

# Emotional and Behavioral Disorder of Children and its Treatment Approach

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## Abstract

**Introduction:** The Emotional disorder is a condition characterized by an inability to learn and build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, a general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fears associated with personal or school problems. Behavior problems among children are a deviation from the accepted pattern of behavior on the part of children when they are exposed to an inconsistent social and cultural environment. 2001 WHO report indicates the 6-month prevalence rate for any MHD in CYP, up to age 17 years, to be 20.9%. Identification and selection of suitable therapeutic strategies need multi-level and multi-disciplinary approaches, holistic management strategies play significant roles which include combinations of several interventions like a child- and family-focused psychological interventions including cognitive behavioral therapy, behavioral modification, and social communication enhancement techniques, parenting skills training and psychopharmacology. The pharmacological treatment is usually considered in combination with psychological and other environmental interventions such as counseling, behavioral therapies, interpersonal psychotherapy, parent management training, social skills training, school based interventions, play therapy, expressive arts therapy, diet and exercise, and attachment based therapy.

**Conclusion:** Emotional and behavioral disorders of children and adolescents have significant negative impacts on the parents as well as society, in the form of direct behavioral consequences and costs, and on the individual, in the form of poor academic, occupational and psychosocial functioning and on the family. Prevention and management of EBD are not easy and it requires an integrated multidisciplinary effort by healthcare providers at different levels to be involved in the assessment, prevention, and management of affected individuals, and also to provide social, economic, and psycho-emotional support to the affected families. This is a very crucial topic for developing countries where the most importance is given to children and youth community.

**Keywords:** EBD; Emotional disorder; Behavioural disorder; Mental problems in children.

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## Introduction

An emotional disorder is a condition in which children and adolescents have difficulty in learning and building or maintaining satisfactory interpersonal relationships with peers and teachers. Children with emotional disorders have a general pervasive mood of unhappiness or depression, inappropriate types of behavior or feelings under normal circumstances, and physical symptoms or fears associated with personal or school problems.<sup>1</sup> Emotional problems, such as anxiety, depression, and post-traumatic stress disorder develop in later childhood and adversely affect a child's educational performance. Behavior disorders in children are a deviation from the accepted pattern of behavior. It involves a pattern of disruptive behaviors in children that last for at least 6 months and cause problems in school, at home, and in social situations. Attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD) are the most common types of behavior disorders.

The behavior disorder is often seen as less stigmatizing, less severe, more socially acceptable, and more practical than the emotional disorder. A 2001 WHO report indicates the 6-month prevalence rate for any MHD in CYP, up to age 17 years, to be 20.9%, with disruptive behavior disorders (DBD) at 10.3%, second only to Anxiety disorders at 13%, and about 5% of Child and Young Population in the general population suffer from depression at any given point in time, which is more prevalent among girls (54%) (2). National Mental Health Survey of India 2016 suggests that the Prevalence of mental disorders in the age group 13-17 years is 7.3% and nearly equal in both genders, this survey also suggests that nearly 9.8 million young Indians aged between 13-17 years require active interventions. Identification and selection of suitable therapeutic strategies depend on a careful assessment of the prevailing symptoms, the family and caregiver's influences, wider socio-economic environment, the child's developmental level, and physical health.

Identification and selection of suitable therapeutic strategies need multi-level and multi-disciplinary approaches which include Psychologists, Psychiatrists, Behavioural Analysts, Nurses, Social care staff, Speech and Language Therapists, Educational staff, Occupational Therapists, Physiotherapists, Pediatricians, and Pharmacists. Pharmacological treatment is usually considered in combination with psychological and other environmental interventions.<sup>3</sup> Holistic management strategies play significant roles in the management

of children with a wide range of emotional, behavioral, and social communication disorders. It includes combinations of several interventions like a child and family focused psychological strategies including Cognitive Behavioural Therapy (CBT), behavioral modification and social communication enhancement techniques, parenting skills training, and psychopharmacology.<sup>3</sup>

