lectures in

Children's psychological problems

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Academic year

2021-2022

Book data

Division: the 3 year (Sciences &Math)

Publication date: 2021/2022

Number of pages: 97 pages

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The Most Common Behavior Disorders in Children

Raising children is difficult, and raising difficult children can be life disrupting. But being able to tell whether your child is just going through a stage, or if something is really wrong isn't always that easy.

A tantrum doesn't automatically mean your 2-year-old has a problem with authority, and a kindergartner who doesn't want to sit still doesn't necessarily have an attention disorder. When it comes to understanding our children's behavior, experts say diagnoses and labels should be kept to a minimum.

Defining "Disorders"

Child psychology experts from the University of Oxford and University of Pittsburgh say that the term "disorder" should be used cautiously for children up to 5 years old, and question its validity. Professors Frances Gardner and Daniel S. Shaw say the evidence is limited that problems in preschool indicate problems later in life, or that behavioral issues are evidence of a true disorder. "There are concerns about distinguishing normal from abnormal behavior in this period of rapid developmental change," they wrote.

That being said, a conservative approach to handling behavioral and emotional issues in this age group is best.

Early Childhood Behavioral and Emotional Disorders

Rarely will a child under 5 years old receive a diagnosis of a serious behavioral disorder. However, they may begin displaying symptoms of a disorder that could be diagnosed later in childhood. These may include:

1. attention deficit hyperactivity disorder (ADHD)
2. oppositional defiant disorder (ODD)
3. autism spectrum disorder (ASD)

4. anxiety disorder
5. depression
6. bipolar disorder
7. learning disorders
8. conduct disorders

Many of these you've likely heard of. Others are more rare or aren't often used outside of discussions about childhood psychology.

ODD, for instance, includes angry outbursts, typically directed at people in authority. But a diagnosis is dependent on the behaviors lasting continuously for more than six months and disrupting a child's functioning. Conduct disorder is a far more serious diagnosis and involves behavior one would consider cruel, to both other people as well as to animals. This can include physical violence and even criminal activity — behaviors that are very uncommon in preschool-age children.

Autism, meanwhile, is actually a broad range of disorders that can affect children in a variety of ways, including behaviorally, socially, and cognitively. They are considered a neurological disorder and, unlike other behavioral disorders, the symptoms may begin as early as infanthood. According to the American Psychiatric Association, about one in 68 children are diagnosed with an autism spectrum disorder.

Behavior and Emotional Problems

Far more likely than one of the above clinical disorders is that your young child is experiencing a temporary behavioral and/or emotional problem. Many of these pass with time, and require a parent's patience and understanding.

In some cases, outside counseling is warranted and may be effective in helping children cope with stressors effectively. A professional could help your child learn how to control their anger, how to work through their emotions, and how to

communicate their needs more effectively. For obvious reasons, medicating children at this age is controversial. Psychological Disorders

What are psychological disorders?

Psychological disorders, also referred to as mental disorders, are abnormalities of the mind that result in persistent behavior patterns that can seriously affect your day-to-day function and life. Many different psychological disorders have been identified and classified, including eating disorders, such as anorexia nervosa; mood disorders, such as depression; personality disorders, such as antisocial personality disorder; psychotic disorders, such as schizophrenia; sexual disorders, such as sexual dysfunction; and others. Multiple psychological disorders may exist in one person.

The specific causes of psychological disorders are not known, but contributing factors may include chemical imbalances in the brain, childhood experiences, heredity, illnesses, prenatal exposures, and stress. Some disorders, such as borderline personality and depression, occur more frequently in women. Others, such as intermittent explosive disorder and substance abuse, are more common in men. Still other disorders, such as bipolar disorder and schizophrenia, affect men and women in roughly equal proportions.

When a person experiences mood or cognitive problems or behavioral issues for a long time, a psychological evaluation may be beneficial, and a diagnosis of a psychological disorder may follow. Treatment frequently involves psychotherapy to work on behaviors, skill development, and thought process. A person may be hospitalized for coexisting medical problems, serious complications, severe disorders, or substance abuse. Medications can be quite helpful for some psychological disorders.

Properly treated, people who have psychological disorders often improve; however, relapses are possible. Left untreated, some psychological problems can lead to academic, legal, social and work problems. Alcohol poisoning, drug overdose, suicide, and violent behavior are other potential complications.

What are the symptoms of psychological disorders?

Symptoms of psychological disorders vary based on the specific disorder, but mood and behavioral symptoms are common. Symptoms can be chronic and relapsing. They can interfere with your ability to interact in society. Some psychological disorders can also cause physical symptoms. For example, panic attacks associated with anxiety disorders may have symptoms that look and feel like a heart attack. Somatoform disorders, conditions in which symptoms suggest a medical cause but none can be found, frequently involve symptoms of pain or achiness.

Common symptoms of psychological disorders

Psychological disorders can cause a variety of symptoms; common symptoms include:

- Agitation, hostility or aggression
- Alcohol or drug abuse
- Alterations in energy levels
- Anxiety
- Confusion or disconnectedness
- Erratic behavior
- Irritability and mood changes
- Perception or thought process disturbances (psychoses), such as hallucinations and delusions
- Persistent or abrupt mood changes that can interfere with day-to-day life
- Problem denial
- Social withdrawal

Physical symptoms that may accompany psychological disorders

Psychological disorders may also be associated with physical symptoms including:

- Inexplicable physical problems
- Lethargy or malaise
- Sleep disturbances
- Weight and appetite changes

Serious symptoms that might indicate a life-threatening condition

- Being a danger to oneself or others, including threatening, irrational or suicidal behavior
- Inability to care for one's basic needs
- Trauma, such as bone deformity, burns, eye injuries, and other injuries

What causes psychological disorders?

The causes of psychological disorders are not known, but a number of factors are thought to influence their development. These factors include chemical imbalances in the brain, childhood experiences, heredity, illnesses, prenatal exposures, and stress. Gender plays a role in some, but not all, psychological disorders.

What are the risk factors for psychological disorders?

A number of factors increase the risk of developing psychological disorders. Not all people with risk factors will get psychological disorders. Risk factors for psychological disorders include:

- Abuse or neglect as a child
- Childhood problems with temperament
- Family or personal history of mental illness or substance abuse
- Intelligence below normal
- Low birth weight
- Lower socioeconomic status

- Parental absence, criminal activity, or substance abuse
- Prenatal exposures, such as to alcohol or drugs
- Significant medical conditions, such as cancer, chronic pain, and hypothyroidism
- Social disadvantage
- Stressful or traumatic life events
- Substance abuse

How are psychological disorders treated?

The first step in the treatment of psychological disorders is recognizing that a problem exists. Often, people who have psychological disorders deny their problem and do not seek medical care for their symptoms. Regular medical care can be helpful because it allows a health care professional to provide early screening tests. Regular medical care also provides an opportunity for your health care professional to promptly evaluate symptoms and your risks for developing psychological disorders.

Treatment frequently involves psychotherapy to work on behaviors, skill development, and thought process. Initial hospitalization may be necessary for coexisting medical problems, serious complications, severe disorders, or substance abuse. Medications can be quite helpful for some personality disorders. Significant improvement can occur with proper treatment.

Common treatments for psychological disorders

Common treatments of psychological disorders include:

- Antianxiety medications
- Antidepressant medications to improve moods
- Antipsychotic medications to treat disordered thought patterns and altered perceptions
- Cognitive behavioral therapy to work on thought patterns and behavior
- Family therapy to help develop support and understanding

- Group therapy
- Hospitalization for coexisting medical problems, serious complications, severe disorders, or substance abuse
- Identification and treatment of coexisting conditions
- Individual therapy
- Mood-stabilizing medications
- Psychodynamic therapy to work on discovering and understanding past issues and their relationship to current thoughts and behaviors
- Support groups
- Talk therapy

What you can do to improve your psychological disorders

In addition to seeking and receiving treatment, you may be able to improve your symptoms and decrease your risk of recurrence by:

- Avoiding alcohol or illicit drug use
- Avoiding caffeine or other stimulants
- Eating on a regular schedule
- Exercising regularly
- Getting enough sleep
- Keeping appointments and taking medications as directed

What are the potential complications of psychological disorders?

Complications of untreated or poorly controlled psychological disorders can be serious, even life threatening in some cases. You can help minimize your risk of serious complications by following the treatment plan you and your health care

professional design specifically for you. Complications of psychological disorders include:

- Adverse effects of treatment
- Difficulties with the law, at work, in social environments, with relationships, and with finances
- Increased risk of injury
- Medical complications specific to behaviors associated with psychological disorders
- Self-harm
- Social isolation
- Strained family relationships
- Substance abuse
- Suicide or violence

Parenting for Childhood Success

Parenting styles are rarely to blame for childhood behavioral problems. And if you're searching out solutions to help your family cope, that's a pretty good indication that you aren't causing your child's issues. Still, parents play a crucial role in treating early childhood behavioral issues.

Parenting Styles: Which One Is Right for You? »

When we talk about parenting styles, there are four main types, one of which is most effective in raising well-adjusted and well-behaved children:

1. **Authoritarian parenting:** Strict rules with no compromise, and no input from the children.

2. **Authoritative parenting:** Strict rules, but parents are willing to listen and cooperate with their children. More of a democracy than authoritarian parenting.
3. **Permissive parenting:** Few rules, and few demands put on children. There is little to no discipline in this home, and parents typically take on the role of friend.
4. **Uninvolved parenting:** No rules and very little interaction. These parents are detached and may reject or neglect their children.

Authoritative parenting is most likely to raise well-adjusted and happy children. Uninvolved parents are most likely to raise children lacking self-esteem, self-control, and general competency, say experts.

What we can learn from these parenting styles is that children need clear rules and consequences, but they also need a parent who is willing to listen and guide.

Be Patient with Your Children

Empathy, a cooperative attitude, and a calm temperament are crucial traits for parents to adopt as their child struggles. Also, knowing when to ask for help is key.

If your child's behavior becomes disruptive to the regular running of your household or their education, or if they become violent, it's time to talk to a professional.

Raising children with behavioral problems isn't easy. But before you rush to diagnose them or turn into a strict disciplinarian, reach out for help. Your pediatrician can provide insight into whether your child's behavior is normal for their age, and provide resources for assistance

Warning Signs of Normal and Abnormal Child Behavior

Children are supposed to break the rules sometimes. Testing limits is how they learn about themselves and the world. The consequences you give them teach important life lessons.

Sometimes, however, behavior problems can be a sign of a more serious issue. When it comes to differentiating between normal and abnormal behavior problems, it's important to know a bit about child development. What's normal for a preschooler isn't normal for a teenager.

Normal Preschool Behavior

As preschoolers seek independence, it's normal for them to argue and exercise their right to say "no." They commonly vacillate between demanding they are a big kid who can do everything on their own, to using baby talk to declare they need help with a simple task.

Preschoolers may exhibit the occasional tantrum, but they should be gaining more control over their emotions and impulses compared to when they were toddlers. Any temper tantrums at this stage should be shorter and less intense than the toddler years.

Children of ages 4 and 5 may exhibit some minor aggression, but they should be learning how to use their words instead of violence.[1]

Normal Behavior for School-Age Kids

As grade school kids take on more responsibility, they often want more freedom than they can handle. They will likely require a fair amount of guidance when it comes to doing chores, completing their homework and taking care of their hygiene. As they begin to solve problems on their own and try new activities, they may struggle to deal with failure.

Grade schoolers usually need a little help in dealing with uncomfortable emotions,[2] like frustration and anxiety, and it's common for them to lack verbal impulse control.

Normal Behavior for Tweens

When kids hit the tween years, their budding independence often comes across in their attitude toward their parents. It's normal for tweens to be mildly oppositional and argumentative as they begin to try to separate from their parents.[3]

Tweens may struggle with social skills and they may report frequent disagreements with friends. They also tend to lack the ability to recognize the long-term consequences of their behavior. Tweens need positive attention to reinforce their good behavior during these awkward years.

Focus on teaching your child life skills, like how to wash the dishes, as well as social skills, like how to greet a new person. Look for teachable moments and turn your child's mistakes into learning opportunities.

Teens often like to think they are adults, but they still need help making healthy decisions. Be prepared to deal with a variety of phases your teen may enter as they try to determine who they are as an individual. For instance, it’s common for teens to change social groups or test out new hairstyles or clothing styles as they try to establish their identity.

Teenagers should have improved self-discipline when it comes to doing their homework or getting their chores done on time. They may still be rather moody and some mild non-compliance and defiance are normal.

Minor rebellion is also normal as teens often want to show their parents they can have control over their own lives.[3] As long as your teen lives under your roof, it's important to establish clear rules and follow through with consequences.

Difference between Normal and Abnormal Behaviour are as follows:

Normal:

The common pattern of behaviour found among the general majority is said to be the behaviour of the normal. Normal people exhibit satisfactory work capacity and earn adequate income. They conform and adjust to their social surrounding.

They are capable of establishing, satisfying and acceptable relationship with other people and their emotional reactions are basically appropriate to different situations. Such people manage to control their emotions.

