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Psychological problems in Children

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Introuduction:

It Sounds familiar to us: We are talking about the many behavior issues in children that parents and teachers have to deal with every day.

There are a great diversity of childhood disorder forms and causes. Some of these disorders are primarily disorders of the brain, while others are more behavioral in nature. Brain-based disorders are caused by neurochemical problems or structural abnormalities of the brain. They can be innate (i.e., appearing at or shortly after birth); or they may result from a physical stress such as illness or injury, or an emotional stress, such as trauma or loss. Behavioral problems, on the other hand, are outward signs of difficulty displayed at home, at school, or among friends in an otherwise physically healthy child.

Like brain-based problems, behavioral problems may also result from physical or emotional stress. Brain-based disorders such as ADHD (Attention Deficit and Hyperactivity Disorder) clearly impact a child's behavior in school and at home, and vice versa, many disorders previously thought to be primarily behavioral in nature have turned out to have a biological component to them.

Some of the childhood disorders can be cured or otherwise resolved, while others end up becoming chronic (long-term) problems that resist the best state-of-the-art interventions.

What Is Normal Behavior In children?

There is no yardstick (norm) for normal behavior. It depends on a child's age, personality, emotional development and environment of upbringing.

kid's behavior is considered to be normal if it is socially, developmentally and culturally appropriate. You can consider a child's behavior normal even if it does not meet the societal or cultural expectations, but is otherwise age-appropriate and not harmful.

- Signs And Symptoms of Abnormal Behavior In Children.

How do you differentiate a misbehaving child from a normal one?

Here are some signs that indicate that your child's behavior is abnormal:

- **Your child seems to have difficulty managing his emotions. He has frequent emotional outbursts and minor things bother him.**
- **It is not normal if your eight-year-old girl or boy becomes impulsive. They may display destructive behavior like hitting, throwing things, screaming, etc.**
- **Your otherwise talkative child withdraws into a shell, talks back and seems rude for no reason.**
- **Your little boy maybe lying more often than you realized. Stealing or taking things that do not belong to them becomes a habit.**
- **Your child's behavior is affecting his performance at school. For example, your kid may be getting into fights, going late to class or missing classes.**
- **Unable to focus on one thing, gets restless, extremely lazy or disoriented.**

- **Your child starts questioning your instructions and does not respond to discipline. He may defy (outface) rules just to challenge you.**

- **It is not normal for children to harm themselves or even think about self-harm.**

So, if they are harming themselves physically and having suicidal tendencies, you should be worried.

- **It is important to note that the rational part of the brain is not yet developed in children under 3 and are, therefore, driven by their emotions.**

- **As they grow older, rationality improves but they still need support from us in managing their emotions. This is normal.**

- **Also, minor abnormal behaviors can be corrected through behavior therapy and change in parenting styles.**

What Are Problem Behaviors And What Causes Them ?

School is an important environment for an individual to socialize and develop the second most important place for individual to develop is school. Here, if the child receives the right education and successfully communicates with his teacher and friends, his personality will be positively completed and he will acquire various skills like reading and writing.

What is Problem Behavior ?

pre-school and school age children can show some behaviors that hinder their education and communication. These behaviors that prevent the child from receiving education, developing social skills and badly affect the environment he is in are called problem behaviors.

Besides preventing children from using their skills, these behavior patterns also prevent them from acquiring new ones. Because children with repetitive problem behavior will not be open to

acquire new skills with experience or teaching, their tantrums and other reactions due to the behavior will hinder these.

Tendency to harm is also seen in children with problem behaviors. The child is prone (tend) to harm themselves or others close to them and this poses a serious danger. Many children are known to harm themselves by taking harmful behaviors as habits like hitting themselves, throwing them on the ground and likes and have tantrums (angers) more than often.

Children with problem behaviors may show a danger for themselves and their environment. They can hurt their friends, adults, themselves, They may also feel the need to disturb people constantly. A child that has problem behaviors should be guided carefully and in a right way, with the help of an expert if needed.

Behavioral and Psychological problems experienced during childhood can have a long-lasting impact on an individual's life course, reducing people's earnings and decreasing the chances of establishing long-lasting relationships, according to a new study.

Analyzing information about a large group of British residents followed for five decades from the week of their birth, researchers found that family income was about one-fourth lower on average by age 50 among those who experienced serious psychological problems during childhood than among those who did not experience such problems.

In addition, childhood psychological problems were associated later in life with being less conscientious, having a lower likelihood of being married and having less-stable personal

relationships, according to findings being published in the Proceedings of the National Academies of Sciences. "These findings demonstrate that childhood psychological problems can have significant negative impacts over the course of an individual's life, much more so than childhood physical health problems," said James P. Smith, one of the study's authors and a senior economist at the RAND Corporation, a nonprofit research organization. "The findings suggest that increasing efforts to address these problems early in children may have large economic payoffs later in life."

The other two authors of the study are Alissa Goodman and Robert Joyce of the Institute for Fiscal Studies in London.

Researchers found that the impacts of psychological disorders during childhood are far more important individually and collectively over

a lifetime than childhood physical health problems. To illustrate, while family income at age 50 is reduced by 25 percent or more due to childhood mental problems, the reduction in family income on average is 9 percent due to major childhood physical health problems and only 3 percent due to minor childhood physical health problems. A central reason for the larger impact of childhood mental health problems is their effects take place much earlier in childhood and persist, researchers say.

The study is the latest in a growing body of evidence that shows psychological troubles early in life can have a long-term negative impact on earnings and social relationships.

What Are The Reasons to Problem Behavior?

Most of the behavior patterns that are called problem behaviors occur during pre-school or school age. This results from the child spending time in a new environment other than usual parent environment and spending time with people for the first time. Many problems may arise in this period and they may cause the child to acquire problem behavior patterns.

With this, the reasons for problem behaviors divided into two as **school-related** and **non-school-related factors**.

1- Non-School-Related Factors:

a- Family Factor: Researches show that problem behaviors are majorly caused by the features of the family. Even though the child is not directly subjected to violence, when the

person that the child takes as role model raises his voice of yell, problem behaviors may be caused. It is known that children in family environment where arguments are common have problem behavior patterns.

Other factors due to family include the child being over-disciplined or not disciplined at all. Children may show problem behaviors when they are under a lot of pressure in family environment and suddenly they feel the lack of this pressure in a new environment. The other way around, undisciplined children are known to show problem behavior due to the effect of being in a social environment for the first time.

If physical or psychological violence is in question in family environment, it is impossible for children to not have problem behaviors.

Even though this violence is not towards the child, what he witnesses will affect him and cause him to have problem behaviors. Thus, parents'

attitude, features of the family and behaviors shown in this environment may cause the child to have problem behaviors.

b- Mass Media : Mass media like TV and Internet are extremely influential on children to have problem behaviors. Even a regular advertisement can adversely (negatively) affect the child or cause him to acquire a wrong behavior as a role model. A considerable part of cartoons airing on TV has violent content. Also, cartoon characters can be bad role models for children and cause them to develop problem behaviors. It is known that children spending a long time watching cartoons exhibit various problem behaviors.

Devices that have Internet connection or games on them like computers, tablets, phones may also cause problem behaviors in

children. Children's interaction with these kinds of devices should be limited and programs, games, or applications they use should be under parents' supervision. Children should be kept away from violent games regardless of their levels and should be guided towards mind developing games.

2- School-related Factors:

a- Features of the School: Physical and cultural features of the school can also cause the child to acquire negative, problem behaviors. For instance, if the school is too crowded, classrooms are at overcapacity, physical features are inadequate and such, children going to this school may show problem behaviors. Because children will seek the comfort of their home there, want to go back to home and show reaction to get them out of this environment. When this situation gains continuity, the child will have acquired a problem behavior. Also, the social and cultural features of the school entity have great

importance. Children may show problem behavior among a majority that does not carry the same cultural features as their parents.

b- Factors Related to Teacher: If the teacher-student relation is advancing in the wrong direction, children may show negative behaviors. When teacher is indifferent (careless) to the child, speaking in an inappropriate manner, practicing physical or verbal violence, children may develop problem behavior. Especially when teacher is an element of fear for the students, developing these kinds of behaviors would be inevitable.