Psychostimulants are the first choice of drug for the management of ADHD in children and the young population for more than the last 6 decades. Non-stimulant therapy with Atomoxetine or alpha 2-adrenergic agonists (Clonidine and Guanfacine) are the second-line alternative options (4). The antipsychotics (e.g., Risperidone) and Selective Serotonin Reuptake Inhibitors (SSRI) are the most frequently used medication to treat mood and repetitive behavior problems. Naltrexone is an opioid antagonist that has been shown to significant improvement in symptoms of self-injury, irritability, restlessness, and hyperactivity in autistic children, with minimal side effects and generally good tolerance, although long-term data are lacking.<sup>5</sup> Antidepressants can be used for Major Depression, Anxiety, PTSD, and Social Anxiety, enuresis, and pre-menstrual syndrome.<sup>3</sup>

The first phase of any intervention needs counseling of parents and caregivers by professional guidance by utilizing psychological methods such as collecting case history, using various techniques such as personal interview, and testing interests and aptitudes.<sup>6</sup> The counseling process is a planned, structured conversational, and cooperative process between a counselor and Parents in which a trained professional helps a person to identify sources of difficulties or concerns that he or she is experiencing.<sup>7</sup> Cognitive-behavioral therapy (CBT) is one of the most widely used non-pharmacologic treatments for individuals with emotional disorders (especially depression), and behavioral problems.<sup>8</sup> Cognitive-behavioral therapy (CBT) is a psychosocial intervention that focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions (e.g., thoughts, beliefs, and attitudes), behaviors, and emotional regulation. CBT integrates cognitive and behavioral learning principles to encourage desirable patterns of behavior. Research evidence from several trials suggests the effectiveness of cognitive-behavioral interventions among CYP with Anxiety and Depression.<sup>9</sup> The introduction of child-focused CBT programs introduced at schools has shown significant improvement in disruptive behaviors

among children.<sup>10</sup> Interpersonal psychotherapy (IPT) is a brief, present-focused psychotherapy that centers on resolving interpersonal problems and decreasing symptoms. It is a highly structured and time-limited approach that follows a manual and is intended to be completed within 12–16 weeks.

Parent Management Training (PMT), also known by another name such as behavioral parent training (BPT) or simply parent training or a family treatment programs. It focuses to change parenting behaviors, by teaching parents positive reinforcement methods for improving pre-school and school-age children's behavior problems (such as aggression, hyper Activity, temper tantrums, and difficulty following directions). There is evidence from published research that social-learning and behaviorally based parent training improves the children's emotional and behavioral problems.<sup>11-13</sup> The Parent Management Training interventions are typically delivered in a group, one 2-h session per week for 4-18 weeks, by a trained therapist, with the focus on improving parenting skills to manage child behavior, where parents typically learn to identify, define and observe problem behaviors, as well as learn strategies to prevent and respond to oppositional behavior.<sup>14-15</sup>

The parent's management training focuses not only on teaching parents to reinforce positive behaviors but breaking the patterns that reinforce negative behavior. The content and sequencing of skills in the training depend on the approach being used. The major focus of PMT is the Provision of positive reinforcement for appropriate child behaviors and limits setting by using structured techniques for child's negative behavior. The differential reinforcement is another way in which parents are taught to respond to positive versus negative behavior in children, such as ignoring for mildly annoying less dangerous behavior, use of the time-out technique, in which parents remove attention (which serves as a form of reinforcement) from the child for a specified period. Here training is given to Parents about how to remove their child's privileges, such as watching television or playtime, systematically in response to unwanted behavior. While following these all strategies, the therapist focuses on the management of consequences calmly, immediately, and consistently, and balanced with encouragement for positive behaviors.

Social skills training (SST) is a form of behavior therapy used by teachers, therapists, and trainers to help persons who have difficulties relating to other people. A major goal of social skills training is teaching persons who may have problems in

social interactions.<sup>16</sup> Lacking certain social skills greatly affects making a network of supportive friends that causes social isolation which increases the risk of developing emotional problems or mental disorders.<sup>16</sup> Social skills training is effective in treating children and adolescents with a broad range of emotional problems and diagnoses, Adjustment disorders; marital and family conflicts, anxiety disorders, attention-deficit/hyperactivity disorder, a social phobia may be treated by Social skills training.

Supportive school strategies such as academically-focused interventions, classroom management, social skills, and anger management are most effective for children with emotional and behavioral disorders.<sup>17</sup> Peer Intervention is a distinct form of social support in which the source of support is a peer, (is similar in fundamental ways). The evidence support that school-based interventions significantly reduce disruptive behavior problems.<sup>18,19</sup> Peer mentoring in learning environments for students moving up from primary schools helps growing children. Peer mentor assists in settling into the whole new schedule and lifestyle of secondary school life. Peer listening Within schools available at break or lunchtimes supports the children who have the problem. Peer mediation helps in handling incidents of bullying by bringing the victim and the bully together under mediation by one of their peers.

