

Children's behavioral disorders, symptoms, prevalence and its problems with a brief overview of family-based therapeutic intervention

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Abstract—No society can claim that it is a healthy one, while it does not have healthy families. Undoubtedly, none of the social damages are free from family influences. Today, behavioral disorders in children and the factors underlying in family and society has attracted the attention of many educational and psychological experts. Hence, in this article, it is tried to initially review the various definitions mentioned in this context and then have an overview of the prevalence and complications of these disorders, and in the end family-based treatment interventions, which can be helpful in reducing child behavioral disorders will be discussed.

Index Terms— behavioral disorders, child, family-based therapeutic intervention, psychology.

1 INTRODUCTION

FAMILY is the most fundamental institution in socializing of children, especially in his/her sensitive early life. Family can prepare the children to identify their potential abilities under proper conditions and take beneficial roles in society as mature people. Children are able to learn do's and don'ts of parents, imitation and replication in socialization process in family, which are the most important ways in transmission of values, norms, and social traditions. In fact, it is in family that children are learning what is right and what is wrong. Naturally speaking, family has a significant role in shaping the child's personality and behavior. The ways parents apply in their children's upbringing are divided into three categories named facilitated, authoritative and democratic or rational authority. In facilitated way, children are allowed to do whatever they like or feel rational by their parents and there is no observation upon their behavior; in authoritative way, only parents have right to make an opinion, and children are not allowed to make opinions, otherwise, they will be punished by their parents; and in a democratic way, children are reasonably supervised by their parents and they are allowed to have a comment in

its appropriate time [1].

High risk behaviors are the ones which put at risk the health and welfare of adolescents and youths. Accordingly, high risk behaviors are divided into two groups: group one consists of the behaviors put at risk the individual's health whenever outbreaks, and group two includes the kinds of behaviors that threaten the individual's health of the society. Therefore, because of the fact that the risk rates of adolescents and the youths are higher than other age periods, there is greater tendency to this type of behavior. Of high-risk behaviors that are threatening to others can be anti-social behaviors such as robbery, aggression, escaping from school, running away from home, and abnormal behaviors. Of threatening behaviors that can be risky for individual are alcohol, smoking, and unsafe sexual behavior [2].

2 CHILDREN'S BEHAVIORAL DISORDERS

The attempts to define and review the child behavior problems in school are limited in extensive consideration of children who known diagnostic syndrome are occurred. DSM-IV is an example of such an approach. This conceptualization of child behavior problems limits the scientific efforts only to considering dichotomous variables named presence or absence of impairment in children. Compared to psychiatric classification, in dimensional classification, the attentions are paid to the extent that children show special patterns or syndrome. In this system it is assumed that every child has some behavioral characteristics [3]. Here, children's turbulent behavior is different from so-called normal behavior in terms of quality. Both normal and abnormal behaviors are parts of a continuum, and only judging the size or

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amount of behavior (i.e. too high or too low), which is based on the referee's degree of tolerance, takes apart the clinic child from school one [3]. Dimensional approach provides the possibility of considering the behaviors that are grouped by the helping of dimensions (or structures) in behavioral problems in children. Considering the fact that dimensional approach does not take a side children due to lack of disorder, it provides a greater understanding of the full range of child behavior. In addition, dimensional approach has a more narrative approach than categorical approach and has a better understanding of the comorbidities. Although both systems (dimensional classification system and psychiatric classification system), dimensional classification systems are based on the classifications derived from experience, and it has been reported that it is more stable than psychiatric classification systems.

Quay and Peterson (1987) have distinguished six types of dimensions which are related to each other using behavioral rating scales which have been set through teachers and their mothers, the features that children have written in their autobiography and the answers they have given to the questionnaires, including conduct disorder [1], anxiety-withdrawal [2], attention-immaturity problems [3], social aggression [4], psychotic behavior [5] and additional motors [6].

Achenbach and Edelbrock (1997), have also presented different dimensions of children's behavioral disorders. They achieved the two dimensions named "externalization" and "internalization". Children who have externalization types of behavior are aggressive and invasive ones and are close to the types of behaviors described by Quay and Peterson (1987) concerning conduct disorder and social aggressions.