Their emotional experiences do not affect their personality adjustment though they experience occasional frustrations and conflict. These people who adjust well with themselves, their surroundings and their associates constitute the normal group.

The normal group covers the great majority of people. According to Coleman (1981) normal behaviour will represent the optimal development and functioning of the individual consistent with the long term well being and progress of the group.

Thus, people having average amount of intelligence, personality stability, and social adaptability are considered as normal.

Abnormal:

The concept of abnormality is defined as the simple exaggeration or perverted development of the normal psychological behaviour. In other words, it deals with the usual behaviour of man. The unusual or maladapted behaviour of many persons which do not fit into our common forms of behaviour is known as abnormal behaviour.

Abnormality refers to maladjustment to one's society and culture which surrounds him. It is the deviation from the normal in an unfavourable and pathological way.

According to Brown (1940) abnormal psychological phenomena are simple exaggerations (over development or under development) or disguised (i.e., perverted developments) of the normal psychological phenomena.

It is expected, for instance, that a normal human being would react to a snake by immediately withdrawing from it. But if the person on the contrary, plays with the snake very happily, it is a sign of uncommon behaviour which may be considered as abnormal provided that past experience or training does not play a part here.

A person who has been by profession trained from the very childhood to deal with snakes will not be afraid of a snake and if he does not withdraw from a snake, will not be considered abnormal.

Coleman (1981) holds that deviant behaviours are considered as maladaptive because they are not only harmful to the society, but to the individual. Maladaptive behaviour

impairs individual and group well being and it brings distress to the individual. It also leads to individual and group conflicts.

Page (1976) views that the abnormal group consists of individuals marked by limited intelligence, emotional instability, personality disorganization and character defects who in most part led wretched personal lives and were social misfits and liabilities.

Thus, abnormality and normality can only be defined in terms of conformity to the will and welfare of the group and in the capacity for self management.

A close analysis of various types of abnormal behaviour indicates that abnormal behaviour circumscribes a wide range of maladaptive reactions like psychoneuroses, psychoses, delinquents, sexually deviants, and drug addicts etc.

Thus, same kind of biological, social and psychological maladjustment affects the functioning of the individual in a society. The abnormal deviants who constitute about 10 per cent of the general population are classified into four main categories; such as psychoneurotic, psychotic, mentally defective and antisocial.

Freud's view that nobody is cent per cent normal though held by some as an exaggeration, it should be accepted beyond doubt that abnormality is perhaps the major problem of a modern civilized society. It is, however, unfortunate that this problem has been very much neglected in India.

Psychologists should consider it to be their first and foremost duty to help the mentally ill person to lead as far as practicable a normal life in the society.

Those who help in solving serious personality problems and deal with people having problems of adjustment definitely contribute to the welfare of the humanity. Perhaps this would be the greatest and finest contribution of a psychologist to the mankind.

Therefore, Coleman (1981) views that the study of abnormal behaviour may be of great value in bettering individual adjustment and in reducing the great amount of misery arising out of mental illness and maladjustment in modern society.

In primitive times, abnormality was considered as a kind of mystical or spiritual occurrence. They thought that some people are enchanted by some evil spirits and

thus the patients were treated in a very crude and unscientific process. Today it is neither considered terrible nor uncommon. Many persons suffering from mental diseases are amenable to treatment.

A scientific study of abnormal behaviour is essential for the following facts:

ADVERTISEMENTS:

1. To know the nature and the cause of abnormality it leads us to understand the mechanism of abnormal mind, diagnose the disease and predict the progress of the disease. Hence abnormality no longer stands as a mystery or a curse.

2. A correct understanding of abnormality can check, prevents and cure the disease. Modern psychopathology is also of great importance for common man. In America every year about 1,50,000 or more new patients are admitted to mental hospitals.

These figures do not include the patients going to private clinics for counselling and treatment. Moreover, the innumerable mild cases which are never referred to a psychiatrist remain unrepresented.

In America as statistics shows, about 10 per cent of population suffers from severe types of mental diseases or insanity as it is popularly called. It has also been estimated that about 15 per cent of the undergraduate students of American Colleges need the services of the psychological counsellor.

Probably, at sometime or other it is expected that most of the students may need some sort of psychological counselling and advice because of the competitive situation of the college campus and academic life.

In India though the percentage may not be that high in comparison to their western counterparts usually 4 to 5 per cent seek regular guidance and counselling from an expert in the area.

In view of the above facts, abnormal psychology has been of tremendous importance for modern people. The implications and significance of abnormal psychology lies in

studying the maladjusted and abnormal personality. It is also of value to the so called normal people of the society.

This supports Freud's view that nobody is cent per cent normal and every-body needs some sort of guidance, counselling and advice to overcome anxiety, depression, worries and other major/minor mental illness arising out of the stresses, strains and competitiveness of modern society.

Modern psychopathology is also of great need and importance to medicine. In fact, it is predicted that 50 per cent of the medicines in future will be psychological medicines.

It is of tremendous importance to common man as over 10 per cent of the total population is expected to suffer from severe mental illness and tentatively-every one of the population is likely to suffer from at least mild mental illness or depression during his life time.

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Current Classification of Normal and Abnormal Behaviour:

The present official classification method for psychological and mental disorders is the Diagnostic and Statistical Manual of Mental Disorders, 2nd Edition (Known as DSM II) published by the American Psychiatric Association (1968). DSM II is based mainly on symptoms as the central factors in determining diagnosis. Currently DSM III, as a revision of DSM II is being prepared by the American Psychiatric Association.

DSM III is described as a multi-axial classification system that provides classification on five distinct axis or dimensions.

DSM III also differs from DSM II in its primary use of the term ‘disorder’ to describe patterns of abnormality as opposed to terms like reaction, illness and disease. The term ‘disorder’ typically reflects the continuing acceptance of the disease model of mental disturbance.

The pioneers of DSM III such as Spitzer, Sheehy, and Endicott, (1977) feel that the new classification system will have many advantages over DSM II.

TABLE 1. *A brief outline of DSM II*

(*i*)	**Mental retardation.** Borderline, mild, severe and profound retardation.
(*ii*)	**Organic brain syndromes.** Disorders associated with or caused by impairment of brain tissues and its functions.
(*iii*)	**Psychoses not attributed to physical conditions listed previously.** Severe disorders for which there seems to be no organic basis.
(*iv*)	**Neuroses.** Milder than the psychoses, neuroses typically have anxiety as a basic causative factor.
(*v*)	**Personality disorders and certain other non-psychotic disorders.** A wide variety of behaviour patterns including sexual deviations and drug use.
(*vi*)	**Psycho physiological disorders.** Physical symptoms deemed to be psychogenic (Psychologically caused).
(*vii*)	**Special symptoms.** Many disorders such as bed wetting, speech disorder, etc. are so specific and so different from those above that they are placed in this special grouping.
(*viii*)	**Transient situational disturbances.** Temporary syndromes for which usually there is a clear cut external stress.
(*ix*)	**Behaviour disorders of childhood and adolescence.** Certain specific types of childhood behaviours are seen as stable, common patterns of symptoms.
(*x*)	**Conditions without manifest psychiatric disorder and non-specific conditions.** Marital problems and different types of social maladjustment.

When to Worry

These general warning signs may indicate more serious behavior problems, especially when they are viewed in comparison to what is developmentally appropriate. If you have concerns about your child's behavior, talk to your child's doctor. They can help you determine whether your child's behavior is normal or whether a referral to a specialist is needed.

Difficulty Managing Emotions

Although it is normal for preschoolers to have occasional temper tantrums, older children should be able to cope with their feelings in a socially appropriate manner. If your child can't control their anger, frustration, or disappointment in an age-appropriate manner, they could have an underlying emotional problem.

Poor Impulse Control

Impulse control develops slowly over time. Children who become aggressive after they begin school, or children who yell at their teacher as teens, likely need help developing better skills.

Failure to Respond to Discipline

It’s normal for kids to repeat their mistakes from time to time to see if a parent will follow through with discipline. But it’s not normal for a child to exhibit the same behavior repeatedly if you're applying consistent discipline. If your child continues to exhibit the same misbehavior regardless of the consequences, it could be a problem such as oppositional defiance disorder.

Struggles in School

Behavior that interferes with school is not something that should be ignored. This misbehavior may indicate an underlying behavior disorder or learning disability. Getting sent out of class, getting into fights at recess, and difficulty staying on task are all potential warning signs.

Trouble With Social Interactions

When behavior interferes with social interaction, this is a cause for concern. It’s normal for kids to have spats with peers, but if your child’s behavior prevents them from having friends, that's a problem. Children should be able to develop and maintain healthy relationships with their peers.

Sexualized Behavior

Sexualized behaviors that are not developmentally appropriate are a warning sign, often of exposure to trauma or sexual abuse. It's normal for kids to be curious about the opposite sex and to want to know where babies come from. But sexualized behavior should never be coercive, at any age.

Self-Injury

Anytime anyone (adult or child) engages in self-injury, you need to pay attention. Banging their head, burning themselves, or cutting themselves are all behaviors that

need to be evaluated by a mental health professional.[4] It’s also important to have a child evaluated by a professional if there is any talk about suicide.

How to Handle Out-of-Control Kids

however, out-of-control kids have become the norm. Their children refuse to listen, break the rules, and couldn't care less about consequences.

If you're feeling like your kids are out of control, take steps to regain your power. Maintaining your authority is important to your child's well-being—and it's important for your own emotional health too.

Establish Rules and Structure

Believe it or not, kids like rules and limits. Kids feel safe when they trust that their parents are good leaders who can set and enforce rules. If you struggle to get your kids to listen, these strategies can help.

Make Household Rules Clear

Reduce chaos[1] by creating a clear written list of rules. Focus on basic rules like "Use kind words," and "Ask before borrowing items." Rules can be more easily enforced once they're written down and discussed as a family.

Create Structure

Get the family on a routine by introducing more structure into your child's day.[2] Create time for homework, chores, dinner, family activities, and play. Then, try to stick to the schedule as much as possible on weekdays.

Assign Chores

Whether your children are 4 or 14, it's important to assign regular age-appropriate chores. Get your children used to pitching in so they can practice being responsible members of the family.[2]

Use Positive Language

Focus on what your kids can do, rather than what they can't. So instead of saying, "No TV until you've cleaned your room," say, "You can watch TV as soon as your room is clean." Offer positive choices that will give your child a little bit of control.

Give Effective Instructions

The way you give directions matters. Be firm and direct and only give one instruction at a time. Use a calm voice and make sure you have your child's attention before you speak.

When children don't trust that their parents can maintain order, they experience a lot of distress. And that distress can lead to even more behavior problems.

Provide Consequences for Misbehavior

Establish clear consequences for breaking the rules. It's important to be consistent with consequences. When your children know each rule violation will result in an immediate consequence, they'll be less likely to misbehave. Carefully consider which of these consequences are most likely to be effective for each child.

- **Time-out**: Time-out has traditionally been used to address out-of-control behaviors. However, it can often feel like punishment and lead to further oppositional behaviors. A more effective solution is a "calm down corner" or "time in." It is important to teach your child the skills they need to be more in control of themselves. Otherwise, they will return to the old behaviors when they are dysregulated.
- **Loss of privileges**: This could be electronics, a favorite toy, or an activity, but don't take those privileges away for too long. Your child may give up or may act worse if you take away too many privileges or you remove them for days or weeks at a time.
- **Restitution**: If your child's misbehavior affects someone else, restitution may be in order. Have them do a chore for someone they hurt or loan their favorite toy to the victim.[3]

- **Logical consequences**: Give your child an opportunity to take responsibility for their behavior. If they color on the walls, they can wash it off. If they break something, they can pay to fix it.

Don’t be discouraged if your child's behavior seems to get a little worse before it gets better. When you start giving consequences, an out-of-control child will push back. Once they see you are serious about following through with consequences, their behavior will likely calm down.

Give Incentives

If your child isn't motivated by consequences, they may need some extra incentives to stay on track. Use positive reinforcement to motivate them to follow the rules.

Offer Praise

Catch your child being good. Say things like, "I appreciate that you put your dish in the sink," or "Thank you for playing so quietly while I was on the phone." Positive attention can go a long way toward motivating kids to keep up the good work.[4]

Reward Good Behavior

Whether you create a sticker chart that targets one specific behavior or you make a behavior chart that keeps track of several behaviors throughout the week, tangible rewards can lead to behavior change.[4] Keep in mind there are many free and low-cost rewards that work as good motivators. One idea is to go to your local dollar store and load up on items for your child to choose from.

Establish a Token Economy System

Show your child that privileges, like playing video games or going to the park, must be earned. Establish a token economy system that allows your child to cash in their tokens for privileges.[4]

Seek Professional Help

If your discipline strategies aren't working, seek professional help. Start by talking to your child's pediatrician about your concerns. They can refer you to appropriate service professionals in your community. A professional may be able to provide you and your children with interventions, skills, and support that will help you regain control of the household. Parenting coaches and parenting support groups can also be valuable resources.

