopresis**

Encopresis is the passage of feces into inappropriate places after the age of 4 - 5 years, when the bowel control is normally achieved.

**Causes**

- It is a more serious form of emotional disturbances due to unconscious anger, stress anxiety.
- Associated problems are chronic constipation, parental over concern, over aggressive toilet training, toilet fear, attention deficit disorders; poor school attendance and learning difficulties may be found with Encopresis.

**Types**

It can be primary or secondary Encopresis like bed wetting.

**Management**

- Assessment of this condition includes history of bowel training, use of toilets and associated problems.
- The child needs help in establishment of regular bowel habit, bowel training, dietary intake of roughage and intake of adequate fluid.
- Parental support, reassurance and help from psychologist for counseling of child and parents may be essential in persistent problems.
g) Geophagia or Pica

Pica is a habit disorder of eating non-edible substances such as clay, paints, chalk, pencil, plaster from wall, earth, scalp hair, etc.

It is normal up to the age of two years.

Causes

- Parental neglect,
- Poor attention of caregiver,
- Inadequate love and affection, etc.
- Common in poor socioeconomic family and in malnourished and mentally subnormal children.

Complications

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

Management

- Management of this problem is done with psychotherapy of the child and parents.
- Associated problems should be treated with specific management.

h) 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.

Causes

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.

Types

Tics can be motor or vocal tics.
Motor tics: eye blinking, grimacing, shrugging shoulder, tongue protrusion, facial
gesture, etc.

Vocal tics: throat clearing, coughing, barking, sniffing, etc.

A special type of chronic tics is found as ‘Gilles-de-la-Tourette's Syndrome’,
characterized by multiple motor tics and vocal tics. It seems to be genetic
disorder with onset at around 11 years of age.

Management

- Parental reassurance and counseling of the child and parents usually useful to
  manage the simple motor or vocal tics
- It requires for special management with behavioral therapy, counseling and
drug therapy with haloperidol group of drug.

i) 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 malocclusions, facial and bulbar
paralysis, etc.

The emotional deprivations are also very significant cause of speech
disturbances. The common speech problems related to emotional disorders are
stuttering or stammering, cluttering, delayed speech, Dyslalia, etc.

i) Stuttering or Stammering

Stuttering or stammering is a fluency disorder begins between the age of 3 to
5 years probably due to inability to adjust with environment and emotional
stress.

Causes

It is commonly found in boys with fear, anxiety, and timid personality. These
children are usually rigid and have positive family history of language and
speech difficulty.

Symptoms

Interruptions in the flow of speech, hesitations, spasmodic repetitions and
prolongation of sounds especially of initial consonants

Management
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 according to the potentiality.

The child should be reassured and helped in breath control exercise and speech therapy.

Criticism for speech problem and pressure for normal speech make the child more handicapped.

Children need encouragement and guidance.

Stammer suppressors, psychotherapy and drug therapy may be needed for some children.

ii) **Cluttering**

Cluttering is characterized 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 behavior pattern.

They need psychotherapy.

iii) **Delayed speech**

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

The exact cause must be excluded for necessary interventions.

iv) **Dyslalia**

Dyslalia is the most common disorder of 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.
The parents should be informed about the modification of family environment and correction of deprivation.

j) **Sleep disorders**

Sleep disorders are common in children with anxiety, tension and over activity. These problems are present with or without physical symptoms of behavioral disorders.

**Symptoms**

Disturbances of sleep usually occur in deep sleep, i.e. stage 3 or 4 of NREM (Non Rapid Eye Movement) sleep.

The common sleep problems are difficulty to fall asleep, nightmares, night terrors, sleep walking (somnambulism), sleep talking (somniloquy), bruxism (teeth grinding), etc.

In night mares, the child awakens from a frightening bad dream and is conscious of surroundings. In night terrors, the child awakens during sleep, sits up with screaming and terrified to recognize the surrounding and after sometimes sleeps again.

**Management**

- In all these problems, the child should have light diet in dinner and pleasant stories or scene at bed time.
- No exciting games and pictures and frightening stories (ghost, murder, accidents) should allow relax comfortable bed and emotionally healthy environment to the child.
- In case of sleep walking, door and windows to be kept closed and dangerous objects to be removed. In advanced and prolonged problems consultation with doctors and psychologists is essential for specific drug therapy and psychotherapy.

k) **School phobia or School refusal**

School phobia is persistent and abnormal fear of going to school. It is common in all social groups. It is an 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 absolutely.

It is a symptom of crisis situation of developmental stages and ‘cry for help’, which needs special attention.

**Causes**

- Anxiety about maternal separation,
- Over protective and dominant mother and Disinterested fathers,
• Intellectual disability of the students and
• Uncongenial school environment like teasing by other students, poor teacher-student relationship, unhygienic environment, fear of examination, etc
• The child may complain of recurrent physical complains like abdominal pain, headaches, which subside, if the child is allowed to remain at home.

Management

The problem can be managed by habit formation for regular school attendance, play session and other recreational activities at school, improvement of school environment and assessment of health status of the child to detect any health problems for necessary interventions.

The most important aspect to manage this problem is family counseling to resolve the anxiety related to maternal separation.

1) **Attention deficit disorders**

Attention deficit disorders (ADD) are learning disabilities that can be related to CNS dysfunction or due to presence of psychoeducational determinants.

It is usually associated with hyperactivity and known as hyperactive attention deficit disorders.

These children are lagging behind in intellectual and learning abilities with alteration of behavioral patterns.

**Causes**

• The cause of this problem is not understood clearly.
• Predisposing factors can be prematurity or low birth weight, brain damage due to infections or injury and interaction between genetic and psychosocial factors.
• Impulsive children with poor attention span, hyperactivity and more demanding attitude are more likely to show poor learning abilities.

**Symptoms**

- The manifestations may be combinations of reading and arithmetic disability, impaired memory, poor language and speech development, inappropriate understanding of spoken words, etc.
- The child is usually overactive, aggressive, excitable, impulsive and inattentive.
- They may be easily frustrated, irritated and show temper tantrums. Social relationship and adjustment are poorly developed.

**Management**
Management is done by team approach including pediatrician, psychologist, psychiatrist, pediatric nurse specialist, school health nurse, teachers, social workers and parents.

The approaches of management include behavior modification, counseling and guidance of parents and appropriate training and education of the child. Drug therapy can help to improve the CNS dysfunction or associated problems.

**CONCLUSION**

All psychosocial and emotional needs required to be satisfied to ensure optimum behavioral development. If fails it leads to certain behavioral problems in the children. Most of the problems are minor and do not have any permanent disturbance, but if parents or caregivers neglects in this stage may leads severe illness.

**BIBLIOGRAPHY**