3- Genetics:

A child's behavior is a product of his temperament. A child with a strong temperament is more likely to have behavior problems than a child with a mild temperament. Temperament is controlled by genetics, according to the North Carolina State University Cooperative Extension.

The researchers describe three types of temperament--easy, sensitive and feisty. The group claims that 15 percent of children are born feisty. These are the children who tend to have behavior problems. Behavioral issues may also be a result of biological factors like visual impairments, speech disorders and motor disabilities, explains the National Association for the Education of Young Children.

4- Financial Strains

A report by the National Association of Social Workers suggests that children in impoverished families often exhibit behavior problems. These children tend to be hyperactive and aggressive. Their out-of-control behaviors can lead to poor performance in school and delinquency. One reason for this connection is negative feelings and lack of attention from parents who are

experiencing economic stress. The longer the poverty persists, the more troublesome the behavior will be.

5- Environmental Causes

When children are in an unsuitable environment, they are prone (tend) to act out. Lack of playthings or attention can lead to jealousy and then hostility between children. The group suggests putting yourself in the position of your child to determine how many toys or activities are necessary.

- Some Common Behavioral Problems In Children:

- 1. Disrespect and backtalk**
- 2. Abusive language**
- 3. Aggressive or violent behavior**
- 4. Lying**
- 5. Bullying**
- 6. Manipulation**
- 7. Lack of motivation and laziness**
- 8. Behavior problems in school**

It is common for children to break the rules and go against the norm to ‘test’ authority. Only that way do they understand what behavior is appropriate and what is not.

1- Disrespect and backtalk

When your three-year-old daughter talks back to you, it may seem funny and adorable (marvelous). But when your seven-year-old girl shouts out a ‘no’ every time you tell her to do something, it can get on your nerves. If not handled properly, backtalk can lead to arguments between parents and children.

So what do you do?

- If your child talks back but follows your instructions, then ignore it. Ignoring backtalk may be okay if the behavior is not threatening or destructive.

- **If the child follows instructions, even though he talks back, appreciate that they did what you asked, even if they didn't want to. You can then explain that it is okay to be angry, but not okay to speak to you disrespectfully.**
- **But if the child's responses are threatening others or self, then you need to pay attention to what they say and handle it carefully.**
- **Do not respond impulsively. Let the child calm down and then address what he or she said. Tell them calmly about what behavior is acceptable and what is not.**
- **Set limits and make them aware of the consequences. Do not threaten, just state plain facts that if they talk back, they won't get ice cream or go to the movie. For example, tell them if they continue to yell and shout, then they will**

have to forgo the dinner. However, if they stop shouting and listen to you, then they will get something nice for the dinner. Such give-and-take will look less controlling but giving the option to the child themselves.

- Set expectations, but you can be a little flexible sometimes if it makes them happy.**

- Finally, take a quick check of how you behave with the kids or others when the kids are around. Are you rude or disrespectful? If yes, you need to start by changing your behavior.**

2- Abusive language

Children scream and yell when they are angry. But if they start swearing even before they are all of ten years old, you should be worried. They may start yelling or using abusive language to bring you into an argument or simply to get their way. When your child uses offensive language and swears, here is what you should do.

- **Make sure you are not using such language in front of kids.**
- **Have zero tolerance for verbal abuse at home. There is no excuse for swearing or cursing. So if they use such language, there is a consequence.**
- **Explain the consequences clearly and ensure they are in place. So if your nine-year-old girl is grounded for one day for abusive language, she will have to miss her soccer practice or music class. There should be no two ways about it.**
- **If your toddler is using such language, correct them immediately. Tell them it is a “bad word” and people do not like that word or kids who use that word.**
- **If you have used that word in front of your child, apologize immediately. You can even ask your child to remind you that it is a bad word, should you ever say it in front of him.**

3- Aggressive or violent behavior

It is okay for children to get angry. But if that anger becomes violent or turns into **aggressive behavior** in children it is a problem. Mood disorders, psychosis, conduct disorder, trauma, impulsiveness or frustration can cause aggression in young children. At times, your child may resort (refuge) to violence for self-defense.

- **Aggression** can also be a learned behavior. How is the environment at home? Or is the child learning to be violent, at school? If your child tends to react to a negative response by hitting, biting or kicking, this is what you should do.

- The **easiest way** to respond to **aggression** in children is to **yell back** at them. But if you do so, you end up teaching them the wrong things. Your kids look up to you to learn how to control their impulses and emotions. So rather than raising

your voice, lower your tone and tell them to calm down.

- **Reflect their feelings, empathize, but make it clear that hitting or kicking or biting is not allowed. You could say something like “I know you are angry. But we do not bite, hit or kick. No hitting!”**

- **Tell them what the consequences would be if they turn violent. If you are dealing with a younger child, tell them what they can do instead. Give them an alternative, but don’t leave them hanging. For instance, teach them to use words and phrases like “I’m angry,” or “I don’t like it,” or “I’m not happy about it” when they are upset, instead of resorting to physical violence.**

- **Most importantly, be a good role model and avoid giving them physical punishment. Also, reward positive, non-aggressive behavior.**

4- Lying

It is common for children to **lie**. It is also common for parents to **worry** when they catch the kids lying. You may feel **betrayed**, hurt and even wonder if you can trust the child again. But here is what you should do to prevent your kid from lying.

- **Do not take it personally.** Think about it from your child's perspective to understand **what compelled him to lie.**

- **Kids may lie when they are scared** that the truth might have negative consequences. Appreciate the positives rather than punishing negative behavior to prevent your child's need for lying.

- **Teach them to be honest.** Start by being a role model.

- **Have consequences** for lying. No arguments or discussions about it. Your kid lies, he gets to deal with the consequences.

5- Bullying

Bullying is a serious problem and could result in emotional and physical abuse of the victim. Children tend to bully others to feel powerful. Also, bullying resolves their social problems easily. When dealing with feelings becomes difficult, kids tend to take on bullying to fix things. If you find that your child has been bullying others, you should act immediately.

- Start teaching your kids from an early age that **bullying is wrong. More importantly, explain to them what or who a bully is and give them examples of what bullies do. For example, you can say, “A bully is someone who calls people names, or does mean things to them, or takes their property by force.”**

- **Set rules and standards in the house early on. Make a statement like “ we do not bully in this house” or “You do not get away with such behavior in this house”.**
- **Watch out for signs** of bullying: see if your older kids are trying to bully the younger ones, and rectify the behavior immediately.

6- Manipulation

Manipulation is tricky and a very exhausting behavior to handle. Children tend to act out, lie, or cry to get what they want. If you give in to the bad behavior in children, your child feels justified. For example, if your child throws a tantrum in public for a candy bar and you buy her one, she has just manipulated you.

In simple words, when your child manipulates you, she has power over you. As an adult, you

can always break the pattern and stop falling for your child's manipulative behavior.

- **Expect your child to fight every time you say 'no'. That way, you can figure out how to deal with their behavior and not fall for manipulation.**

- **Make it clear that when you say 'no', it means no. You can give them a brief explanation of your position, but don't get into justifying it.**

- **Avoid discussion, but don't shut them off completely. Try to listen to their side of the argument as long as the child is respectful and not rude or abusive.**

7- Behavior problems in school

"I hate school!" Is that something you hear your five-year-old say every morning? Kids often give parents a hard time by refusing to go to school or complete homework assignments in time. Children could refuse to go to school for many reasons: bullying, academic issues, resistance to

authority and rules, or anxiety of being separated from parents.