Common Child Behavior Problems and Their Solutions

Whether you're raising an energetic child or you're dealing with a strong-willed one, there are certain child behavior problems that are common at one point or another. The way you respond to these behavior problems play a major role in how likely your child is to repeat them in the future.

All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behaviours that are outside the norm for their age.

The most common disruptive behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD). These three behavioural disorders share some common symptoms, so diagnosis can be difficult and time consuming. A child or adolescent may have two disorders at the same time. Other exacerbating factors can include emotional problems, mood disorders, family difficulties and substance abuse.

Risk factors in children’s behavioural disorders

The causes of ODD, CD and ADHD are unknown but some of the risk factors include:

- Gender – boys are much more likely than girls to suffer from behavioural disorders. It is unclear if the cause is genetic or linked to socialisation experiences.
- Gestation and birth – difficult pregnancies, premature birth and low birth weight may contribute in some cases to the child’s problem behaviour later in life.

- Temperament – children who are difficult to manage, temperamental or aggressive from an early age are more likely to develop behavioural disorders later in life.
- Family life – behavioural disorders are more likely in dysfunctional families. For example, a child is at increased risk in families where domestic violence, poverty, poor parenting skills or substance abuse are a problem.
- Learning difficulties –problems with reading and writing are often associated with behaviour problems.
- Intellectual disabilities – children with intellectual disabilities are twice as likely to have behavioural disorders.
- Brain development – studies have shown that areas of the brain that control attention appear to be less active in children with ADHD.

Diagnosis of children's behavioural disorders

Disruptive behavioural disorders are complicated and may include many different factors working in combination. For example, a child who exhibits the delinquent behaviours of CD may also have ADHD, anxiety, depression, and a difficult home life.

Diagnosis methods may include:

- Diagnosis by a specialist service, which may include a paediatrician, psychologist or child psychiatrist
- In-depth interviews with the parents, child and teachers
- Behaviour check lists or standardised questionnaires.

A diagnosis is made if the child's behaviour meets the criteria for disruptive behaviour disorders in the Diagnostic and Statistical Manual of Mental Disorders from the American Psychiatric Association.

It is important to rule out acute stressors that might be disrupting the child's behaviour. For example, a sick parent or victimising by other children might be responsible for sudden changes in a child's typical behaviour and these factors have

to be considered initially.

Treatment of behavioural disorders in children

Untreated children with behavioural disorders may grow up to be dysfunctional adults. Generally, the earlier the intervention, the better the outcome is likely to be.

A large study in the United States, conducted for the National Institute of Mental Health and the Office of School Education Programs, showed that carefully designed medication management and behavioural treatment for ADHD improved all measures of behaviour in school and at home.

Treatment is usually multifaceted and depends on the particular disorder and factors contributing to it, but may include:

- Parental education – for example, teaching parents how to communicate with and manage their children.
- Family therapy – the entire family is helped to improve communication and problem-solving skills.
- Cognitive behavioural therapy – to help the child to control their thoughts and behaviour.
- Social training – the child is taught important social skills, such as how to have a conversation or play cooperatively with others.
- Anger management – the child is taught how to recognise the signs of their growing frustration and given a range of coping skills designed to defuse their anger and aggressive behaviour. Relaxation techniques and stress management skills are also taught.
- Support for associated problems – for example, a child with a learning difficulty will benefit from professional support.
- Encouragement – many children with behavioural disorders experience repeated failures at school and in their interactions with others. Encouraging the child to excel in their particular talents (such as sport) can help to build self-esteem.
- Medication – to help control impulsive behaviours.

Anxiety

What is an anxiety disorder?

An anxiety disorder is a mental health condition that causes feelings of nervousness, fear, or worry. These feelings are typically persistent, overwhelming, and difficult to control.

There are several kinds of anxiety disorders, including:

- Generalized anxiety disorder: excessive anxiety without an apparent cause
- Social anxiety disorder: overwhelming self-consciousness in everyday social circumstances
- Panic disorder: terror and panic attacks that cause physical symptoms that arise without an apparent reason
- Specific phobias: intense fear of a particular object or situation, such as insects or flying in a plane

Anxiety disorders can interfere with daily activities, work, and interpersonal relationships. They can also have an impact on your physical health. If you experience overwhelming anxiety, it's a good idea to see a qualified mental health professional for an evaluation.

What are the symptoms of anxiety?

Different types of anxiety disorders present with various symptoms. However, some anxiety symptoms are common to most types of anxiety disorders, such as:

- Excessive, constant worry, nervousness, or fear
- Difficulty concentrating
- Irritability
- Restlessness
- Difficulty remaining calm

- Sleep disturbances
- Increased heart rate
- Shortness of breath
- Sweating, weakness, or trembling
- Digestive problems

The compassionate providers at Greater Lowell Psychiatric Associates have experience treating all types of anxiety disorders.

How is anxiety treated?

To identify the type of disorder that is causing your anxiety symptoms, your expert at Greater Lowell Psychiatric Associates performs a comprehensive evaluation and carefully reviews your health history. They may also order lab tests to identify the root cause of your anxiety.

When your evaluation is complete, your provider designs a custom treatment plan to meet your individual needs. Depending on the type and severity of your anxiety disorder, your personalized treatment plan may include:

- Psychotherapy or counseling
- Cognitive-behavioral therapy
- Exposure therapy
- Anti-anxiety and/or antidepressant medications
- Nutritional and lifestyle changes

Difference Between Anxiety and Phobia

Anxiety and Phobia are two different conditions between which we can identify some differences. Anxiety is the feeling of apprehension and worry, which becomes a disorder when it disrupts the daily routine of the individual. On the other hand, phobia is an excessive fear of certain objects and situations. This is the main difference between anxiety and phobia. Phobias fall under anxiety disorders. Through this article, let us comprehend the difference between anxiety and phobia while gaining an understanding of each term.

What is Anxiety?

Anxiety is the **feeling of unease, worrying, and apprehension**. When we encounter a difficult situation, it is natural to feel uneasy. For example, imagine the case of a student who is about to face an examination. The results of this exam can have a huge impact on the future career avenues of the student. It is only to be expected that the student would feel anxious. Not only this, when facing an interview, when speaking in public, waiting for an important piece of news, we all feel anxious and worried. However, there are situations where anxiety becomes overwhelming and out of proportion to circumstances. This kind of anxiety is considered as an anxiety disorder. In such a situation, the anxiety is out of proportion to the actual danger.

According to psychologists, there are a number of anxiety disorders. **Generalized anxiety disorder, post traumatic stress disorder, obsessive-compulsive disorder, and panic disorder** are some such disorders. Phobias are also categorized under anxiety disorders. Anxiety disorders have a range of symptoms, based on the specific disorder. Some of the common symptoms that can be seen are difficulty in sleeping, feelings of anxiety, fear, nausea, and muscle tension. But these can differ from one disorder to another. It has to be borne in mind that, unlike in the case of anxiety, anxiety disorders interfere significantly with the individual's daily routine.

What is Phobia?

A phobia is **an intense fear that an individual feels, when in reality there is little or no danger**. People have various phobias. Some of the common phobias are of animals such as insects, natural environments such as heights, water, and situational fears such as of planes, elevators and, of blood. Other than these, there are other phobias such as social phobia, agoraphobia. **Social phobia** is an extreme fear of social or performance situations. In such situations, the individual fears that he will act in a humiliating manner in front of others. Hence, he attempts to avoid the situation. **Agoraphobia** is marked by the fear of being in open spaces, using public transportation, being in enclosed places, standing in line or being in a crowd, being outside of the home alone. Phobias can be treated with the use of certain therapies and counseling.

What is the difference between Anxiety and Phobia?

• Anxiety is the feeling of unease, worrying, and apprehension whereas phobia is an intense fear that an individual feels when in reality there is little or no danger.

• Anxiety is natural as we all feel anxious in difficult situations, but phobias are not. They are considered as disorders that need to be treated.

• Anxiety can become a disorder when it disrupts the individual's daily routine. Phobias are also considered as a type of anxiety disorder.

A phobia is a type of anxiety disorder that causes an individual to experience extreme, irrational fear about a situation, living creature, place, or object.

When a person has a phobia, they will often shape their lives to avoid what they consider to be dangerous. The imagined threat is greater than any actual threat posed by the cause of terror.

Phobias are diagnosable mental disorders.

The person will experience intense distress when faced with the source of their phobia. This can prevent them from functioning normally and sometimes leads to panic attacks.

In the United States, approximately 19 million people have phobias.

A phobia is an exaggerated and irrational fear.

The term 'phobia' is often used to refer to a fear of one particular trigger. However, there are three types of phobia recognized by the American Psychiatric Association (APA). These include:

Specific phobia: This is an intense, irrational fear of a specific trigger.

Social phobia, or social anxiety: This is a profound fear of public humiliation and being singled out or judged by others in a social situation. The idea of large social gatherings is terrifying for someone with social anxiety. It is not the same as shyness.

Agoraphobia: This is a fear of situations from which it would be difficult to escape if a person were to experience extreme panic, such being in a lift or being outside of the home. It is commonly misunderstood as a fear of open spaces but could also apply to being confined in a small space, such as an elevator, or being on public transport. People with agoraphobia have an increased risk of panic disorder.

Specific phobias are known as simple phobias as they can be linked to an identifiable cause that may not frequently occur in the everyday life of an individual, such as snakes. These are therefore not likely to affect day-to-day living in a significant way.

Social anxiety and agoraphobia are known as complex phobias, as their triggers are less easily recognized. People with complex phobias can also find it harder to avoid triggers, such as leaving the house or being in a large crowd.

A phobia becomes diagnosable when a person begins organizing their lives around avoiding the cause of their fear. It is more severe than a normal fear reaction. People with a phobia have an overpowering need to avoid anything that triggers their anxiety.

Symptoms

A person with a phobia will experience the following symptoms. They are common across the majority of phobias:

- a sensation of uncontrollable anxiety when exposed to the source of fear
- a feeling that the source of that fear must be avoided at all costs
- not being able to function properly when exposed to the trigger
- acknowledgment that the fear is irrational, unreasonable, and exaggerated, combined with an inability to control the feelings

A person is likely to experience feelings of panic and intense anxiety when exposed to the object of their phobia. The physical effects of these sensations can include:

- sweating
- abnormal breathing
- accelerated heartbeat
- trembling
- hot flushes or chills
- a choking sensation
- chest pains or tightness
- butterflies in the stomach
- pins and needles
- dry mouth
- confusion and disorientation
- nausea
- dizziness
- headache

A feeling of anxiety can be produced simply by thinking about the object of the phobia. In younger children, parents may observe that they cry, become very clingy, or attempt to hide behind the legs of a parent or an object. They may also throw tantrums to show their distress.

Complex phobias

A complex phobia is much more likely to affect a person’s wellbeing than a specific phobia.

For example, those who experience agoraphobia may also have a number of other phobias that are connected. These can include monophobia, or a fear of being left alone, and claustrophobia, a fear of feeling trapped in closed spaces.

In severe cases, a person with agoraphobia will rarely leave their home.

Types

The most common specific phobiasTrusted Source in the U.S. include:

- **Claustrophobia:** Fear of being in constricted, confined spaces
- **Aerophobia:** Fear of flying
- **Arachnophobia:** Fear of spiders
- **Driving phobia:** Fear of driving a car
- **Emetophobia:** Fear of vomiting
- **Erythrophobia:** Fear of blushing
- **Hypochondria:** Fear of becoming ill
- **Zoophobia:** Fear of animals
- **Aquaphobia:** Fear of water
- **Acrophobia:** Fear of heights
- **Blood, injury, and injection (BII) phobia:** Fear of injuries involving bloodTrusted Source
- **Escalaphobia:** Fear of escalators
- **Tunnel phobia:** Fear of tunnels

These are far from the only specific phobias. People can develop a phobia of almost anything. Also, as society changes, the list of potential phobias changes. For instance, nomophobia is the fear of being without a cell phone or computer.

As described in one paper, it is “the pathologic fear of remaining out of touch with technology.”

Causes

It is unusual for a phobia to start after the age of 30 years, and most begin during early childhood, the teenage years, or early adulthood.

They can be caused by a stressful experience, a frightening event, or a parent or household member with a phobia that a child can ‘learn.’

Specific phobias

These usually develop before the age of 4 to 8 years. In some cases, it may be the result of a traumatic early experience. One example would be claustrophobia developing over time after a younger child has an unpleasant experience in a confined space.

Phobias that start during childhood can also be caused by witnessing the phobia of a family member. A child whose mother has arachnophobia, for example, is much more likely to develop the same phobia.

How the brain works during a phobia

Some areas of the brain store and recall dangerous or potentially deadly events.

If a person faces a similar event later on in life, those areas of the brain retrieve the stressful memory, sometimes more than once. This causes the body to experience the same reaction.

In a phobia, the areas of the brain that deal with fear and stress keep retrieving the frightening event inappropriately.

Treatment

Phobias are highly treatable, and people who have them are nearly always aware of their disorder. This helps diagnosis a great deal.