Children who classified as internalizing ones have immature behaviors and are often withdrawal ones. These children's behavior are similar to those children who described by Quay and Peterson in anxiety, withdrawal, and immaturity.

3 BEHAVIORAL DISORDERS SYNDROMES

Behavioral problems syndromes are obtained by grading children through teachers in regular school classes [5]. The reporters of child behavior are typically parents and teachers who grade their observations from child's behavior in a scale and then compare it with that of normal group's behavior. Of rating scales which is applied in recognizing the dimensional classification systems are Child Behavior Checklist (CBC) [6], Children Behavior Questionnaire (CBQ) [6], Behavioral Dimensions Rating Scale (BDRS) [7], Children's Patient Symptoms Checklist (PSCL) [8] and Revised Behavioral Problems Checklist (RBPC)[4]. Using additional behavioral checklists for identifying children's emotional and behavioral disorders have some benefits, including saving assessing time, desired validity and reliability, determining the severity of

disorder, and classifying the problems in an easy way [9].

4 FAMILY-CENTERED THERAPEUTIC INTERVENTION

Studies have shown that child rearing quality have much effects in child's normal development. Also, some factors such as family conflicts and marriage failure, lack of warm relationships with parents, insecure attachment, severe rules and parental psychiatric illness increase the risk of formation of emotional and behavioral problems in children. In addition, Conduct problems increase drug abuse. Conduct problems, drug abuse and anti-social and delinquent behaviors are associated with how children are being reared [10].

Children's parents who have emotional problems challenges are not sure of their parent's roles, and are estimated the child's rearing so stressful and have conflicts to one's spouse relationships. Therefore, the efforts for improving children's mental health needs to address child's rearing and child-mother relationship quality [11].

Webster - Stratton's child rearing program, which is implemented in 10 sessions step by step, in which different ways of punishment, encouragement, ordering, child behavior management are taught in the form of special ways including role playing, has been detected by useful intervention ways for normal children's parents and of children with psychiatric problems [12].

On the other hand, self-esteem and parent's sufficiency feeling are studied in children's behavior management in some research, and improving self-esteem in increasing mother-child interaction quality has been reported. A high level of self-esteem in a mother is a supportive factor against child's behavioral problems, which this itself leads to increasing self-esteem, improving social and educational performance, and reducing depression and stress. In contrast, low level of self-esteem, leads to using difficult and annoying methods in child rearing, which this itself leads to the continuation of child's behavioral problems [13].

Sanders and Wooley (2005), have been studied the relationship between three levels of self-esteem and its effects on child rearing performance in the two categories named the mothers who referred to clinic and those who did not referred to it, and considered the first group of mothers as low-level self-esteem ones, and reported the self-esteem as the strong indicator for child-rearing ways [13].

Behavioral family interventions (BFI) are based on social learning model and having experimental support, and is made use in an extensive public. Evidence derived from controlled trials has shown BFI of the evaluated methods in social-psychological interventions. But, only a small population of parents took part in this type of child rearing ways [13].

Sanders and Wooley (2005) have devised multi-faced child rearing program, which are based on some evidence, for educating parents and supporting them [14].

This program is developed based upon social learning model and the risk factors related to its social formation, and its aim is to consider the risk factor associated to emotional behavioral problems formation in children. The purpose of this program, named Triple-p, is to increase parent's adequacy in an extensive level throughout society. This program has five levels due to existing different levels in functions failure and various needs of the parent-child [15]. Evaluating the effects of this educational type as a group caused the impressive reduction of children's behavioral problems [16]. The necessity of implementing such kind of program is felt in our country, and this method is applied for 100 parents for informing them, which indicates the effectiveness in these individuals [17].

In controlled studies, there are much evidence in favor of the effectiveness of behavioral family intervention based on social learning principles for preventing and treating a wide range of emotional and behavioral problems in children. Studies done in the last twenty years have shown that behavioral family intervention is effective in reducing conduct behaviors and other behavioral problems in children [17-20].