- Start by getting to the root of the issue. Find out why your child hates school or refuses to do his homework. You may want to help him with his homework if he has trouble with it.

- Your child may take time to perform academically and be okay with school. Understand that the change will not happen overnight.

- Offer incentives, not bribes, to encourage positive behavior. For example, you can say, “you have earned an ice cream tonight because you did your homework without any reminders”.

- Ask the child if they want you to talk to the teacher about a problem that they are facing. Let them feel and understand that you are available for them when they face a problem in school. Encourage them by asking what they like doing in the school. Help them with their homework, and make it more interesting.

Behavioral problems are not always simple enough to deal. You would have to seek a professional’s help in complicated cases.

Behavior Issues In Toddlers

Misbehaving toddlers can be a handful. Reasoning won't work with them, and punishment will only make their behavior worse. So what do you do? Keep reading to know about common behavior issues at preschool age and how you can help them.

1- Interrupting

Little children tend to get excited quickly and cannot control their urge to say what they want to say. They keep interrupting you all the time. So the next time you have a conversation with your three-years-old, here is what you should do.

- Let them finish what they want to say. Hear them out without interruption and then begin talking.**
- When they interrupt, explain how mommy did not interrupt and listened when they were speaking. Tell them that they will get a chance**

to speak after you finish. Say, “let mommy finish, honey” or “mommy has not finished talking.”

2- Screaming

Toddlers, especially those younger than three years, cannot express themselves verbally. They tend to show their anger or frustration in different ways, including screaming. So, what do you do when your toddler screams?

- Do not scream or shout back at them. It only reiterates that it is okay to scream.
- Teach them to whisper or talk calmly, through a game. For instance, you can start with a ‘let’s see who can scream the loudest’, and then try ‘who can talk calmly or whisper’.
- Acknowledge her feelings and talk to her. Although you may not have a proper conversation with a one-year-old, words can soothe the child, and they might stop screaming.

3- Running away

Does your child run away and hide when he gets angry? Running is dangerous, especially if she does it on roads, supermarket or other public places. But you can keep her safe by:

- Keeping an eye on the child's movements. Always hold her/his hand when on the road or other crowded places.**
- Showing the child where she/he can run and where she cannot. Explain by showing people around and what they are doing. For example, show kids running in the park to say that it is okay to run there. Likewise, show how people do not run on the streets.**

4- Pulling hair

Toddlers may tend to scream, kick and pull hair to fix 'bad things'. The only way to make them stop such behavior is to make them understand that it does not work.

- **Interrupt your child when he is pulling his or someone else's hair to indicate that he should not be doing it.**
- **Talk it out and try to explain that it is 'bad' to pull hair.**
- **Do not pull your child's hair back to show how it feels. They may see it as a game and do it again.**

5- Throwing things

Children between the age of 18 months and three years are the ones who usually throw things to show their frustration. They tend to throw food, toys, or anything that they can get their hands on just out of curiosity or frustration.

- **To avoid damage to valuables, show what your child can throw. Like a ball, a bouncy toy or a fluffy one that doesn't get damaged.**
- **Discourage them from throwing things when they are angry or aggressive. Try to ignore when they throw things because of anger. If they persist or keep throwing things that could hurt other children, interrupt immediately and**

say “No! That is bad” or “No, that hurts!” Tell that in a calm voice.

- Find ways to prevent them from throwing things. For example, in the car, you can tie the toys to her seat. That way she won’t be able to throw them away.

If you could identify any of the above behavioral problems in your toddlers and older children, you might need some **tips** to deal with them at home.

8 Tips to Handle Bad Behavior in Children.

Why do kids have to be so annoying?

If you have asked yourself that question, you are not alone. Misbehaving children can make parenting stressful. We have put together a few tips and tricks that can help you handle bad or disruptive behavior in children.

1- Don't react. When you react or respond to your child's bad behavior, you are encouraging her.

2- Stay positive. When you consider your child as a problem, you cannot find effective ways to deal with his behavior. Focus on rectifying the behavior.

3- Be consistent in your reaction or responses to your child's behavior. More importantly, be consistent in the consequences to drive the point home. Give the same responses to their conduct, and eventually, they will get it.

4- That said, it is okay to change the rules sometimes, to change old habits that may have gotten out of hand. For example, cutting down TV time, video game time or other activities for the child's benefit is okay.

5- Be a role model. Change your bad behavior to change your kids' behavior. Children of all ages learn by observation and imitate you because they assume that their parents know the best.

6- Disciplining is necessary, but is effective only when it is valid. You need to think well before determining the consequences for your children's misbehavior.

7- Relax. Don't worry too much about the usual yelling, arguments, and defiance. It does not hurt to chill out(cool) once in a while and take a break from disciplining.

Use child behavior chart or reward charts to track your child's behavior patterns.

You can create one for a specific behavior or multiple behaviors.

You can also have a good manners chart that has details like "said thank you and please", "helped mom with chores", "waited for my turn to speak" ..etc.

Psycho-social disorders

1- Attention deficit hyperactivity disorder (ADHD) is characterized by poor ability to attend to tasks (e.g., makes careless mistakes, avoids sustained mental effort), motor over-activity and impulsiveness.

For the diagnosis to be made, the condition must be evident before the age of 7, present for >6 months, seen both at home and school and impeding the child's functioning.

Notice that ADHD (Attention Deficit Hyperactivity Disorder) is not a disability, rather a disorder that affects the child's ability to pay attention and stay focused on tasks for sustained amounts of time.

Children with ADHD are just like every other child in this world, and they need to be treated as such.

Children with ADHD should be treated accordingly and everyone involved with raising the child should understand that some of the behaviors that they see are not the result of the child misbehaving. The behaviors cannot be controlled so caregivers must understand this and be patient when disciplining children with the disorder.

-The first part of ADHD is the attention deficit. This part of the disorder means that the child usually has trouble paying attention to any one thing for a long period of time. If the child enjoys what he or she is doing then they will stay on task longer, but the amount of time is much less than children without the disorder. The attention deficit can also be noticed when the child seems to be so easily distracted by common things in their environment.

Parents and teachers need to know that they need to provide a **low stimulus** environment for the child if they are really focused on having the child learn. This does occur for all children at sometimes but children with **ADHD** suffer from this many times each day and this behavior continues for an extended period of the child's life.

-The **second part of ADHD** is the hyperactivity. This can often be the most difficult thing to deal with because the child just seems to be unable to sit still or do anything other than being extremely active. The biggest sign of hyperactivity is the constant need to be moving, especially during activities that the child truly enjoys. Children that are hyperactive simply cannot control what their brain is telling them to

do, so you must be patient and understand this fact.

The **best way to treat** children with ADHD is by providing them with a very consistent schedule and a living environment that does not create too many distractions. You need to learn what the child loves to do or play and focus much of your child's attention toward that love that they have. As time goes on you should try to explore new opportunities for your child. Some medical professionals also recommend specific drugs that can help to combat the ADHD tendencies that many children have.

2- Anxiety disorders

Anxiety and fearfulness are part of normal development; however, When children do not outgrow the fears and worries that are typical in young children, or when there are so many fears and worries that they interfere with school, home, or play activities, the child may be diagnosed with an anxiety disorder.

Some Types of Anxiety Disorders Include:

1- separation anxiety: Being very afraid when away from parents.

2- Phobias: Having extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor.

3- social anxiety: Being very afraid of school and other places where there are people.

4- general anxiety: Being very worried about the future and about bad things happening.

5- panic disorder: Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty.

Anxiety may present as fear or worry, but can also make children irritable and angry. Anxiety symptoms can also include trouble sleeping, as well as physical symptoms like fatigue(tiredness), headaches, or stomachaches.