Speaking to a psychologist or psychiatrist is a useful first step in treating a phobia that has already been identified.

If the phobia does not cause severe problems, most people find that simply avoiding the source of their fear helps them stay in control. Many people with specific phobias will not seek treatment as these fears are often manageable.

It is not possible to avoid the triggers of some phobias, as is often the case with complex phobias. In these cases, speaking to a mental health professional can be the first step to recovery.

Most phobias can be cured with appropriate treatment. There is no single treatment that works for every person with a phobia. Treatment needs to be tailored to the individual for it to work.

The doctor, psychiatrist, or psychologist may recommend behavioral therapy, medications, or a combination of both. Therapy is aimed at reducing fear and anxiety symptoms and helping people manage their reactions to the object of their phobia.

Medications

The following medications are effective for the treatment of phobias.

Beta blockers

These can help reduce the physical signs of anxiety that can accompany a phobia.

Side effects may include an upset stomach, fatigue, insomnia, and cold fingers.

Antidepressants

Serotonin reuptake inhibitors (SSRIs) are commonly prescribed for people with phobias. They affect serotonin levels in the brain, and this can result in better moods.

SSRIs may initially cause nausea, sleeping problems, and headaches.

If the SSRI does not work, the doctor may prescribe a monoamine oxidase inhibitor (MAOI) for social phobia. Individuals on an MAOI may have to avoid certain types of food. Side effects may initially include dizziness, an upset stomach, restlessness, headaches, and insomnia.

Taking a tricyclic antidepressant (TCA), such as clomipramine, or Anafranil, has also been found to help phobia symptoms. Initial side effects can include sleepiness, blurred vision, constipation, urination difficulties, irregular heartbeat, dry mouth, and tremors.

Tranquilizers

Benzodiazepines are an example of a tranquilizer that might be prescribed for a phobia. These may help reduce anxiety symptoms. People with a history of alcohol dependence should not be given sedatives.

In 2020, the Food and Drug Administration (FDA)Trusted Source strengthened their warning about benzodiazepines. Using these drugs can lead to physical dependence, and withdrawal can be life threatening. Combining them with alcohol, opioids, and other substances can result in death. It is essential to follow the doctor’s instructions when using these drugs.

Behavioral therapy

There are a number of therapeutic options for treating a phobia.

Desensitization, or exposure therapy

This can help people with a phobia alter their response to the source of fear. They are gradually exposed to the cause of their phobia over a series of escalating steps. For example, a person with aerophobia, or a fear of flying on a plane, may take the following steps under guidance:

1. They will first think about flying.
2. The therapist will have them look at pictures of planes.
3. The person will go to an airport.
4. They will escalate further by sitting in a practice simulated airplane cabin.
5. Finally, they will board a plane.

Cognitive behavioral therapy (CBT)

The doctor, therapist, or counselor helps the person with a phobia learn different ways of understanding and reacting to the source of their phobia. This can make coping easier. Most importantly, CBT can teach a person experiencing phobia to control their own feelings and thoughts.

Depression

What is major depressive disorder?

Major depressive disorder, usually referred to simply as “depression,” affects 11 million adults in the United States, as estimated by the National Institute of Mental Health.

When you suffer from depression, you experience overwhelming negative emotions, such as sorrow, hopelessness, or worthlessness. These can create a lack of interest in daily activities, low self-esteem, and difficulties in your work and personal relationships.

What causes depression?

Depression may arise after a specific, negative experience, but this isn't always the case. Many people experience depression without having a triggering experience.

Why some people are susceptible to depression isn't yet fully understood, but studies have shown that chemical imbalances in the brain, hormonal imbalances, and vitamin or nutrient deficiencies can contribute to the condition.

You're more likely to experience depression if you have the following risk factors:

- Family history of depression
- Substance abuse
- History of physical or sexual abuse, neglect, and other types of trauma
- Chronic severe illness

Marginalized groups and economically vulnerable people also have an increased risk of depression. It also affects more women than men.

How do I know if I have depression?

The primary symptoms of depression are overwhelming negative emotions, including sadness, guilt, worthlessness, or hopelessness. Additional symptoms associated with the conditions include:

- Difficulty sleeping or sleeping too much
- Fatigue
- Decreased libido
- Reduced appetite
- Anxiety, irritability, or agitation
- Difficulty concentrating, remembering, or making decisions
- Suicidal thoughts
- Self-harming behaviors

Depression is linked to physical symptoms as well, such as headaches, backaches, or digestive issues.

How is depression treated?

Because depression presents differently in each individual patient, the experts at Greater Lowell Psychiatric Associates design customized treatment plans to address your individual needs. Your provider may recommend:

- Psychotherapy or counseling
- Family or group therapy
- Cognitive-behavioral therapy
- Antidepressant medications
- Nutritional and lifestyle changes

Habit disorder

These include a range of phenomena that may be described as tension-reducing

Tension-reducing habit disorders		
Thumb sucking	Repetitive vocalisations	Tics
Nail biting	Hair pulling	Breath holding
Air swallowing	Head banging	Manipulating parts of the body
Body rocking	Hitting or biting themselves	

All children will at some developmental stage display repetitive behaviours but whether they may be considered as disorders depends on their frequency and persistence and the effect they have on physical, emotional and social functioning. These habit behaviours may arise originally from intentional movements which become repeated and then incorporated into the child's customary behaviour. Some habits arise in imitation of adult behaviour. Other habits such as hair pulling or head banging develop as a means of providing a form of sensory input and comfort when the child is alone.

- **Thumb sucking** - this is quite normal in early infancy. If it continues, it may interfere with the alignment of developing teeth. It is a comfort behaviour and

parents should try to ignore it while providing encouragement and reassurance about other aspects of the child's activities.

Thumb sucking can be a difficult habit for a child to break. Understand what you can do to help your child stop sucking his or her thumb.

Thumb sucking is a common habit among children. At some point, though, you might think, "Enough is enough." Here's help encouraging your child to stop the behavior.

Why do some children suck their thumbs?

Babies have natural rooting and sucking reflexes, which can cause them to put their thumbs or fingers into their mouths — sometimes even before birth. Because thumb sucking makes babies feel secure, some babies might eventually develop a habit of thumb sucking when they're in need of soothing or going to sleep.

How long does thumb sucking usually last?

Many children stop sucking their thumbs on their own, often by age 6 or 7 months or between ages 2 and 4.

But even a child who's stopped sucking his or her thumb might go back to the behavior during times of stress.

When should I intervene?

Thumb sucking isn't usually a concern until a child's permanent teeth come in. At this point, thumb sucking might begin to affect the roof of the mouth (palate) or how the teeth line up. The risk of dental problems is related to how often, how long and how intensely your child sucks on his or her thumb.

Although some experts recommend addressing sucking habits before age 3, the American Academy of Pediatrics says treatment is usually limited to children who continue thumb sucking after turning 5.

What can I do to encourage my child to stop thumb sucking?

Talk to your child about thumb sucking. You're more likely to be successful in stopping the habit if your child wants to stop and helps choose the method involved.

Sometimes paying no attention to thumb sucking is enough to stop the behavior — especially if your child uses thumb sucking to get attention. If ignoring it isn't effective, try one of these techniques:

- **Use positive reinforcement.** Praise your child or provide small rewards — such as an extra bedtime story or a trip to the park — when he or she isn't thumb sucking. Set attainable goals, such as no thumb sucking an hour before bed. Place stickers on a calendar to record the days when your child successfully avoids thumb sucking.
- **Identify triggers.** If your child sucks his or her thumb in response to stress, identify the real issue and provide comfort in other ways — such as with a hug or reassuring words. You might also give your child a pillow or stuffed animal to squeeze.
- **Offer gentle reminders.** If your child sucks his or her thumb without thought — rather than as a way to get attention — gently remind him or her to stop. Don't scold, criticize or ridicule your child.

Can the dentist help?

If you're concerned about the effect of thumb sucking on your child's teeth, check with the dentist. For some kids, a chat with the dentist about why it's important to stop thumb sucking is more effective than a talk with mom or dad.

Rarely, some doctors recommend using unpleasant techniques, such as covering your child's thumbnail with a bitter substance, bandaging the thumb or covering the hand with a sock at night.

What if nothing works?

For some children, thumb sucking is an incredibly difficult habit to break. Try not to worry. Putting too much pressure on your child to stop thumb sucking might only delay the process.

- **Stuttering** - this is not a tension-reducing habit. It arises in 5% of children as they learn to speak. About 20% of these retain the stuttering into adulthood. It is more prevalent in boys than in girls. Initially, it is better to ignore the problem since most

cases will resolve spontaneously. If the dysfluent speech persists and is causing concern refer to a speech therapist.

Stuttering — also called stammering or childhood-onset fluency disorder — is a speech disorder that involves frequent and significant problems with normal fluency and flow of speech. People who stutter know what they want to say, but have difficulty saying it. For example, they may repeat or prolong a word, a syllable, or a consonant or vowel sound. Or they may pause during speech because they've reached a problematic word or sound.

Stuttering is common among young children as a normal part of learning to speak. Young children may stutter when their speech and language abilities aren't developed enough to keep up with what they want to say. Most children outgrow this developmental stuttering.

Sometimes, however, stuttering is a chronic condition that persists into adulthood. This type of stuttering can have an impact on self-esteem and interactions with other people.

Children and adults who stutter may benefit from treatments such as speech therapy, using electronic devices to improve speech fluency or cognitive behavioral therapy.

ymptoms

Stuttering signs and symptoms may include:

- Difficulty starting a word, phrase or sentence
- Prolonging a word or sounds within a word
- Repetition of a sound, syllable or word
- Brief silence for certain syllables or words, or pauses within a word (broken word)
- Addition of extra words such as "um" if difficulty moving to the next word is anticipated

- Excess tension, tightness, or movement of the face or upper body to produce a word
- Anxiety about talking
- Limited ability to effectively communicate

The speech difficulties of stuttering may be accompanied by:

- Rapid eye blinks
- Tremors of the lips or jaw
- Facial tics
- Head jerks
- Clenching fists

Stuttering may be worse when the person is excited, tired or under stress, or when feeling self-conscious, hurried or pressured. Situations such as speaking in front of a group or talking on the phone can be particularly difficult for people who stutter.

However, most people who stutter can speak without stuttering when they talk to themselves and when they sing or speak in unison with someone else.

When to see a doctor or speech-language pathologist

It's common for children between the ages of 2 and 5 years to go through periods when they may stutter. For most children, this is part of learning to speak, and it gets better on its own. However, stuttering that persists may require treatment to improve speech fluency.

Call your doctor for a referral or contact a speech-language pathologist directly for an appointment if stuttering:

- Lasts more than six months
- Occurs with other speech or language problems

- Becomes more frequent or continues as the child grows older
- Occurs with muscle tightening or visibly struggling to speak
- Affects the ability to effectively communicate at school, at work or in social interactions
- Causes anxiety or emotional problems, such as fear or avoidance of situations where speaking is required
- Begins as an adult

Causes

Researchers continue to study the underlying causes of developmental stuttering. A combination of factors may be involved. Possible causes of developmental stuttering include:

- **Abnormalities in speech motor control.** Some evidence indicates that abnormalities in speech motor control, such as timing, sensory and motor coordination, may be involved.
- **Genetics.** Stuttering tends to run in families. It appears that stuttering can result from inherited (genetic) abnormalities.

Stuttering resulting from other causes

Speech fluency can be disrupted from causes other than developmental stuttering. A stroke, traumatic brain injury, or other brain disorders can cause speech that is slow or has pauses or repeated sounds (neurogenic stuttering).

Speech fluency can also be disrupted in the context of emotional distress. Speakers who do not stutter may experience dysfluency when they are nervous or feeling pressured. These situations may also cause speakers who stutter to be less fluent.

Speech difficulties that appear after an emotional trauma (psychogenic stuttering) are uncommon and not the same as developmental stuttering.

Risk factors

Males are much more likely to stutter than females are. Factors that increase the risk of stuttering include:

- **Delayed childhood development.** Children who have developmental delays or other speech problems may be more likely to stutter.
- **Having relatives who stutter.** Stuttering tends to run in families.
- **Stress.** Stress in the family, high parental expectations or other types of pressure can worsen existing stuttering.

Complications

Stuttering can lead to:

- Problems communicating with others
- Being anxious about speaking
- Not speaking or avoiding situations that require speaking
- Loss of social, school, or work participation and success
- Being bullied or teased
- Low self-esteem

Diagnosis

Diagnosis is made by a health professional trained to evaluate and treat children and adults with speech and language disorders (speech-language pathologist). The speech-language pathologist observes the adult or child speak in different types of situations.