There are many studies concerning the effect of various aspects of Triple-p program. This program is implemented by Sanders (2003), and Sanders and Taggart (2003) in social level. In another study, Sanders et al (2005) employed an eight session intervention program with adolescent's parents, which caused increasing productive rearing skills, reducing conflict between parent and child, increasing parent's self-esteem, reducing parent's depression, anxiety, and stress [21]-[22]. This method is capable of being adapted with cultural criteria within different countries [23]. This program has been applied for parents of children in certain age groups.

Deam, C., Myers, K., & Evans. E. (2003) taught 74 nurses, social workers, teachers and employees of social welfares for this program. These individuals should perform Trile-P group program at least in two groups of parents. 560 cases of parents who had children aged in 2-10 years old are involved in experiment, and almost half of these patients reported that at least one child has behavioral problem. The study mentioned reported reducing children's behavioral problems, improving parenting scale, reducing in scale scores of the problems associated with improving parenting scale, reducing in scale scores of the problems associated with parent's problems and improving depression, anxiety and stress [24]. Cann, W., Rogers, H., & Matthews, J. (2003) showed that the group program named Triple-p improves the children's behavior, children rearing ways, the sense of adequacy and reduces depression, anxiety, stress and parents disagreement [25]. Ralph, A., & Sanders, M.R (2003) showed that group program named Triple-p improves the children's behavior, children rearing ways, the sense of adequacy and reduces depression, anxiety and psychological stress [26]. Cann, W., Rogers, H., & Worely, G. (2003) studied

the provision of these services by telephone in 73 families, and showed that consulting has a positive effect on overall family and children performance and improved the children's behavior, child rearing ways, adequacy and capabilities of parents and their compliance, and reduced depression, anxiety and psychological stress [27]. In another study the effects of this intervention on the parents of 83 ADHD children were evaluated and improved child behavior, improved sense of adequacy and capability of the parents, reducing negative child rearing methods, conflicts between parents, reduce depression, anxiety and stress and high satisfaction was reported from the program [28].

5 RESULTS AND DISCUSSION

Behavioral disorders prevalence among children who are deprived of family is more than those who left orphans due to the effects and factors of natural disasters, or are living in hostelry environments due to parental separation, economic poverty, addiction, or lack of parent's appropriate and correct functioning. Crisante (2003) taught kindergarten staff of long-term care centers, and these individuals consulted 39 subjects aged preschool children (mean age: three years) based on the three programs named Triple-p level. Based on the findings of this study, the parent's experiences were more desirable for them, had more confidence and were more agreeable in applying rules [24].

Considering the content expressed in this article, and basic attention to the prevention of mental disorders in children and early diagnosis and treatment of these disorders, it is recommended for families and the public to be trained and be aware in identifying and preventing these disorders to positively treat the psychological health of the people, especially children, by the help of psychologists, psychiatrists, expert consultants and occupational therapists.

REFERENCES

- [1] Setodih H. Social pathology. 12 th ed. Tehran : Avay Noor ; 2004.P.18-23
- [2] Shamlo S. Psychological pathology. 8 th ed. Tehran: Roshd; 2004. P. 132-55
- [3] Nelson , J . R., Babyak , A., Gonzalez , J., & Benner , G . J . (2003) . An investigation of the types of problem behaviors exhibited by K - 12 students with emotional or behavioral disorders in public school settings . A available on : [http : // goliath . ecnext . com / coms2 /](http://goliath.ecnext.com/coms2/)
- [4] Quay , H.C., & Peterson , D. R . (1987) . Manual for the Revised Behavior Problem Checklist . Miami : Ouay & Peterson
- [5] Achenbach , T . M . , & Edelbrock (1977) . The classification of child psychopathology : A review and analysis of empirical efforts . Psychological Bulletin , 85, 1275 - 1301
- [6] Kendall , P.C . , (2000) Childhood disorders . UK : Psychology Press Ltd Zavar