Some anxious children keep their worries to themselves and, thus, the symptoms can be missed. when they persist and become generalized they can develop into socially disabling conditions and require intervention.

Management is by treating the underlying psychiatric condition, family therapy, parental training and liaison (contact) with the school in order to investigate possible reasons for refusal and negotiate re-entry(back to school).

Many children have **fears and worries**, and may feel sad and hopeless from time to time. Strong fears may appear at different times during development. For example, toddlers are often very distressed about being away from their parents, even if they are safe and cared for. Although fears and worries are typical in children, persistent or extreme forms of fear and sadness could be due to anxiety or depression.

3- Depression

Occasionally being sad or feeling hopeless is a part of every child's life. However, some children feel sad or uninterested in things that they used to enjoy, or feel helpless or hopeless in situations they are able to change. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.

Common symptoms of depression in children include:

- a- Feeling sad, hopeless, or irritable a lot of the time
- b- Not wanting to do or enjoy doing fun things
- c- Showing changes in eating patterns – eating a lot more or a lot less than usual
- d- Showing changes in sleep patterns – sleeping a lot more or a lot less than normal
- e- Showing changes in energy – being tired and sluggish or tense and restless a lot of the time

- f- Having a hard time paying attention**
- g- Feeling worthless, useless, or guilty**
- h- Showing self-injury and self-destructive behavior**

Extreme depression can lead a child to think about suicide or plan for suicide. For youth ages 10-24 years, suicide is among the leading causes of death.

Some children may not talk about their helpless and hopeless thoughts, and may not appear sad. Depression might also cause a child to make trouble or act unmotivated, causing others not to notice that the child is depressed or to incorrectly label the child as a trouble-maker or lazy.

4- Obsessive-Compulsive Disorder

Many children occasionally have thoughts that bother them, and they might feel like they have to do something about those thoughts, even if their actions don't actually make sense. For example, they might worry about having bad luck if they don't wear a favorite piece of clothing. For some children, the thoughts and the urges to perform certain actions persist, even if they try to ignore them or make them go away.

Children may have an obsessive-compulsive disorder (OCD) when unwanted thoughts, and the behaviors they feel they must do because of the thoughts, happen frequently, take up a lot of time (more than an hour a day), The thoughts are called **obsessions**. The behaviors are called **compulsions**.

Symptoms

Having OCD means having obsessions, compulsions, or both.

- **Obsessions** are defined as recurrent, persistent thoughts, impulses, and urges that lead to distress or anxiety.
- **Compulsions** are repetitive and excessive behaviors that the individual feels that they must perform. These actions are performed to reduce anxiety or to prevent some dreaded outcome from occurring.

Common symptoms of obsessive or compulsive behaviors include:

- Having unwanted thoughts, impulses, or images that occur over and over and which cause anxiety or distress.
- Having to think about or say something over and over (for example, counting, or

repeating words over and over silently or out loud)

- **Having to do something over and over (for example, handwashing, placing things in a specific order, or checking the same things over and over, like whether a door is locked)**
- **Having to do something over and over according to certain rules that must be followed exactly in order to make an obsession go away.**

Children do these behaviors because they have the feeling that the behaviors will prevent bad things from happening or will make them feel better. However, the behavior is not typically connected to actual danger of something bad happening, or the behavior is extreme, such as washing hands multiple times per hour.

Treatment for OCD

The first step to treatment is to talk with a healthcare provider to arrange an evaluation. so treatment is necessary to help maintain adequate self-esteem and worth. Helping the child in understanding the condition will lead to a greater chance at successful management and support.

Treatments can include **behavior therapy** and **medication**. Behavior therapy, specifically **cognitive-behavioral therapy**, helps the child change negative thoughts into more positive, effective ways of thinking, leading to more effective behavior. Behavior therapy for OCD can involve gradually exposing children to their fears in a safe setting; this helps them learn that bad things do not really occur when they

don't do the behavior, which eventually decreases their anxiety. **Behavior therapy** alone can be effective, but some children are treated with a combination of behavior therapy and medication. Families and schools can help children manage stress by being part of the therapy process.

5- Eating Disorders

Eating disorders are characterized by obsessive concerns with weight and disruptive eating patterns that negatively impact physical and mental health. Feeding and eating disorders that used to be diagnosed during infancy and childhood have been moved to this category in the DSM-5.

Types of Eating Disorders include:

a- Anorexia nervosa is characterized by restricted food consumption that leads to weight loss and a very low body weight. Those who experience this disorder also have a preoccupation and fear of gaining weight as well as a distorted view of their own appearance and behavior.

b- Bulimia nervosa involves bingeing and then taking extreme steps to compensate for these binges. These compensatory behaviors might include self-induced vomiting, the abuse of laxatives or diuretics, and excessive exercise.

6- Communication Disorders

Communication Disorders are problems of childhood that affect learning, language, and/or speech. **Stuttering, Expressive Language**

Disorder, Phonological Disorder, and Receptive-Expressive Language Disorder are all

Types of Communication Disorders.

Certain characteristics are common to all Communication Disorders.

First, the diagnostic criteria for each require that the disorder must not be caused by mental retardation or a neurological disorder (such as epilepsy, for example).

In all Communication Disorders, a child's communication ability resembles (be like) that of a much younger child, which creates problems at school, at home and with peers (particularly in school). These disorders may run in families (e.g., there may be a genetic component to some communication disorders). They are more frequently diagnosed in boys than in girls and are more common among younger children than older children. I choose **Stuttering (an example).**

Stuttering

Stuttering is a speech production disorder characterized by the repeated and involuntary disruption of the smooth flow of speech. Children (and adults) who stutter find themselves unable to keep from compulsively repeating words and/or prolonging the pronunciation of various speech sounds and syllables. Children who stutter often feel pronounced fear and anxiety, especially when they are forced into speaking under pressure. In some cases, their struggle with language and speech becomes so emotionally painful that they try to avoid speaking altogether.

Symptoms of stuttering include:

- a- Disturbances in the time pattern, rhythm and flow of speech (e.g., the introduction of inappropriate pauses within words)**
- B- Repetition of words or sounds**
- C- Interjections (frequent use of "um" or "ah")**
- D- Monosyllabic whole-word repetitions (e.g., I-I-I-I know)**

E- Lengthy pauses in sentences

F- Sound prolongations

G- Heightened fear and/or anxiety surrounding speech or speaking

H- Avoidance of speaking (in some cases)

According to the **DSM**, children must display one or more of the above symptoms to be diagnosed with Stuttering. **Symptoms** must also significantly interfere with the child's academic, occupational, or social communication.

Having described the subtypes of communication disorders, we're now in a position to describe how common they are and how they are treated.

All Communication Disorders are more common in boys than in girls. For example, boys are three times more likely to develop a stuttering disorder than are girls.

Diagnosis of Communication Disorders

Children who seem to have any symptoms of a Communication Disorder should be assessed by a professional who is knowledgeable about normal milestones of speech and language development (e.g., a child psychologist, counselor, speech therapist or speech pathologist). Since these disorders are common, many schools employ in-house or consulting speech therapists who can assist in the diagnostic and treatment process.

As with many other conditions, the formal diagnosis of a communications disorder requires that special testing occur. With younger children, communication assessments may be conducted within the context of a play situation so as to help keep these children at ease. Older children may simply be presented with tests or be interviewed by an examiner knowledgeable about speech pathology. A variety of testing tools may be used during an assessment. The Illinois Test of Psycholinguistic Abilities (ITPA), is a good example of this sort of test. The ITPA is designed to measure how well children between the ages of 4 and 8 acquire and use language. It

measures 12 language functions including Visual Association (the ability to recognize and associate objects with words), Verbal Expression (the ability to express information using spoken language), and Auditory Sequential Memory (the ability to recall information, such as a sequence of numbers or the letters of the alphabet, in the proper order).