If you're the parent

If you're the parent of a child who stutters, the doctor or speech-language pathologist may:

- Ask questions about your child's health history, including when he or she began stuttering and when stuttering is most frequent
- Ask questions about how stuttering affects your child's life, such as relationships with others and school performance
- Talk to your child, and may ask him or her to read aloud to watch for subtle differences in speech
- Differentiate between the repetition of syllables and mispronunciation of words that are normal in young children, and stuttering that's likely to be a long-term condition
- Rule out an underlying condition that can cause irregular speech, such as Tourette's syndrome

If you're an adult who stutters

If you're an adult who stutters, the doctor or speech-language pathologist may:

- Ask questions about your health history, including when you began stuttering and when stuttering is most frequent
- Rule out an underlying health condition that could cause stuttering
- Want to know what treatments you've tried in the past, which can help determine what type of treatment approach may be best
- Ask questions to better understand how stuttering affects you
- Want to know how stuttering has impacted your relationships, school performance, career and other areas of your life, and how much stress it causes

Treatment

After a comprehensive evaluation by a speech-language pathologist, a decision about the best treatment approach can be made. Several different approaches are available

to treat children and adults who stutter. Because of varying individual issues and needs, a method — or combination of methods — that's helpful for one person may not be as effective for another.

Treatment may not eliminate all stuttering, but it can teach skills that help to:

- Improve speech fluency
- Develop effective communication
- Participate fully in school, work and social activities

A few examples of treatment approaches — in no particular order of effectiveness — include:

- **Speech therapy.** Speech therapy can teach you to slow down your speech and learn to notice when you stutter. You may speak very slowly and deliberately when beginning speech therapy, but over time, you can work up to a more natural speech pattern.
- **Electronic devices.** Several electronic devices are available to enhance fluency. Delayed auditory feedback requires you to slow your speech or the speech will sound distorted through the machine. Another method mimics your speech so that it sounds as if you're talking in unison with someone else. Some small electronic devices are worn during daily activities. Ask a speech-language pathologist for guidance on choosing a device.
- **Cognitive behavioral therapy.** This type of psychotherapy can help you learn to identify and change ways of thinking that might make stuttering worse. It can also help you resolve stress, anxiety or self-esteem problems related to stuttering.
- **Parent-child interaction.** Parental involvement in practicing techniques at home is a key part of helping a child cope with stuttering, especially with some methods. Follow the guidance of the speech-language pathologist to determine the best approach for your child.

Medication

Although some medications have been tried for stuttering, no drugs have been proved yet to help the problem.

ADHD

Signs and Symptoms

It is normal for children to have trouble focusing and behaving at one time or another. However, children with ADHD do not just grow out of these behaviors. The symptoms continue, can be severe, and can cause difficulty at school, at home, or with friends.

A child with ADHD might:

- daydream a lot
- forget or lose things a lot
- squirm or fidget
- talk too much
- make careless mistakes or take unnecessary risks
- have a hard time resisting temptation
- have trouble taking turns
- have difficulty getting along with other

Types

There are three different types of ADHD, depending on which types of symptoms are strongest in the individual:

- **Predominantly Inattentive Presentation:** It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.

- **Predominantly Hyperactive-Impulsive Presentation:** The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The

individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.

- **Combined Presentation:** Symptoms of the above two types are equally present in the person.

Because symptoms can change over time, the presentation may change over time as well.

Causes of ADHD

Scientists are studying cause(s) and risk factors in an effort to find better ways to manage and reduce the chances of a person having ADHD. The cause(s) and risk factors for ADHD are unknown, but current research shows that genetics plays an important role. Recent studies link genetic factors with ADHD.[1]

In addition to genetics, scientists are studying other possible causes and risk factors including:

- Brain injury
- Exposure to environmental (e.g., lead) during pregnancy or at a young age
- Alcohol and tobacco use during pregnancy
- Premature delivery
- Low birth weight

Research does not support the popularly held views that ADHD is caused by eating too much sugar, watching too much television, parenting, or social and environmental factors such as poverty or family chaos. Of course, many things, including these, might make symptoms worse, especially in certain people. But the evidence is not strong enough to conclude that they are the main causes of ADHD.

Diagnosis

Deciding if a child has ADHD is a process with several steps. There is no single test to diagnose ADHD, and many other problems, like anxiety, depression, sleep problems, and certain types of learning disabilities, can have similar symptoms. One step of the process involves having a medical exam, including hearing and vision tests, to rule out other problems with symptoms like ADHD. Diagnosing ADHD usually includes a checklist for rating ADHD symptoms and taking a history of the child from parents, teachers, and sometimes, the child.

Treatment

When a child is diagnosed with attention-deficit/hyperactivity disorder (ADHD), parents often have concerns about which treatment is right for their child. ADHD can be managed with the right treatment. There are many treatment options, and what works best can depend on the individual child and family. To find the best options, it is recommended that parents work closely with others involved in their child's life—healthcare providers, therapists, teachers, coaches, and other family members.

Types of treatment for ADHD include

- Behavior therapy, including training for parents; and
- Medications.

Treatment recommendations for ADHD

For children with ADHD younger than 6 years of age, the American Academy of Pediatrics (AAP) recommends parent training in behavior management as the first line of treatment, before medication is tried. For children 6 years of age and older, the recommendations include medication and behavior therapy together — parent training in behavior management for children up to age 12 and other types of behavior therapy and training for adolescents. Schools can be part of the treatment as well. AAP recommendations also include adding behavioral classroom intervention and school supports. Learn more about how the school environment can be part of treatment.

Good treatment plans will include close monitoring of whether and how much the treatment helps the child's behavior, as well as making changes as needed along the

way. To learn more about AAP recommendations for the treatment of children with ADHD, visit the Recommendations page.

Behavior Therapy, Including Training for Parents

ADHD affects not only a child's ability to pay attention or sit still at school, it also affects relationships with family and other children. Children with ADHD often show behaviors that can be very disruptive to others. Behavior therapy is a treatment option that can help reduce these behaviors; it is often helpful to start behavior therapy as soon as a diagnosis is made.

The goals of **behavior therapy** are to learn or strengthen positive behaviors and eliminate unwanted or problem behaviors. Behavior therapy for ADHD can include

- Parent training in behavior management;
- Behavior therapy with children; and

- Behavioral interventions in the classroomexternal icon.

These approaches can also be used together. For children who attend early childhood programs, it is usually most effective if parents and educators work together to help the child.

Children younger than 6 years of age

For young children with ADHD, behavior therapy is an important first step before trying medication because:

- Parent training in behavior management gives parents the skills and strategies to help their child.
- Parent training in behavior management has been shown to work as well as medication for ADHD in young children.
- Young children have more side effects from ADHD medications than older children.
- The long-term effects of ADHD medications on young children have not been well-studied.

School-age children and adolescents

For children ages 6 years and older, AAP recommends combining medication treatment with behavior therapy. Several types of behavior therapies are effective, including:

- Parent training in behavior management;
- Behavioral interventions in the classroom;
- Peer interventions that focus on behavior; and
- Organizational skills training.

These approaches are often most effective if they are used together, depending on the needs of the individual child and the family.

Medications

Medication can help children manage their ADHD symptoms in their everyday life and can help them control the behaviors that cause difficulties with family, friends, and at school.

Several different types of medications are FDA-approved to treat ADHD in children as young as 6 years of ageexternal icon:

- **Stimulants** are the best-known and most widely used ADHD medications. Between 70-80% of children with ADHD have fewer ADHD symptoms when taking these fast-acting medications.
- **Nonstimulants** were approved for the treatment of ADHD in 2003. They do not work as quickly as stimulants, but their effect can last up to 24 hours.

Medications can affect children differently and can have side effects such as decreased appetite or sleep problems. One child may respond well to one medication, but not to another.

Healthcare providers who prescribe medication may need to try different medications and doses. The AAP recommends that healthcare providers observe and adjust the dose of medication to find the right balance between benefits and side effects. It is important for parents to work with their child's healthcare providers to find the medication that works best for their child.

Tips for Parents

The following are suggestions that may help with your child's behavior:

- **Create a routine.** Try to follow the same schedule every day, from wake-up time to bedtime.
- Get organizedexternal icon**.** Encourage your child to put schoolbags, clothing, and toys in the same place every day so that they will be less likely to lose them.
- **Manage distractions.** Turn off the TV, limit noise, and provide a clean workspace when your child is doing homework. Some children with ADHD learn well if they are moving or listening to background music. Watch your child and see what works.
- **Limit choices.** To help your child not feel overwhelmed or overstimulated, offer choices with only a few options. For example, have them choose between this outfit or that one, this meal or that one, or this toy or that one.
- **Be clear and specific when you talk with your child.** Let your child know you are listening by describing what you heard them say. Use clear, brief directions when they need to do something.
- **Help your child plan.** Break down complicated tasks into simpler, shorter steps. For long tasks, starting early and taking breaks may help limit stress.
- **Use goals and praise or other rewards.** Use a chart to list goals and track positive behaviors, then let your child know they have done well by telling them or by rewarding their efforts in other ways. Be sure the goals are realistic—small steps are important!
- **Discipline effectively.** Instead of scolding, yelling, or spanking, use effective directions, time-outs or removal of privileges as consequences for inappropriate behavior.
- **Create positive opportunities.** Children with ADHD may find certain situations stressful. Finding out and encouraging what your child does well—whether it's school, sports, art, music, or play—can help create positive experiences.
- **Provide a healthy lifestyle.** Nutritious food, lots of physical activity, and sufficient sleep are important; they can help keep ADHD symptoms from getting worse.

ADHD in the Classroom: Helping Children Succeed in School

Children with attention-deficit/hyperactivity disorder (ADHD) experience more obstacles in their path to success than the average student. The symptoms of ADHD, such as inability to pay attention, difficulty sitting still, and difficulty controlling impulses, can make it hard for children with this diagnosis to do well in school.

To meet the needs of children with ADHD, schools may offer

- ADHD treatments, such as behavioral classroom management or organizational training;
- Special education services; or
- Accommodations to lessen the effect of ADHD on their learning.

- Classroom Treatment Strategies for ADHD Students
- There are some school-based management strategies shown to be effective for ADHD students: behavioral classroom management and organizational training.[1]
- The **behavioral classroom management** approach encourages a student's positive behaviors in the classroom, through a reward systems or a daily report card, and discourages their negative behaviors. This teacher-led approach has been shown to influence student behavior in a constructive manner, increasing academic engagement. Although tested mostly in elementary schools, behavioral classroom management has been shown to work students of all ages.[1]
- **Organizational training** teaches children time management, planning skills, and ways to keep school materials organized in order to optimize student learning and reduce distractions. This management strategy has been tested with children and adolescents.[1]
- These two management strategies require trained staff—including teachers, counselors, or school psychologists—follow a specific plan to teach and support positive behavior.
- The American Academy of Pediatrics (AAP) recommends that the school environment, program, or placement is a part of any ADHD treatment plan. AAP also recommends teacher-administered behavior therapy as a treatment

for school-aged children with ADHD. You can talk to your child's healthcare provider and teachers about working together to support your child.

What Teachers Can Do To Help

For teachers, helping children manage their ADHD symptoms can present a challenge. Most children with ADHD are not enrolled in special education classes, but do need extra assistance on a daily basis. The National Resource Center on ADHD provides information for teachers from experts on how to help students with ADHD.external icon

Communication

- Give frequent feedback and attention to positive behavior;
- Be sensitive to the influence of ADHD on emotions, such as self-esteem issues or difficulty regulating feelings;
- Provide extra warnings before transitions and changes in routines; and
- Understand that children with ADHD may become deeply absorbed in activities that interest them (hyper-focus) and may need extra assistance shifting their attention.

Assignments and Tasks

- Make assignments clear—check with the student to see if they understand what they need to do;
- Provide choices to show mastery (for example, let the student choose among written essay, oral report, online quiz, or hands-on project;
- Make sure assignments are not long and repetitive. Shorter assignments that provide a little challenge without being too hard may work well;
- Allow breaks—for children with ADHD, paying attention takes extra effort and can be very tiring;
- Allow time to move and exercise;
- Minimize distractions in the classroom; and
- Use organizational tools, such as a homework folder, to limit the number of things the child has to track.

Develop a Plan That Fits the Child

- Observe and talk with the student about what helps or distracts them (for example, fidget tools, limiting eye contact when listening, background music, or moving while learning can be beneficial or distracting depending on the child);
- Communicate with parents on a regular basis; and
- Involve the school counselor or psychologist.

Close collaboration between the school, parents, and healthcare providers will help ensure the child gets the right support.

Learning Disabilities

Specific learning disabilities (SLDs) are highly relevant to the science and practice of psychology, both historically and currently, exemplifying the integration of interdisciplinary approaches to human conditions. They can be manifested as primary conditions-as difficulties in acquiring specific academic skills-or as secondary conditions, comorbid to other developmental disorders such as attention-deficit hyperactivity disorder. In this synthesis of historical and contemporary trends in research and practice, we mark the 50th anniversary of the recognition of SLDs as a disability in the United States. Specifically, we address the manifestations, occurrence, identification, comorbidity, etiology, and treatment of SLDs, emphasizing the integration of information from the interdisciplinary fields of psychology, education, psychiatry, genetics, and cognitive neuroscience. SLDs, exemplified here by specific word reading, reading comprehension, mathematics, and written expression disabilities, represent spectrum disorders, each occurring in approximately 5% to 15% of the school-aged population. In addition to risk for academic deficiencies and related functional social, emotional, and behavioral difficulties, those with SLDs often have poorer long-term social and vocational outcomes. Given the high rate of occurrence of SLDs and their lifelong negative impact on functioning if not treated, it is important to establish and maintain effective prevention, surveillance, and treatment systems involving professionals from various disciplines trained to minimize the risk and maximize the protective factors for SLDs.