- [7] Sanders, M.R., Gooley, S., Nickolson, J. (2000). Early intervention in conduct disorder for children
- [8] Sanders, M.R., Markie - Dadds, C., Tully, L.A., & Bor, W. (2000). The Triple p - positive parenting program: A comparison of enhanced, standard and self - directive behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology*, 68 (2), 624-640
- [9] Harris, J., Tyre, C., & Wilkinson, C. (1993). Using the Child Behavior Checklist in ordinary primary schools. *British Journal of Educational Psychology*, 63. 245 - 260
- [10] Sanders, M.R., Ralph, A., Thompson, R., Sofronoff, K., & Gardiver, P. (2005). Every family: A public health approach to promoting children's wellbeing. Brief report. Brinsbane, Australia: University of Queensland
- [11] Sanders, M.R. (2002) Parenting interventions and the prevention of serious mental health problems in children. *MJA*, 177, 7, 87-92
- [12] Patterson, J., Mockford, C., & Stewart - brown, S. (2005). Parent's perceptions of the value of the Webster - Stratton parenting programme: a Qualitative study of a general practice based initiative. *Child, Care, Health & Development*, 31, 53-64
- [13] Sanders, M.R., & Woolly, M.L. (2005). The relationship between maternal self - efficacy and parenting practices: Implications for parent training. *Child, Care, Health & Development*, 31, 65-73
- [14] Morawska, A., & Sanders, M.R. (2006). Self - administered behavioral family intervention for parents of toddlers: Effectiveness and dissemination. *Behavior Research and Therapy*, 44, 1839 -1848
- [15] Turner, K.M.T., Dadds, C.M., & Sanders, M.R. (2002). Facilitator's manual for group. Milton Australia: Triple p International
- [16] Turner KMT, Sanders MR. Help when it's needed first: A controlled evaluation of brief, preventive behavioral family intervention in a primary care setting. *Behavior Therapy*. 2005; 37(2): 131-42
- [17] Tehranidoost, Mahdi; Alaghbandrad, Javad; Dashti. Behnoosh, Zahra. Shahrivar (1383). "Evaluating the effectiveness of constructive training programs in reducing behavioral problems in children". Paper presented at the International Congress of Psychiatry of children and adolescents
- [18] Arnold, D.S., O'Leary, S.G., Wolff, L.S., & Acker, M.M. (1993). The parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, 5, 137-144
- [19] Dadds, M.R., & powel, M.B. (1991). The relationship of interparental conflict and global marital adjustment to aggression, anxiety and immaturity non clinic children. *Journal of child psychology*, 19, 553-567
- [20] Lovibond, S.H., & Lovibond, P.F. (1995). *Manual of the Depression, Anxiety and stress scales (2nd ed)*. Sydney: psychology Foundation Australia
- [21] Sanders, M.R. (2003) The translation of an evidenced-based parenting program into regular clinical services. *Australian e - Journal of the Advancement of Mental Health*, 2,3
- [22] Mc Taggart, P., & Sanders, M.R. (2003). The transition to school procect: Results from the classroom. *Australian e - Journal of the Advancement of Mental Health*, 2,3
- [23] Crisante, L., & Ng, S. (2003). Implementation and process issues in using Group Triple P with Chinese parents: preliminary findings. *Australian e - Journal of the Advancement of Mental Health*, 2,3
- [24] Deam, C., Myers, K., & Evans, E. (2003). community - wide implementation of a parenting program: the South East Sydney Positive Parenting Project. *Australian e - Journal of the Advancement of Mental Health*, 2,3
- [25] Cann, W., Rogers, H., & Matthews, J. (2003). Family intervention service program evaluation: A brief report on initial outcomes for families. *Australian e-journal of the Advancement of Mental Health*, 2,3
- [26] Ralph, A., & Sanders, M.R. (2003). preliminary evaluation of the Group Teen Triple p Program for parents of teenagers making the transition to high school. *Australian e - Jurnal of the Advancement of Mental Haelth*, 2,3
- [27] Cann, W., Rogers, H., & Worely, G. (2003). Report on a program evaluation of a telephone assisted parenting support service for families living isolated rural areas. *Australian e-Journal of the Advancement of Mental Health*, 2,3
- [28] Rogers, H., Cann, W., Cameron, D., & Littlefield, L. (2003). Evaluation of the family Intervention System for children presenting with characteristics associated with Attention Deficit Hyperactivity Disorder. *Australian e - Jurnal of the Advancement of Mental Haelth*, 2,3