Beyond a child's raw performance on speech tests, assessors will frequently consult with teachers to help them round out their appreciation of the child's functional deficits. Teachers are also a good source of information about how children are progressing after they have been diagnosed and started in speech therapy. You may want to speak with your health care professional about how best to obtain information from your child's teacher regarding his or her learning progress in the classroom setting.

Treatment

Generally, physical or occupational therapists will work with children to develop and improve their physical skills, as well as strengthen their muscles. Community-based services (leisure and recreation groups) in the home or school-setting may also be beneficial.

Targeted multi-sensory interventions include Perceptual Motor Training and Sensory Integrative Therapy. Perceptual Motor Training involves retraining children's bodies to recognize and prioritize various sources of stimulation (stimuli) and respond accordingly. They may learn how to use certain muscle groups rather than others while walking or grasping things, for instance. Sensory Integrative Therapy teaches individuals how to properly absorb and sort information about sensory experiences such as

touch, body position, or sound (e.g., knowing how hard to bite down or how wide to open your mouth).

The early intervention is better than later intervention, treatment received as an adult can still help lessen the severity of symptoms.

7- Selective Mutism

Selective Mutism (previously called **Elective Mutism**) occurs when a child persistently fails to speak in certain social situations where speaking is expected. For instance, a child who speaks at home when with family members but will not speak at all to teachers or peers at school may have **Selective Mutism**. the disorder is still not clearly understood, and much debate continues regarding its proper classification and causes.

children with Selective Mutism frequently demonstrate shyness, anxiety, and fears of embarrassment and negative evaluation. Children may isolate themselves socially, withdraw from peer interactions, or cling to parents and other "safe" figures. In addition, they may demonstrate frequent temper tantrums and other negative or compulsive and controlling behaviors. Some children will engage in oppositional behaviors, especially within the home. Children with selective mutism may substitute gestures and other non-verbal forms of communication for spoken language.

According to **DSM criteria**, the above symptoms (including the persistent failure to speak in settings where speaking is expected) must last at least one month, and it must be clear that affected children's refusal to speak is not the

direct consequence of some other disorder before the diagnosis of Selective Mutism can be made.

The course of Selective Mutism is variable across individuals. Some children will remain selectively mute over multiple years, while others will start talking after a few months.

Research suggests that that Selective Mutism is a rare condition. According to the DSM, the less than 1% of children treated by mental health professionals are diagnosed with this disorder. Between 0.03% and 0.02% of the general population of children seem to have Selective Mutism. Both boys and girls are develop the condition, but slightly more females are diagnosed than males. As a result, some children with Selective Mutism may go undiagnosed and untreated.

Diagnosis of Selective Mutism

By definition, Selective Mutism is not caused by an actual language deficit or physical problem (e.g., hearing impairment) that prevents speech from occurring. Consequently, the workup to establish the diagnosis of Selective Mutism must demonstrate that such deficits/problems) are not present, or at least are not the primary reason for the mutism.

The diagnostic assessment for children suspected of having Selective Mutism is likely to include behavioral observations to document that the child is capable of fluent speech, as well as a hearing evaluation. In addition, a child psychologist or similar mental health clinician should interview the child and parents to assess whether there are other mental disorders or environmental factors that can account for symptoms.

8- Sleeping problems

Sleep disorders can be defined as more or less sleep than is appropriate for the age of the child. By the age of 1-3 months, the longest daily sleep should be between midnight and morning. Sleeping through the night is a developmental milestone but, at the age of 1 year, 30% of children may still be waking in the night.

Stable sleep patterns may not be present until the age of 5.

It is important to identify the sleep disorder underlying the problem, rather than treat symptomatically, as the choice of treatment depends on the cause of the problem.

There are three basic types of sleep problems:

- Not sleeping enough (sleeplessness or insomnia).
- Sleeping too much (excessive sleepiness or hypersomnia).
- Episodic disturbances of behaviour related to sleep (parasomnias).

Parasomnia: (e.g., night terrors, sleep-talking and sleepwalking).

Assessment

Sleep disorders may not be recognised by general practitioners. It is important to establish:

- **The nature and development of the sleep problem.**
- **Whether the child's sleep environment and activities have any adverse affect on the child's sleep pattern. Assess the typical day and night routine, including evening activities leading up to bedtime, getting to sleep, disturbances during sleep, getting up and level of alertness and activities during the day. A sleep diary kept over about a two-week period can be very useful**

Sleeplessness in infants and toddlers

Sleeplessness can also be called **insomnia** and can be defined as **difficulty initiating sleep (considered in children as difficulty in falling asleep without a caregiver's intervention).**

- The most effective way to prevent these problems is to introduce consistent routines in the first few months of life.**

- Children should be encouraged from a very early age to fall asleep in their own bed without a parent being present. Although brief waking in the night can be normal at any age, it creates a problem if the child cannot go back to sleep without its parents.**

- Modification of parental behavior at the time the child is put to bed may be helpful.**

- Medication may have a detrimental effect on sleep apnoea (breath stops during sleep) . It is recognized that severe sleep disorders may require medication as well as behavioral treatment but the evidence base for the use of pharmacological agents in children is weak.**

- Behavioral methods to improve parents' handling of bedtime and night-waking problems are very effective.

Behavioral methods may be of value.

These include:

- Positive routines - a regular bedtime with a 20-minute winding down time. Move bedtime back 5 minutes per night until a reasonable time is established.

- Extinction (vanishing) - on hearing a child cry, go in and check the child is not unwell or needing a nappy (diaper) change. Don't pick up or feed the child. Leave him/her .

- The advice and support of a health visitor or, in the occasional severe or complex situation, a psychologist, are very important for any plan of management to be successful. Educational booklets and sleep programmes may also be helpful.

Excessive sleepiness

- **Excessive sleepiness** is more common in adolescence and adult life but may also be seen in younger children. In a community-based sample of school-aged children, the prevalence of parent or teacher-reported sleepiness was estimated at 15%:
 - It may be caused by a variety of problems (e.g., medication, sleep-disordered breathing associated with upper respiratory tract obstruction, anxiety and depression).
 - It may be interpreted as laziness or boredom (restlessness). It must be differentiated from fatigue (tiredness) or exhaustion.
 - At an early age, instead of sleepiness reducing the child's activity levels, it may cause overactive and disruptive behavior.

*** Management includes identifying and correcting any cause when possible and behavioral methods to improve the normal sleep routine.**

Parasomnias

- There are many types of parasomnia such as night terrors, sleep-talking and sleepwalking. They may be primary sleep phenomena or related to a physical or psychiatric disorder.**
- Most resolve spontaneously with time. Only 4% of parasomnias will persist past adolescence.**
- Most patients who sleepwalk do not require treatment, but comorbid (pathological) sleep disorders that result in daytime tiredness, and behavioral and emotional problems require assessment and interventions.**

- Measures to avoid accidental injury may be necessary, especially in the case of sleepwalking.

*** When treatment is required, **behavioral treatment** methods are preferable and medication is a last resort.

9- Autistic Spectrum Disorder (ASD)

Autistic spectrum disorder that is characterized by impaired communication, impaired interaction and also by limited and repetitive behavior. These are signs that will begin being in the earlier life of the children typically three years.

children with autistic spectrum disorder find it **difficult to:**

- Understand and use non-verbal and verbal communication
- Understand social behaviour - which affects their ability to interact with children and adults
- Think and behave flexibly - which may be shown in restricted, obsessional or repetitive activities.
- Children with ASD cover the full range of ability and the severity of their impairment varies widely. Some children also have learning disabilities or other difficulties, making diagnosis difficult.
- Children with autistic spectrum disorders may have a difficulty in understanding the communication of others and in developing effective communication themselves. Many are delayed in learning to speak and some never develop meaningful speech.