Learning disabilities affect how a person learns to read, write, speak, and do math. They are caused by differences in the brain, most often in how it functions but also sometimes in its structure. These differences affect the way the brain processes information.[1]

Learning disabilities are often discovered once a child is in school and has learning difficulties that do not improve over time. A person can have more than one learning disability.[2] Learning disabilities can last a person's entire life, but he or she can still be successful with the right educational supports.[1]

A learning disability is not an indication of a person's intelligence. Learning disabilities are different from learning problems due to intellectual and developmental disabilities, or emotional, vision, hearing, or motor skills problems

Defining Learning Disabilities

Learning disabilities are due to genetic and/or neurobiological factors that alter brain functioning in a manner which affects one or more cognitive processes related to learning. The majority of children K-12 who receive special education are served under the specific learning disability (SLD) category. Approximately 80% of those children have an SLD in reading.

Learning disabilities range in severity and may interfere with the acquisition and development of one or more of the following:

- oral language (e.g., listening, speaking, understanding);
- reading (e.g., phonetic knowledge, decoding, reading fluency, word recognition, and comprehension);
- written language (e.g., spelling, writing fluency, and written expression); and
- mathematics (e.g., number sense, computation, math fact fluency, and problem solving).

Types of Learning Disabilities

Some of the most common learning disabilities are the following:

- **Dyslexia.** People with dyslexia have problems with reading words accurately and with ease (sometimes called “fluency”) and may have a hard time spelling, understanding sentences, and recognizing words they already know.[3]
- **Dysgraphia.** People with dysgraphia have problems with their handwriting. They may have trouble forming letters, writing within a defined space, and writing down their thoughts.[4]
- **Dyscalculia.** People with this math learning disability may have difficulty understanding arithmetic concepts and doing addition, multiplication, and measuring.[5]
- **Apraxia of speech.** This disorder involves problems with speaking. People with this disorder have trouble saying what they want to say. It is sometimes called verbal apraxia.[6]
- **Central auditory processing disorder.** People with this condition have trouble understanding and remembering language-related tasks. They have difficulty explaining things, understanding jokes, and following directions. They confuse words and are easily distracted.[7]
- **Nonverbal learning disorders.** People with these conditions have strong verbal skills but difficulty understanding facial expression and body language. They are clumsy and have trouble generalizing and following multistep directions.[8]

Because there are many different types of learning disabilities, and some people may have more than one, it is hard to estimate how many people might have learning disabilities

What are the treatments for learning disabilities?

Learning disabilities have no cure, but early intervention can lessen their effects. People with learning disabilities can develop ways to cope with their disabilities. Getting help earlier increases the chance of success in school and later in life. If learning disabilities remain untreated, a child may begin to feel frustrated, which can lead to low self-esteem and other problems.[1]

Experts can help a child learn skills by building on the child's strengths and finding ways to compensate for the child's weaknesses.[2] Interventions vary depending on the nature and extent of the disability.

Special education services

Children diagnosed with learning disabilities can receive special education services. The Individuals with Disabilities Education Act (IDEA) requires that public schools provide free special education supports to children with disabilities.[3]

In most states, each child is entitled to these services beginning at age 3 years and extending through high school or until age 21, whichever comes first. The rules of IDEA for each state are available from the Early Childhood Technical Assistance Center.

Individual education program

IDEA requires that children be taught in the least restrictive environment appropriate for them. This means the teaching environment should meet a child's needs and skills while minimizing restrictions to typical learning experiences.
Children who qualify for special education services will receive an Individualized Education Program, or IEP. This personalized and written education plan[4]:

- Lists goals for the child
- Specifies the services the child will receive
- Lists the specialists who will work with the child

Intervention for specific learning disabilities

Below are just a few of the ways schools help children with specific learning disabilities.

Dyslexia[5]

- **Intensive teaching techniques.** These can include specific, step-by-step, and very methodical approaches to teaching reading with the goal of improving both spoken language and written language skills. These techniques are

generally more intensive in terms of how often they occur and how long they last and often involve small group or one-on-one instruction.[6]

- **Classroom modifications.** Teachers can give students with dyslexia extra time to finish tasks and provide taped tests that allow the child to hear the questions instead of reading them.
- **Use of technology.** Children with dyslexia may benefit from listening to audio books or using word-processing programs.

Dysgraphia[7]

- **Special tools.** Teachers can offer oral exams, provide a note-taker, or allow the child to videotape reports instead of writing them. Computer software can facilitate children being able to produce written text.
- **Use of technology.** A child with dysgraphia can be taught to use word-processing programs, including those incorporating speech-to-text translation, or an audio recorder instead of writing by hand.
- **Reducing the need for writing.** Teachers can provide notes, outlines, and preprinted study sheets.

Dyscalculia[7]

- **Visual techniques.** Teachers can draw pictures of word problems and show the student how to use colored pencils to differentiate parts of problems.
- **Memory aids.** Rhymes and music can help a child remember math concepts.

Computers. A child with dyscalculia can use a computer for drills and practice.

What Is Bullying

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power:** Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- **Repetition:** Bullying behaviors happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose.

- Types of Bullying
- Where and When Bullying Happens
- Frequency of Bullying

Types of Bullying

There are three types of bullying:

- **Verbal bullying** is saying or writing mean things. Verbal bullying includes:
    - Teasing
    - Name-calling
    - Inappropriate sexual comments
    - Taunting
    - Threatening to cause harm
- **Social bullying**, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:
    - Leaving someone out on purpose
    - Telling other children not to be friends with someone
    - Spreading rumors about someone
    - Embarrassing someone in public
- **Physical bullying** involves hurting a person's body or possessions. Physical bullying includes:

- Hitting/kicking/pinching
- Spitting
- Tripping/pushing
- Taking or breaking someone's things
- Making mean or rude hand gestures

Where and When Bullying Happens

Bullying can occur during or after school hours. While most reported bullying happens in the school building, a significant percentage also happens in places like on the playground or the bus. It can also happen travelling to or from school, in the youth's neighborhood, or on the Internet.

Warning Signs for Bullying

There are many warning signs that may indicate that someone is affected by bullying—either being bullied or bullying others. Recognizing the warning signs is an important first step in taking action against bullying. Not all children who are bullied or are bullying others ask for help.

It is important to talk with children who show signs of being bullied or bullying others. These warning signs can also point to other issues or problems, such as depression or substance abuse. Talking to the child can help identify the root of the problem.

Signs a Child Is Being Bullied

Look for changes in the child. However, be aware that not all children who are bullied exhibit warning signs.

Some signs that may point to a bullying problem are:

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.

- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork, or not wanting to go to school
- Sudden loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self esteem
- Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide

If you know someone in serious distress or danger, don't ignore the problem. Get help right away.

Signs a Child is Bullying Others

Kids may be bullying others if they:

- Get into physical or verbal fights
- Have friends who bully others
- Are increasingly aggressive
- Get sent to the principal's office or to detention frequently
- Have unexplained extra money or new belongings
- Blame others for their problems
- Don't accept responsibility for their actions
- Are competitive and worry about their reputation or popularity

Why don't kids ask for help?

Statistics from the 2018 Indicators of School Crime and Safety - PDF show that only 20% of school bullying incidents were reported. Kids don't tell adults for many reasons:

- Bullying can make a child feel helpless. Kids may want to handle it on their own to feel in control again. They may fear being seen as weak or a tattletale.
- Kids may fear backlash from the kid who bullied them.

- Bullying can be a humiliating experience. Kids may not want adults to know what is being said about them, whether true or false. They may also fear that adults will judge them or punish them for being weak.
- Kids who are bullied may already feel socially isolated. They may feel like no one cares or could understand.
- Kids may fear being rejected by their peers. Friends can help protect kids from bullying, and kids can fear losing this support.

Who Is at Risk

No single factor puts a child at risk of being bullied or bullying others. Bullying can happen anywhere—cities, suburbs, or rural towns. Depending on the environment, some groups—such as lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth, youth with disabilities, and socially isolated youth—may be at an increased risk of being bullied. Stigma can also spread false and harmful information that can lead to increasing rates of bullying, harassment, and hate crimes against certain groups of people.

Children at Risk of Being Bullied

Generally, children who are bullied have one or more of the following risk factors:

- Are perceived as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or being unable to afford what kids consider “cool”
- Are perceived as weak or unable to defend themselves
- Are depressed, anxious, or have low self esteem
- Are less popular than others and have few friends
- Do not get along well with others, seen as annoying or provoking, or antagonize others for attention

However, even if a child has these risk factors, it doesn’t mean that they will be bullied.

Children More Likely to Bully Others

There are two types of kids who are more likely to bully others:

- Some are well-connected to their peers, have social power, are overly concerned about their popularity, and like to dominate or be in charge of others.
- Others are more isolated from their peers and may be depressed or anxious, have low self esteem, be less involved in school, be easily pressured by peers, or not identify with the emotions or feelings of others.

Children who have these factors are also more likely to bully others;

- Are aggressive or easily frustrated
- Have less parental involvement or having issues at home
- Think badly of others
- Have difficulty following rules
- View violence in a positive way
- Have friends who bully others

Remember, those who bully others do not need to be stronger or bigger than those they bully. The power imbalance can come from a number of sources—popularity, strength, cognitive ability—and children who bully may have more than one of these characteristics.

Why Some Youth Bully

Children and teenagers who feel secure and supported by their family, school, and peers are less likely to bully. However, some youth do not have these types of support. Every individual is unique and there are many factors that can contribute to bullying behavior. A youth who bullies may experience one, several, or none of these contributing factors.

Peer factors

Some youth bully:

- to attain or maintain social power or to elevate their status in their peer group.
- to show their allegiance to and fit in with their peer group.
- to exclude others from their peer group, to show who is and is not part of the group.
- to control the behavior of their peers.

Family factors

Some youth who bully:

- come from families where there is bullying, aggression, or violence at home.
- may have parents and caregivers that do not provide emotional support or communication.
- may have parents or caregivers who respond in an authoritarian or reactive way.
- may come from families where the adults are overly lenient or where there is low parental involvement in their lives.

Emotional factors

Some youth who bully:

- may have been bullied in the past or currently.
- have feelings of insecurity and low self-esteem, so they bully to make themselves feel more powerful.
- do not understand other's emotions.
- don't know how to control their emotions, so they take out their feelings on other people.
- may not have skills for handling social situations in healthy, positive ways.

School factors

Some youth who bully:

- may be in schools where conduct problems and bullying are not properly addressed.
- may experience being excluded, not accepted, or stigmatized at school.

Every youth involved in bullying – as a target, a bystander, or as one who does the bullying – can benefit from adult, school, and community support. Youth who bully may also need support to help them address their behavior. Parents, school counselors, teachers, and mental health professionals can work with youth who bully to help them develop healthy school and peer connections and to learn new social and emotional skills. If you have bullied your peers, reach out to a trusted adult for help. Bullying is a behavior that can be changed.

Effects of Bullying

Bullying can affect everyone—those who are bullied, those who bully, and those who witness bullying. Bullying is linked to many negative outcomes including impacts on mental health, substance use, and suicide. It is important to talk to kids to determine whether bullying—or something else—is a concern.

Kids Who are Bullied

Kids who are bullied can experience negative physical, social, emotional, academic, and mental health issues. Kids who are bullied are more likely to experience:

- Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.
- Health complaints
- Decreased academic achievement—GPA and standardized test scores—and school participation. They are more likely to miss, skip, or drop out of school.

A very small number of bullied children might retaliate through extremely violent measures. In 12 of 15 school shooting cases in the 1990s, the shooters had a history of being bullied.

Kids Who Bully Others

Kids who bully others can also engage in violent and other risky behaviors into adulthood. Kids who bully are more likely to:

- Abuse alcohol and other drugs in adolescence and as adults
- Get into fights, vandalize property, and drop out of school
- Engage in early sexual activity
- Have criminal convictions and traffic citations as adults
- Be abusive toward their romantic partners, spouses, or children as adults

Bystanders

Kids who witness bullying are more likely to:

- Have increased use of tobacco, alcohol, or other drugs
- Have increased mental health problems, including depression and anxiety
- Miss or skip school

The Relationship between Bullying and Suicide

Media reports often link bullying with suicide. However, most youth who are bullied do not have thoughts of suicide or engage in suicidal behaviors.

Although kids who are bullied are at risk of suicide, bullying alone is not the cause. Many issues contribute to suicide risk, including depression, problems at home, and trauma history. Additionally, specific groups have an increased risk of suicide, including American Indian and Alaskan Native, Asian American, lesbian, gay, bisexual, and transgender youth. This risk can be increased further when these kids are not supported by parents, peers, and schools. Bullying can make an unsupportive situation worse.