A peer help group in sports works with young children and adolescents in sports such as football, soccer, track, volleyball, baseball, cheerleading, swimming, and basketball, provide help with game tactics (e.g. keeping your eye on the ball), emotional support, training support, and social support.

Terry Kottman Developed Play Therapy in the early 1990s. Adlerian play therapy (AdPT) combines the underlying concepts of Alfred Adler's theory of individual psychology with the principles and practices of play therapy and allows play therapists to develop their own style in the playroom.<sup>20</sup> In this therapy the therapist assesses children's social interests and devises ways to support the development of community feelings and social skills in play therapy sessions and through consultation with parents and teachers, Based on lifestyle information gathered during the first and second phases of therapy, the Adlerian play therapist develops a conceptualization and treatment plan that guides the rest of the process.<sup>20</sup> The third phase is designed to help clients gain insight into their patterns of thinking, feeling, and behaving. In this phase, the counselor uses mostly

directive techniques with a special emphasis on custom-designed stories and Meta communication to enhance clients' understanding of themselves and others. The fourth phase, reorientation, and re-education consists of a combination of therapist-directed activities intended to teach a variety of skills including problem-solving, communication, anger and anxiety management, and meta-communication designed to teach and reinforce the client's constructive patterns of thinking, feeling, and behaving.<sup>20</sup>

Expressive arts therapy is a multimodal approach in which therapists explore responses, reactions, and insights through pictures, sounds, explorations, and encounters with art processes<sup>21</sup>

Dietary modifications are helpful for some children with ADHD, free fatty acid supplementation or decreased eating of artificial food coloring are advised to people with ADHD. A study report suggests a gluten-free diet reduces ADHD symptoms. Iron, magnesium, and iodine may also affect ADHD symptoms. Regular physical exercise, Diaphragmatic breathing, particularly aerobic exercise are beneficial to reduce the stress, anxiety, and depression of children.<sup>22</sup>

Attachment-based family therapy (ABFT) is an empirically supported treatment designed to capitalize on the innate, biological desire for meaningful and secure relationships. The therapy is based on attachment theory and provides an interpersonal, process-oriented, trauma-focused approach to treating adolescent depression, suicidality, and trauma, and it includes psychosocial support services for the family unit (which includes financial or domestic aid, housing, and social work support), psychotherapeutic interventions (includes treating parents for mental illness, family therapy, individual therapy), education (including training in basic parenting skills and child development), and monitoring of the child's safety within the family environment. Several clinical trials and process studies have demonstrated empirical support for the model and its proposed mechanism of change.<sup>23</sup>

Nursing Role and responsibility in follow up monitoring.

- Blood pressure and heart rate should be checked before treatment and periodically during treatment.
- A child's height and weight should be checked before starting treatments.
- Frequent blood tests, Cholesterol testing, Blood Sugar testing, Electrocardiogram,

Height, Weight, and blood chemistry tests should be done.

- Watch for worsening of depression and thoughts about suicide.
- Watch for unusual bruises, bleeding from the gums when brushing teeth, especially if taking other medications.
- Do not stop these medications suddenly without slowly reducing (tapering) the dose as directed by the clinician.
- While taking buspirone, avoid grapefruit juice, Avoid alcohol.

## Conclusion

Emotional and Behavioral Disorders of children and adolescents have significant negative impacts on the parents as well as society, in the form of direct behavioral consequences and costs, and on the individual, in the form of poor academic, occupational and psychosocial functioning and on the family. The costs to family and society include the trauma, disruption, and psychological problems caused to the victims of crime or aggression in homes, schools, and communities, together with the financial costs of services to treat the affected individuals, including youth justice services, courts, prison services, social services, foster homes, psychiatric services, accident, and emergency services, alcohol and drug misuse services, in addition to unemployment and other required state benefits.

Prevention and management of EBD are not easy and it requires an integrated multidisciplinary effort by healthcare providers at different levels to be involved in the assessment, prevention, and management of affected individuals, and also to provide social, economic, and psycho-emotional support to the affected families. This is a very crucial topic for developing countries where the most importance is given to children and youth community.

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