- Children find it difficult to understand the social behavior of others. They are literal thinkers and fail to understand the social context. They can experience high levels of stress and anxiety in settings that don't meet their needs or when routines are changed. This can lead to inappropriate behaviour.

- Some Children with autistic spectrum disorders have a different perception of sounds, sights, smell, touch and taste and this affects their response to these sensations. They may have unusual sleep and behavior patterns.

- Young Children may not play with toys in a conventional and imaginative way but instead use toys rigidly or repetitively e.g. watching moving parts of machinery for long periods with intense concentration. They find it hard to generalise

skills and have difficulty adapting to new situations and often prefer routine.

- Children with autism appear to be indifferent, isolated in their own world, and are unable to form emotional connections with other people. language delays, and other children are very high-functioning with intelligence and speech in tact. Because their brains do not function in the same way other children's do.

Those children affected with **high autism** are likely to suffer more intense and recurrent loneliness when compared to no-autistics, in spite of the common believes that those children affected with autism prefer when there are alone. To make and maintain friendships is something that is very hard with autism affected children.

Earlier intervention will help the child to gain care, skills of communication and social knowledge. Even if there is no cure, there have been reported cases where children have been able to recover when there is earlier intervention. However, not all babies who have autism are able to live independently in their adulthood, but there are some who may be lucky.

10- Shyness

Shyness is often conceptualized as social anxiety accompanied by behavioral responses such as inhibition and withdrawal in response to social and novel situations. Shy children are concurrently and predictively at risk for a range of socio-emotional difficulties including low self-worth, loneliness and difficulties with peers, and

thus have not taken into consideration the child's own perception of his or her social tendencies. However, most studies of shyness in middle childhood have relied upon "outside source" assessments.

Many children tend to be shy and introvert. If your kid shows signs of being one, it isn't something you need to be too worried about. A little understanding and acceptance is all it needs to tactfully handle the situation.

7 tips on how to help a shy child:

Here are some simple tips and tricks for helping kids overcome shyness easily. .

It is important to understand that shyness is a personality trait and not a fault. The good part is that your kid might tend to get over it with

time. Nevertheless, you can always help your shy child develop confidence and be more social.

1. Have a talk:

A lot of kids tend to develop shyness owing to some deep rooted problems. While most of these tend to arise from family issues, it may not be the same in case of older kids.

- Check with your kid's class teacher to note how he is at school and if he interacts with others.**
- Sexual abuse, divorce, fights and verbal abuse tend to make kids submissive and shy. Make sure your kid is protected against all these potential triggers.**
- If your kid has faced some major trauma during the initial stages of his life, you may need to seek professional help to deal with the condition.**

2. Empathize:

There's a difference between sympathy and empathy, so make sure you don't go the wrong

way with this one. Sympathizing with your kid will make him feel more ashamed of himself. This will make him even more submissive and shy.

- Avoid demonstrating judgmental behavior at all costs.**
- Empathize with him and explain that he is a wonderful human being.**
- Tell him he doesn't need to feel bad about himself.**
- Encourage him for his achievements.**
- Constantly tell him why you feel he is the best kid in the world for you.**

3. Discover his strengths:

A lot of kids tend to be shy because they lack motivation and confidence on themselves.

- Help him uncover his strengths as an individual.**

- **Point out the good things and qualities he has.**
- **This will encourage him to build his own identity.**
- **Every kid is inclined towards a particular activity that he is most likely to be comfortable with. Find out what your kid enjoys and encourage him towards it.**

4. Encourage interaction:

One of the best ways to help your kid open up and speak his mind is to encourage him to interact with kids of his age.

- **Invite a few of his kindergarten friends, classmates or even cousins. Try to put them together in situations where your kid is more likely to be in control and authority.**

- This will help your kid learn to play his own part as an individual and help him open up and interact with others.

5. Don't label him:

Probably the worst mistake while dealing with your child is to label him in any manner. This is particularly in case of social gatherings. Labelling your kid as 'shy' will make him lose confidence in himself.

- Look for situations he has handled himself.
- Explain to him how proud you were of having him face the situation himself.
- Encourage such behavior without being pushy.
- Following these tips will help you develop your child's self-confidence. It will help your kid interact with other kids and enjoy some of the most beautiful years of his life at the fullest.

Get more involved in your kid's activities, which is undoubtedly one of the best ways to overcome

kids shyness and will also build a healthy mother-child relationship.

11- Anger

Everyone gets angry. Even children do too, and that is normal. But some people cannot deal with their anger. Here are a few signs indicating that your child has anger issues.

- Getting angry often, even for the smallest of things Sponsor.**
- Losing control of self, unable to stop the outburst**
- Inability to express feelings coherently**
- Failure to see how their anger is affecting other people, doesn't seem to care about other people's feelings**
- Behaves recklessly**

- **Talks threateningly and draws or writes about violence or aggression**
- **Blames other people for their behavior**
- **Stays angry for a long time, has trouble moving away from frustration and anger**

Children, who act without thinking when they are angry, usually end up getting hurt or hurting others. Sometimes, anger issues in children are evident. Other times you may have to observe the child's behavior and attitude closely to know.

If your child is displaying signs of anger, it is time to teach how to manage his anger better.

What Is Anger Management?

Anger management is a learning process that teaches kids how to channel their anger healthily and safely. It teaches kids to identify signs of anger and find ways to calm down and

productively take action. Please note that anger management is not denying how you feel. It is not about holding or repressing your anger.

Anger is normal and should be expressed. Pent-up anger can be explosive, making the person aggressive and violent. Anger management helps prevent explosive bouts of anger that could hurt your child and others around him or her.

Anger management skills are as essential as any other life skills that your child needs to grow up into a sensible adult. So how can you help your child?

Tips for Anger Management In Childrens

Anger management is not easy. And that is exactly why your child should learn it early on. Here are a few tips on how you can help your child manage their anger better.

1. Take a time-out

Timeouts always help when you are angry. When your child is angry and is in a fit of rage, don't react or reprimand. That will only fuel the anger. Instead of arguing and indulging the child in a heated conversation, give him or her a timeout. If the child is ranting angrily, let them finish, and then send them to their room, as coolly as you can.

Anger can be quite scary for some children. So do not leave them alone in a timeout as it can escalate their anger. If you observe that your child is getting scared when angry, then support them to take a timeout by staying either with them or near them.

But if your child is aggressive and being violent, stop them immediately, make them sit quietly for a minute or two, until they cool down.

Teaching them breathing exercises and yoga can help them calm down before their anger takes over.

A walk outdoors and spending time alone can help them gather their feelings and thoughts.

Counting numbers from one to ten, while breathing in and out heavily, can also help the child cool down.

2. The feeling vocabulary

Kids usually tend to shout, scream, punch, kick, and throw things when they are angry because they do not know how to express their anger verbally. A feeling vocabulary is a list of feeling words that the child can use to show their emotions. Teach them different emotion words that they can use to tell you how they feel.

Some words you could start with are: angry, happy, scared, furious, nervous, anxious, irritated, and annoyed.

Once you do, encourage the child to use them in sentences such as “I am so angry right now!” or “I am mad at you” or “She is annoying me.”

Talking is always a better way to express than kicking, punching, biting, throwing, and breaking things!

Reading books about emotions can help children understand them better and normalize all emotions for them.

3. Let anger out of the body

Anger is triggered by the amygdala – the part of the brain that controls your fight or flight instinct. Once the emotion is triggered, adrenalin is pumped by the adrenalin glands and the testosterone levels in the body, heart rate, and

arterial tension increase. When adrenaline levels increase, we feel more energetic and stronger and also tend to speak louder.

These changes in the body increase the risk of aggression and violence. To prevent that, it is important to redirect all that adrenaline for something more productive and less harmful.

Punching a boxing bag, shouting into a pillow, karate chopping paper, or just indulging in a physical activity such as running, swimming, or playing a sport are some of the most effective anger management activities for kids.