What Is Fear?

Fear is a natural, powerful, and primitive human emotion. It involves a universal biochemical response as well as a high individual emotional response. Fear alerts us to the presence of danger or the threat of harm, whether that danger is physical or psychological.

Sometimes fear stems from real threats, but it can also originate from imagined dangers. Fear can also be a symptom of some mental health conditions including panic disorder, social anxiety disorder, phobias, and post-traumatic stress disorder (PTSD).

If people didn't feel fear, they wouldn't be able to protect themselves from legitimate threats. Fear is a vital response to physical and emotional danger that has been pivotal throughout human evolution, but especially in ancient times when men and women regularly faced life-or-death situations.

Today, the stakes are lower, but while public speaking, elevators, and spiders don't present the same type of immediately dire consequences that faced early man, some individuals still develop extreme fight-flight-or-freeze responses to specific objects or scenarios.

Many people experience occasional bouts of fear or "nerves" before a flight, first date, or big game. But when someone's fear is persistent and specific to certain threat, and impairs his or her everyday life, that person might have what's known as a specific phobia.

Fear is composed of two primary reactions to some type of perceived threat: biochemical and emotional.

Biochemical Reaction

Fear is a natural emotion and a survival mechanism. When we confront a perceived threat, our bodies respond in specific ways. Physical reactions to fear include sweating, increased heart rate, and high adrenaline levels that make us extremely alert.[1]

This physical response is also known as the “fight or flight” response, with which your body prepares itself to either enter combat or run away. This biochemical reaction is likely an evolutionary development. It's an automatic response that is crucial to our survival.

Emotional Response

The emotional response to fear, on the other hand, is highly personalized. Because fear involves some of the same chemical reactions in our brains that positive emotions like happiness and excitement do, feeling fear under certain circumstances can be seen as fun, like when you watch scary movies.[2]

Some people are adrenaline seekers, thriving on extreme sports and other fear-inducing thrill situations. Others have a negative reaction to the feeling of fear, avoiding fear-inducing situations at all costs.

Although the physical reaction is the same, the experience of fear may be perceived as either positive or negative, depending on the person.

Symptoms

Fear often involves both physical and emotional symptoms. Each person may experience fear differently, but some of the common signs and symptoms include:

- Chest pain
- Chills

- Dry mouth
- Nausea
- Rapid heartbeat
- Shortness of breath
- Sweating
- Trembling
- Upset stomach

In addition to the physical symptoms of fear, people may experience psychological symptoms of being overwhelmed, upset, feeling out of control, or a sense of impending death.

Diagnosis

Talk to your doctor if you are experiencing persistent and excessive feelings of fear. Your doctor may conduct a physical exam and perform lab tests to ensure that your fear and anxiety are not linked to an underlying medical condition.

Your doctor will also ask questions about your symptoms including how long you've been having them, their intensity, and situations that tend to trigger them. Depending on your symptoms, your doctor may diagnose you with a type of anxiety disorder, such as a phobia.

Causes

Why People Feel Fear

At least 60 percent of adults admit to having at least one unreasonable fear, although research to date is not clear on why these fears manifest. One theory is that humans have a genetic predisposition to fear things that were a threat to our ancestors, such as snakes, spiders, heights, or water, but this is difficult to verify, although people who have a first-degree relative with a specific phobia appear more likely to have the same one. Others point to evidence that individuals fear certain things because of a previous traumatic experience with them, but that fails to explain the many fears without such origins.

Personality traits such as neuroticism appear to increase one's likelihood of developing a phobia, and a tendency toward frequent worries and negative thoughts may also increase the risk, as may being raised by overprotective parents, losing a parent, or sexual or physical abuse. Most likely is that people follow multiple pathways to fears, not least among them the emotional response of disgust.

Did humans evolve to feel specific fears?

Throughout human history, certain animals, such as snakes and spiders, have caused high numbers of deaths. Thus, some researchers believe, men and women may have evolved to carry an innate instinct to avoid such creatures, as it would deliver a survival advantage. Some studies have shown that it’s easier to condition people without apparent fears of any animals to fear snakes and spiders than to fear dogs or other “friendly” creatures. Studies of other primates show that they share humans’ fear of snakes, leading some to speculate that such fears themselves may have spurred the growth of primate intelligence overall, as humans and others evolved to avoid the dangers posed by such threats.

How do children learn fear?

Research shows that babies do not appear to show signs of fear until around 8 to 12 months of age, usually in response to new people or events, but they are less likely to show a fear of strangers when sitting on a parent’s lap. And while some fears may be innate in humans, many fears are learned, perhaps most commonly by seeing a parent react fearfully to an animal or situation, or to frequently warn a child about its dangers.

Fear is incredibly complex.[4] Some fears may be a result of experiences or trauma, while others may represent a fear of something else entirely, such as a loss of control. Still, other fears may occur because they cause physical symptoms, such as being afraid of heights because they make you feel dizzy and sick to your stomach.

Some common fear triggers include:

- Certain specific objects or situations (spiders, snakes, heights, flying, etc)
- Future events
- Imagined events
- Real environmental dangers
- The unknown

Certain fears tend to be innate and may be evolutionarily influenced because they aid in survival. Others are learned and are connected to associations or traumatic experiences.

Treatment

Repeated exposure to similar situations leads to familiarity, which can dramatically reduce both the fear response. This approach forms the basis of some phobia treatments, which depend on slowly minimizing the fear response by making it feel familiar.[5]

Phobia treatments that are based on the psychology of fear tend to focus on techniques like systematic desensitization and flooding. Both techniques work with your body's physiological and psychological responses to reduce fear.

Systematic Desensitization

With systematic desensitization, you're gradually led through a series of exposure situations. For example, if you have a fear of snakes, you may spend the first session with your therapist talking about snakes. Slowly, over subsequent sessions, your therapist would lead you through looking at pictures of snakes, playing with toy snakes, and eventually handling a live snake. This is usually accompanied by learning and applying new coping techniques to manage the fear response.[6]

Flooding

This is a type of exposure technique that can be quite successful. Flooding based on the premise that your phobia is a learned behavior and you need to unlearn it. With flooding, you are exposed to a vast quantity of the feared object or exposed to a feared situation for a prolonged amount of time in a safe, controlled environment until the fear diminishes. For instance, if you're afraid of planes, you'd go on up in one anyway.

The point is to get you past the overwhelming anxiety and potential panic to a place where you have to confront your fear and eventually realize that you're OK. This can help reinforce a positive reaction (you're not in danger) with a feared event (being in the sky on a plane), ultimately getting you past the fear.[6]

While these treatments can be highly effective, it's important that such confrontational approaches be undertaken only with the guidance of a trained mental health professional.

Coping

There are also steps that you can take to help cope with fear in day to day life. Such strategies focus on managing the physical, emotional, and behavioral effects of fear. Some things you can do include:

- **Get social support.** Having supportive people in your life can help you manage your feelings of fear.
- **Practice mindfulness.** While you cannot always prevent certain emotions, being mindful can help you manage them and replace negative thoughts with more helpful ones.
- **Use stress management techniques** such as deep breathing, progressive muscle relaxation, and visualization.
- **Take care of your health.** Eat well, get regular exercise, and get adequate sleep each night.

Anger

Anger is an emotion characterized by antagonism toward someone or something you feel has deliberately done you wrong.

Anger can be a good thing. It can give you a way to express negative feelings, for example, or motivate you to find solutions to problems.

But excessive anger can cause problems. Increased blood pressure and other physical changes associated with anger make it difficult to think straight and harm your physical and mental health.

Anger is related to the “fight, flight, or freeze” response of the sympathetic nervous system; it prepares humans to fight. But fighting doesn't necessarily mean throwing punches. It might motivate communities to combat injustice by changing laws or enforcing new norms.

Of course, anger too easily or frequently mobilized can undermine relationships or damage physical health in the long term. Prolonged release of the stress hormones that accompany anger can destroy neurons in areas of the brain associated with judgment and short-term memory, and weaken the immune system.

For those who struggle with chronic anger, or for those who only experience occasional outbursts, learning skills to identify and navigate this powerful emotion can lead to growth and change.

Anger is a core emotion, but it may manifest differently based on its source. Justifiable anger is moral outrage at the injustices of the world, such as the oppression of human rights or an abusive relationship. Justifiable anger may have benefits in the short term because its intensity can be channeled into action for change.

Annoyance anger can arise from the many frustrations of daily life. Aggressive anger is used in situations where one individual attempts to exercise dominance, intimidation, manipulation, or control over another. Temper tantrums are disproportional outbursts of anger when an individual's wants and needs are not fulfilled, no matter how unreasonable and inappropriate.

The Experience of Anger

Everyone knows the feeling. It's that rage that rises when a driver is cut off on the highway or an employee is demeaned by his boss. People have trouble managing anger and other negative emotions. However, unleashing anger doesn't produce the sense of catharsis people crave—it tends to feed on itself instead. The best path forward may be to understand anger—its roots, its triggers, its consequences—and cultivate the ability to manage it.

CAUSES

Many things can trigger anger, including stress, family problems, and financial issues.

For some people, anger is caused by an underlying disorder, such as alcoholism or depression. Anger itself isn't considered a disorder, but anger is a known symptom of several mental health conditions.

The following are some of the possible causes of anger issues.

Depression

Anger can be a symptom of depression, which is characterized as ongoing feelings of sadness and loss of interest lasting at least two weeks.

Anger can be suppressed or overtly expressed. The intensity of the anger and how it's expressed varies from person to person.

If you have depression, you may experience other symptoms. These include:

- irritability
- loss of energy
- feelings of hopelessness
- thoughts of self-harm or suicide

Obsessive compulsive disorder

Obsessive compulsive disorder (OCD) is an anxiety disorder that's characterized by obsessive thoughts and compulsive behavior. A person with OCD has unwanted, disturbing thoughts, urges, or images that drive them to do something repetitively.

For example, they may perform certain rituals, such as counting to a number or repeating a word or phrase, because of an irrational belief that something bad will happen if they don't.

A 2011 studyTrusted Source found that anger is a common symptom of OCD. It affects approximately half of people with OCD.

Anger may result from frustration with your inability to prevent obsessive thoughts and compulsive behaviors, or from having someone or something interfere with your ability to carry out a ritual.

Alcohol abuse

Research shows that drinking alcohol increases aggression. Alcohol is a contributing factor in approximately half of all violent crimes committed in the United States.

Alcohol abuse, or alcoholism, refers to consuming too much alcohol at once or regularly.

Alcohol impairs your ability to think clearly and make rational decisions. It affects your impulse control and can make it harder for you to control your emotions.

Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder marked by symptoms such as inattention, hyperactivity, and or impulsivity.

Symptoms usually start in early childhood and continue throughout a person’s life. Some people are not diagnosed until adulthood, which is sometimes referred to as adult ADHD.

Anger and short temper can also occur in people of all ages with ADHD. Other symptoms include:

- restlessness
- problems focusing
- poor time management or planning skills

Oppositional defiant disorder

Oppositional defiant disorder (ODD) is a behavioral disorder that affects 1 to 16 percent of school-age children. Common symptoms of ODD include:

- anger
- hot temper
- irritability

Children with ODD are often easily annoyed by others. They may be defiant and argumentative.

Bipolar disorder

Bipolar disorder is a brain disorder that causes dramatic shifts in your mood.

These intense mood shifts can range from mania to depression, although not everyone with bipolar disorder will experience depression. Many people with bipolar disorder may experience periods of anger, irritability, and rage.

During a manic episode, you may:

- be easily agitated
- feel euphoric
- have racing thoughts
- engage in impulsive or reckless behavior

During a depressive episode, you may:

- feel sad, hopeless, or tearful
- lose interest in things once enjoyed
- have thoughts of suicide

Intermittent explosive disorder

A person with intermittent explosive disorder (IED) has repeated episodes of aggressive, impulsive, or violent behavior. They may overreact to situations with angry outbursts that are out of proportion to the situation.

Episodes last less than 30 minutes and come on without warning. People with the disorder may feel irritable and angry most of the time.

Some common behaviors include:

- temper tantrums
- arguments
- fighting
- physical violence
- throwing things

People with IED may feel remorseful or embarrassed after an episode.

Grief

Anger is one of the stages of grief. Grief can come from the death of a loved one, a divorce or breakup, or from losing a job. The anger may be directed at the person who died, anyone else involved in the event, or inanimate objects.

Other symptoms of grief include:

- shock
- numbness
- guilt
- sadness
- loneliness
- fear

Anger issues symptoms

Anger causes physical and emotional symptoms. While it's normal to experience these symptoms on occasion, a person with anger issues tends to experience them more often and to a more severe degree.

Physical symptoms

Anger affects different parts of your body, including your heart, brain, and muscles. A 2011 study found that anger also causes an increase in testosterone levels and decrease in cortisol levels.