4. Empathize

Empathy can do wonders in managing angry kids. If your child is angry, encourage them to talk about it, but don't cut them off. Acknowledge their feelings. Whether they are

angry, frustrated, or just annoyed at something, recognize the feeling.

When you understand what your child is going through, you respond and not react. When you are empathetic, you allow the child to express their feelings without judging them. When you are open to listening, the child calms down.

5. Praise good behavior

The behavior of a child depends on your reaction to it. Children thrive on attention and tend to do things that get them their parents' attention. So when your child displays good behavior, praise them and appreciate their efforts. But do not overdo it. Too much praise can be bad, for they will expect only appreciation and may have a tough time handling criticism.

While praising good behavior is important, pointing out the wrongful behavior in a subtle

way and helping them correct it is equally important.

6. Set a good example

Does your child see a lot of angry conversations and rage-filled rants in the house? If the parents have a short temper and indulge in angry arguments and screaming matches often, the child won't grow up to be a saint. If you want your child to express their anger safely and appropriately, you have to teach them that by demonstrating it.

Be a model parent and set a good example on how you can manage or control your anger. When you do, your children will imitate you and try to deal with their anger without aggression or violence.

7. Have anger rules

Rules are important for disciplining a child. One of the most important rules must be about their behavior when they are angry. Let your child know that it is okay to get angry. Anger is not a bad word. But getting aggressive or violent is not okay. Have simple rules such as:

No hitting, kicking, biting, pinching, or use of any physical violence

No screaming – we talk calmly to solve problems

No calling names or saying mean things

Add any more rules you think are necessary keeping in mind your child's behavior. The most important part is to make sure you and your children adhere to these rules and deal with the consequences when they are broken. No two ways about it!

8. Find an alternative

If children should not scream, kick, or hit when they are angry, what should they do? Well, here are some alternatives that you can get your child to do to release his or her anger safely.

- Use a punching bag to release your anger.**
- Hitting a punching bag or a pillow is alright. Hitting people is not.**
- Write what you are angry about on a piece of paper and tear it into as many pieces as you can.**
- Breathe. Get the child to take deep breaths whenever they feel their anger welling up.**
- Going to a calm place, away from what is causing the anger, can also help the child to calm down.**
- Draw or paint your emotions. Using colors can be a great way to calm the mind and turn the anger into something creative.**

- Find out or make your child find out what calms them down, and remind them of those things when you see them starting to get angry.
- Older kids should be told about the difference between feelings and behavior through anger management activities, which we will talk about next.

12- Bed-wetting

Bedwetting (involuntary urination) is one of the most common symptoms among children. Urination is a symptom of interest to the family, Urination is a pathology that also raises many contradictions and types of inconsistencies (oppositions) with respect to definition, assumptions that cause supply, and then therapies that may be appropriate for him, but we see a closer understanding of how to take it

through an evolving evolution. Controlling the flow of urine is an important developmental step in the history of psychological development of the child and that the regulation or control of urine is not automatic (mechanically, but it is based on several factors.

Kerisler, defines involuntary urination as urination occurs without the will of the child as it happens frequently or intermittently, after the age at which the normal child dominates the function of urine control and usually occurs during sleep It becomes unusual and the urine flow is involuntary.

is known as the inability of the child to control the process of day and night urination and is considered that the injury of the child urinate involuntarily combined by two factors:

- **primary factor** related to the organic or functional composition of the urinary system
- **Psychological factor** arises because of the environment. The painful experiences or severe emotional disorders.

Bed-wetting is classified into two types:

There are two types of bedwetting: primary and secondary.

- **Primary bedwetting** refers to bedwetting that has been ongoing since early childhood without a break. A child with primary bedwetting has never been dry at night for any significant length of time.
- **Secondary bedwetting** is bedwetting that starts again after the child has been dry at night for a significant period of time (at least six months). He relapses to urination and causes often emotional, such as anxiety, fear and jealous
It is rare to have secondary involuntary urination

for organic reasons such as urinary bladder inflammation.

In general, primary bedwetting probably indicates immaturity of the nervous system. A bedwetting child does not recognize the sensation of the full bladder during sleep and thus does not awaken during sleep to urinate into the toilet.

What Causes Bed-Wetting?

Wetting the bed is caused by a mix of reasons:

1- the body making a large amount of urine through the night; a bladder that can only store a small amount of urine at night; and not being able to fully wake up from sleep.

2- Children who wet the bed are not lazy or being naughty. Some illnesses are linked with bedwetting, but most children who wet the bed do not have major health problems.

3- Small bladder size, Where the bladder is normal but tolerance to the amounts of urine is

weak, because the examination of the bladder of these children during the detection of energy (capacity) natural but the problem lies in the narrow bladder function, which can be interpreted as a symptom of anxiety (bladder tension)

4- lack of maturity of the nervous system, especially the independent nervous system responsible for the control of the process of urination, where weak ability to control during sleep.

5- regression to the early stage of development to cause others from the birth of a younger brother, and the child's attempt to attract attention to him.

6- lack of training and mother's excessive protection of the child.

7- Parental abuse of the child and their tendency to strict system and their continued severe

corporal punishment and the threat in training the child on the morals and customs of society.

In summary, involuntary urination is a phenomenon caused by the emergence of a number of factors, the most important, environmental, genetic and psychological factors surrounding the child in the family, school and society and it is often accompanied by some abnormal behavioral manifestations such as: Fear, jealousy, psychological anxiety, a sense of inferiority and loss of self-confidence.

Diagnosis:

1- Repeated emptying of urine day or night in bed or clothes, whether involuntary or intentional.

2- To be repeated twice a month for children between five and six years of age and at least once a month for children older than that.

3- The age should not be less than five years and mental age of four years.

4- is not caused by a physical disorder such as diabetes, epilepsy and urethritis

5- Note the disorder should determine whether it is primary or secondary, only night or day or both.

Treatment of bedwetting

We must motivate the child to cooperate to eliminate this habit and to address this problem, must follow The following:

1- Ensure the health of the child health and treatment of any diseases he may have.

2- The child shall not be humiliated or abused by any member of the family because of his or her urination

3- The child must realize that this problem is his problem, not the problem of others and that he must make an effort to put an end to it.

4- The child must urinate before bedtime and then wake him from sleep after two or three hours for the same show and then wake up again after four or five hours and it is advisable to rely on an alarm to wake up in the specified times and this system starts with the help of the father or mother and then the child depends on himself He wakes up as soon as the buzzer is heard.

5-To be nutritious food free of highly sweetness, so as not to have to drink large amounts of water before going to bed and prevent fluids well before bedtime.

6- The child must feel that the family trusts every confidence that he will succeed in overcoming bedwetting. This confidence helps him a lot and

pushes him to exert effort and his self-confidence starts as soon as he succeeds from the first time. And confidence increases with steady success and gradually the offer of involuntary urination ends.

7- The mother must be careful to warm the child well during his sleep, because exposure to cold weakens control in urination.

8- The child who pisses (urinate) involuntarily should sleep an hour in the daytime, because sleep during the day does not make his sleep at night so deep that it is difficult to wake up to urinate involuntarily.

9- Involuntarily to agree in school and solve problems, and then help him to absorb his lessons and succeed in it because that helps to grow his self-confidence.

10- Drugs that change how active the bladder is or cut down how much urine is made through the night can be prescribed by a doctor.

11- Give the child a reward whenever he wakes up in the morning and his bed is dry.

What Follow-up Is Necessary After Treatment of Bedwetting?

For a child with an underlying medical or emotional cause for the bedwetting, the health-care provider will recommend an appropriate treatment for the underlying condition.

If the treatment recommendations of the provider are followed closely, the bedwetting will stop in most cases.

Keep in mind that for some underlying conditions, such as anatomical problems or emotional problems, the treatment may be complex and take some time.