The physical signs and symptoms of anger include:

- increased blood pressure
- increased heart rate
- tingling sensation
- muscle tension

Emotional

There are a number of emotions that go hand in hand with anger. You may notice the following emotional symptoms before, during, or after an episode of anger:

- irritability
- frustration
- anxiety
- rage
- stress
- feeling overwhelmed
- guilt

Anger issues types

Anger can manifest itself in a number of different ways. Not all anger is expressed in the same way. Anger and aggression can be outward, inward, or passive.

- **Outward**. This involves expressing your anger and aggression in an obvious way. This can include behavior such as shouting, cursing, throwing or breaking things, or being verbally or physically abusive toward others.
- **Inward**. This type of anger is directed at yourself. It involves negative self-talk, denying yourself things that make you happy or even basic needs, such as food. Self-harm and isolating yourself from people are other ways anger can be directed inward.
- **Passive**. This involves using subtle and indirect ways to express your anger. Examples of this passive aggressive behavior include giving someone the silent treatment, sulking, being sarcastic, and making snide remarks.

DIAGNOSIS

You may have anger issues if:

- you feel angry often
- you feel that your anger seems out of control
- your anger is impacting your relationships
- your anger is hurting others
- your anger causes you to say or do things you regret
- you’re verbally or physically abusive

Treatment

A mental health professional can help determine if you have an underlying mental health condition that’s causing your anger issues and requires treatment.

Anger management can also include one or more of the following:

- relaxation techniques
- behavioral therapy
- depression, anxiety, or ADHD medications, if you're diagnosed with any of these conditions
- anger management classes, which can be taken in person, by phone, or online
- anger management exercises at home
- support groups

Children and shyness

A shy child is anxious or inhibited in unfamiliar situations or when interacting with others. A shy child is most likely to be nervously constrained if they feel they are 'on show', such as when meeting someone new or having to speak in front of others. A shy child is much more comfortable to watch the action from the sidelines rather than join in.

Most children feel shy from time to time but the lives of some are severely curtailed by their shyness. Children who suffer from extreme shyness may grow out of it as they mature or they may grow up to be shy adults. Parents can help their children to overcome mild shyness. In severe cases, professional help may be advisable.

Complications of shyness

Constant and severe shyness can reduce the quality of a child's life in many ways, including:

- Reduced opportunities to develop or practise social skills.
- Fewer friends.
- Reduced participation in fun and rewarding activities that require interaction with others, such as sport, dance, drama or music.
- Increased feelings of loneliness, unimportance and reduced self-esteem.
- Reduced ability to reach full potential because of their fear of being judged.
- High anxiety levels.

- Embarrassing physical effects such as blushing, stammering and trembling.

Shyness has positive aspects too

Shy behaviour is associated with a number of positive behaviours including:

- Doing well at school.
- Behaving and not getting into trouble.
- Listening attentively to others.
- Being easy to look after.

Possible causes of shyness

Some of the possible causes of shyness, often working in combination, may include:

- Genetics – aspects of personality can be decided, at least in part, by the individual's inherited genetic makeup.
- Personality – emotionally sensitive and easily intimidated babies are more likely to grow up to be shy children.
- Learned behaviour – children learn by imitating their most influential role models: their parents. Shy parents may 'teach' shyness to their children by example.
- Family relationships – children who don't feel securely attached to their parents or who have experienced inconsistent care-giving, may be anxious and prone to shy behaviour. Overprotective parents may teach their children to be inhibited and afraid, especially of new situations.
- Lack of social interaction – children who have been isolated from others for the first few years of their lives may not have the social skills that enable easy interaction with unfamiliar people.
- Harsh criticism – children who are teased or bullied by significant people in their lives (parents, siblings and other close family members or friends) may tend towards shyness.
- Fear of failure – children who have been pushed too many times beyond their capabilities (and then made to feel bad when they didn't 'measure up') may have a fear of failure that presents itself as shyness.

If a child acts shy in a social situation, they may berate themselves for their behaviour afterwards. This self-reproach can make them more self-aware and self-judgemental and actually increase the likelihood of the child behaving shyly in future. As time goes on, their confidence and self-esteem may start to falter. The less confident a child feels, the more likely they are to behave in a shy way.

Types of shyness

Shyness can vary in strength. Many people feel mild feelings of discomfort that are easily overcome. Others feel extreme fear of social situations, and this fear can be debilitating. Inhibition, withdrawal from social activities, anxiety, and depression can result from shyness.

Shyness encompasses a broad spectrum of behaviors. It's normal for children to sometimes feel shy in new situations. Perceptions of shyness may also be cultural.

Some cultures, such as many of those in the United States, tend to regard it negatively. Others, such as some Asian cultures, tend to regard shyness more positively.

What are the causes of shyness?

About 15 percent of infants are born with a tendency toward shyness. Research has shown biological differences in the brains of shy people.

But a propensity for shyness also is influenced by social experiences. It's believed that most shy children develop shyness because of interactions with parents.

Parents who are authoritarian or overprotective can cause their children to be shy. Children who aren't allowed to experience things may have trouble developing social skills.

A warm, caring approach to rearing children usually results in them being more comfortable around others.

Schools, neighborhoods, communities, and culture all shape a child. Connections a child makes within these networks contribute to their development. Children with shy parents may emulate that behavior.

In adults, highly critical work environments and public humiliation can lead to shyness.

DIAGNOSIS

Sometimes, shy children aren't diagnosed and treated. Unlike many other emotional disorders, shyness often doesn't result in a child causing problems. Frequently, there are no tantrums or aggressive behavior to raise red flags and encourage treatment.

According to the National Alliance for Mental Illness, anxiety — which is more than shyness — affects approximately 7 percent of children aged 3 to 17 in the United States.

Therapists can assess a child for shyness by engaging them in activities such as charades and board games. They may also use puppets and dolls to get the child to open up.

Overcoming extreme shyness can be essential for the development of healthy self-esteem. Shyness can result in difficulties at school and difficulties forming relationships.

Psychotherapy can help children cope with shyness. They can be taught social skills, how to be aware of their shyness, and ways to understand when their shyness is the result of irrational thinking.

Relaxation techniques such as deep breathing can help children and adults cope with anxiety, which may underlie shyness. Group therapy can also be helpful in children and adults experiencing shyness.

There are effective treatments for adults with anxiety who have difficult completing daily activities. However, severe anxiety often goes untreated.

In rare instances, medication can provide temporary relief for shyness.

Preventing shyness

To prevent or manage shyness, parents and guardians can help children develop the following skills:

- coping with change
- managing anger
- using humor
- showing compassion
- being assertive
- being kind
- helping others
- keeping secrets

All of these abilities can help children be at ease among their peers.

Jealousy in Children

Children are usually very explicit when it comes to expressing themselves. They may not hesitate to express love, hate, sadness, jealousy, or other such emotions. As far as jealousy is concerned, it may affect kids in more than one ways. So, what should you do when you find out that your kid is exhibiting jealousy? Concerns about whether it will start affecting your kid's nature adversely could also start popping up. Well, the following article can help you to know more about jealousy in children and how to effectively deal with it.

Jealousy among children is an emotion that can be confidentially entered into your child's life. The feeling can arise from his siblings, friends, or colleagues, and

something as simple as a new bike for his friend can arouse the envy and jealousy of your child, and you must do. All you can do to remove these negative emotions from your child before he takes a sharp turn that is difficult to deal with later.

In our article, we tried to address this feeling that children have in a way that may be normal, as well as talk about the reasons for this feeling, so that you can deal with it before the child reaches the stage of danger.

CAUSES

1. Excessive Pampering

All parents love to pamper and spoil their kids once in a while. However, if you pamper your child excessively, it may generate the feelings of being superior to others. Therefore, whenever your kid comes across someone better than him or someone in possession of something better than what your kid may possess, he may feel jealous and insecure.

2. Comparison

It is very natural for parents to compare one child with another or with other children. However, it is okay until the time you do not make a hoopla out of the situation, i.e. you do not let your kid know about it. But if you are explicit about your feelings of comparison and you keep comparing your child with a sibling or a friend, it may not only generate the feeling of rivalry, low self-confidence, but it may cause jealousy, too.

3. More Concerned and Protective Parents

Parents are protective and concerned for the well-being of their children. However, sometimes parents might overdo it, and when they let go of their child, the child could feel lost and develop the feelings of jealousy from the children who are more confident than him.

4. Unhealthy Competition

Healthy competition is important for every child, but creating competition where it may not be necessary may have a negative impact on a child's personality and may result in jealousy. This may happen when you may compare and expect a child to do what he may not be capable of doing. For example, if one child dances too well and you expect your child to do the same when but he does not want to dance or doesn't like dancing.

5. Over Controlling Or Authoritarian Parenting

When parents are too strict or too controlling and expect their kids to follow their rules and regulations without even explaining the reasons, there is a high chance they will end up nurturing the feelings of resentment and jealousy in their kids. Their children may feel lesser than their friends or peers by constantly being in a regulated and contained environment.

6. Skills or Academic Jealousy

All kids are not the same; where some may excel in sports, others may be good in academics. And, it is very common for children to feel jealous of children who are doing exceptionally well in academics or co-curricular activities.

7. Sibling Jealousy

It is often seen that the older child is jealous of a younger sibling. This may happen when the parents shift their focus from their elder child to the newborn child. The elder child may find it difficult to deal with the situation and may develop the feeling of jealousy towards his own sibling.

SIGNS

1. Child May Become Overly Possessive

If your kid feels jealous, he may become overly possessive about everything. This attitude may not only be restricted to the materialistic things, but he may become

possessive about his parents, siblings and friends, too. He may not want to share anything, and this attitude might also cause depression.

2. Child May Compare

A jealous kid may compare his skills, belongings and other things with other children. In case he lacks or does not have something, he may exhibit his displeasure and throw tantrums, too.

3. Child May Trigger Your Anger

If your kid is jealous of his sibling, he may try his best to gain your attention. The best way to gain a parent's attention is by misbehaving. Your kid may do all sort of stuff that may make you angry, and all these efforts are only to shift from your attention towards him.

4. Child May Exhibit Aggressive Behaviour

A jealous child may show rowdy and aggressive behaviour. He may not only misbehave with his siblings or friends, but he may bully them, too. In some cases, you may even find your kid trying to harm a sibling or a friend.

5. Child May Feel Insecure

Your kid may feel insecure because of jealousy. This attitude becomes more pronounced due to the arrival of a new baby or sibling in your kid's life. Your child could appear all needy and clingy and may want your love and affection all the time.

Consequences of Jealousy Kids Might Face

Jealousy is a negative emotion, and thus, it may have a negative impact on your child's personality. Here are some consequences that your kid may face because of jealousy:

- Your kid may become aggressive

- Your kid may turn into a bully
- You kid may isolate himself and stay aloof
- Your kid may exhibit a helpless attitude
- Your child may develop low self-esteem

TREATMENT

Jealousy should be dealt with in a proper manner so that it does not affect your child adversely. Here are some ways that could help you deal with child jealousy issues:

1. Listen to the Child

Jealousy is not superficial; rather, it is deep-rooted. Talk to your child and listen to his concerns and reasons that may be causing such behaviour. Listening to your child's fears, worries and concerns may help him overcome his feelings of jealousy.

2. Channelise Negative Emotions Into Positive

Giving a positive direction to your kid's negative thoughts may help him deal with jealousy. If his sibling or friend is better than him in studies, you should encourage your child to study hard and get better grades himself rather than having ill-feelings towards others who are doing better than him.

3. Be Passionate Towards Your Child

Your child may be exhibiting negative and rowdy behaviour, but you have to be caring and passionate towards your child. Do not scold or punish your child. It is important to understand that your child is dealing with a difficult emotional situation and needs your compassion to help deal with it.

4. Explain the Importance of Sharing

It is very important for every child to learn the importance of caring and sharing. When a child learns to share his belongings with other children, it not only helps him make friends, it could also help remove the feelings of jealousy.

5. Refrain From Comparison

Comparison creates negative emotional and devalues a person. Therefore, do not compare your kid with other kids, including your other children and his friends. Every child is unique and has different talents. Find out what your child is good at and help him develop and master his skills rather than comparing him with others.

6. Do Not Over-Praise Your Kid

As parents, you adore and love your kid, and you may shower him with occasional praises for his efforts and hard work. However, refrain from overdoing it. You may find yourself over-praising your child in situations when other children may have excelled, and your words may come as a reassurance to your kid. Therefore, refrain from doing this.

7. Refrain From Comparing Academic Performance

It is advised that you refrain from comparing your child's performance at school with his siblings or friends. Doing so would generate a feeling of animosity and jealousy. If your kid does not get good grades, you may encourage him to study hard, instead of comparing with others.

8. Instil Positive Behaviour

Try as much as possible to stay away from things that may generate any kind of jealousy in your child. It is advised that you introduce and teach your child about feelings of love, sharing and caring from a young age. Also, teaching children about jealousy may help them deal with this emotion in a better way.

Jealousy is very common in children. However, if it is dealt with in a positive manner, your child may overcome it. In case you face difficulty in dealing with your child's jealousy, taking help from a counsellor or a professional in the field may help.

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