If you decide to try treatment, try to follow the recommendations of the child's health-care provider.

Relapse rates can be high, but retreatment is typically successful.

Your child's health-care provider will monitor the child's progress periodically. How often depends on how quickly the bedwetting improves and your comfort level with that rate.

Commitment and motivation are needed if the treatment is to be successful.

13- Childhood psychosis

Psychosis is a type of mental disorders, which is rare but requires great care when it occurs and related to the occurrence of strange illusions.

- Childhood psychosis is an uncommon but severe mental disorder where children explain reality abnormally. Schizophrenia involves a range of problems in thinking (cognitive), behavior or feelings. It may lead to a

combination of hallucinations, delusions, and extremely troubled thinking and behavior that impair the child's ability to work.

- Psychosis is a chronic condition that requires lifelong treatment.

- Psychosis of Childhood is divided into organic psychosis and functional psychosis. Organic psychosis is the mental change produced or associated with a brain disease that may be epilepsy, viral brain infections. Most of these diseases are accompanied by the limitations of abstract mental forces and the presence of abnormalities and symptoms in the nervous system, and a tendency to extreme movement and instability, anger and destruction.

Diagnosing childhood schizophrenia and starting treatment as early as possible can lead to a

significant improvement in the child's long-term outcomes

Causes of psychosis in children:

It is not known what causes childhood psychosis, but it is thought to appear in the same way as adults. But researchers believe that a combination of genetic, environmental and other chemistry factors contribute to the disorder. It is not yet clear why its onset appears too early in some, but not others. Problems of some naturally occurring brain chemicals, including neurotransmitters called dopamine and glutamate, may contribute to psychosis.

Psychosis in children can generally be classified as adults:

- organic psychosis (chronic brain injury).

- **Psychosis caused by poisoning (acute brain injury)**
- **Functional psychosis (purely psychological causes).**

Functional psychosis is divided into two groups:

(1) Infant isolation

(2) Schizophrenia of children

Isolation (1): a group of special symptoms and independent of other disorders and does not turn in the future to schizophrenia in adults. It is a disturbance in cognitive and audiovisual sensations that distorts and confuses the child's relationship with life and people, and it seems to be a kind of organic disorder in brain function without a significant disease. However, it is unlikely to have psychological reasons.

Schizophrenia (2): It follows the stage of isolation in the sense that it occurs after the age

of three to five years. Among the most important symptoms of thinking disorder, and the presence of auditory hallucinations, and there may be a genetic factor plays a role in the disease, such as the parents of these children have the characteristics of introverted and schizophrenia and belong to the social class middle and lower.

It also causes:

A- Genetic predisposition prepared if environmental factors exist.

B - neurotoxic and toxic factors and diseases such as encephalitis, brain wounds, brain tumors and the central nervous system.

C - psychological conflicts and frustrations and severe psychological tensions, and the collapse of the means of psychological defense in front of these conflicts and frustrations and tensions.

D- Social unrest, insecurity and the wrong methods of upbringing in the family, such as rejection, bullying and excessive protection.

Psychosis Theories

- First, the theory of psychoanalysis has had a leading role in uncovering the dynamics of this comprehensive withdrawal from reality and its causes. Freud's research in subconscious and dreams and then infantile nationality and the development of the ego were all credited with the clarification of many schizophrenia and psychosis.

Psychoanalysis attributes schizophrenia and psychosis to apostasy (retreat) to the first part of the oral stage of psychosexual development (negative breastfeeding), which is the stage prior to each distinction between the subject and subject, and also precedes all perception of reality as well as the following differentiation

between sexual impulses and tendencies
Aggressive.

- **Collective subconscious:** Jung connects his theory to psychosis and schizophrenia stressing that the old patterns deposited in collective unconscious very similar to schizophrenic and psychotic symptoms as if psychosis and schizophrenia emit these old patterns

- **Behavioral theory:** psychosis and schizophrenia as a chronic state of wrong responses to adaptive processes that overlap and processes of perception and discrimination.

14- Theft Problem

Theft Concept: Theft is an attempt to own something that a child feels does not have, and the child must know that taking something requires a certain permission to take it, otherwise it is considered a theft.

Theft is a clear concept for us adults know its dimensions, causes and harms, and we judge who is doing the right judgment, and we can avoid being the victim.

The child is not fully aware of the concept of theft and its damage to society and the view of religion, law and ethics.

Theft worries parents the most in the behavior of children, which parents call the behavior of criminals, and therefore show great interest in this.

Causes of theft problem in children

Children are stealing for a number of reasons and are aware that what they take belongs to others.

1- Children may have some shortage of things and thus have to steal to make up for that shortfall, and some of the children are affected by

the environment in which they live, especially if the father is addicted to alcohol or the environment itself is poor and these elements help The child has to steal to increase his sense of inferiority in such circumstances.

2- Some parents feel happy when their son steals something and thus the child feels happy and continues to work.

3- Children from the lower classes (rank) steal to make up for what is lacking because of poverty because there is no money to buy, or get what they want, children are stealing what is prevented by parents and they feel they need it, they are working to take it without the knowledge of parents.

6- may be theft of theft suppression felt by the child because of a certain pressure, and therefore theft to seek rest, may be the cause of frustration or frustration of a new child.

7- the absence of the concept of private property and lack of training on them.

8 - suffering from physical or moral deprivation: The need to achieve the desires of unsatisfied may push the deprived person to aggression to satisfy the desires may steal the child toys or food or candy or steal money to buy them.

9- the impact of the environment and tradition and falling under the influence of others: whether through the direct influence of friends or through the screenings of films and media that provide adventures and practices that depict the thief as a strong hero achieves achievements that are not able to many, and this is a field of bad role models that promote this bad behavior In some children.

10- Desire for revenge, Due to the rigors and cruelty of parents and abuse, theft comes as an

aggressive reaction from the child and a desire to rebel against power.

11-Loss of tenderness and care, Thus the child seeks to steal in order to excite and attract attention.

12- Excessive pampering, A child who is accustomed to realizing what he wishes and then be surprised by the denial or rejection of one of his requests may resort to theft because he is always used to meet whatever he wants.

13- satisfactory desire to own property, These occur in some children spoiled selfish who do not satisfy them, something, although parents strive to provide them everything but they do not fill their eyes nothing, and extend their hands to everything that their eyes see.

14- theft mania, a disease in which the child resorted to steal things that have no real value, and at the same time he does not need it, and this

situation comes in the form of seizures and each seizure is preceded by extreme tension is not eased until after theft, a kind of compulsive act The child may then feel remorse.

Practical steps to remedy this behavior

Here are a few of these steps:

- Establishing the concept of private and public property in the child's environment.

One of the most important remedies in this case: the formation of a positive direction and a negative direction, a positive direction from the side of the Secretariat(honest), we consolidate (support) the concept of the Secretariat and support it, and at the same time, We create a negative direction in terms of theft, and that is to

respect the rights of the child in the play and special tools.

It is very important to respect his rights in what he owns, be it toys or special tools, or a toothbrush or clothes of his own.

Also when the father comes and opens his son's piggy bank, and takes money from him without his permission, and without returning it to him, in this case this child I expect that he will hate honesty, and can understand that theft is legitimate, if his father took his money from him, The father must ask the boy first, as a kind of training, and promises that he will return the money, and then return it; so as to feel that this is his property, and that no one will attack him.

- The existence of good role models in the life of the child represented by parents.

Parents are role models and the example of the child, it absorbs from the parents their positions,

so the father and educator should be very cautious of his actions in front of children; The father and mother of respecting the rights of others, and imitates that behavior, if he heard, for example, that his father seized the funds of his younger brothers after his grandfather died, for example, and that he was able to loot these funds, and tells them as intelligence or gain, this is a lesson, and the father is here a role model, then does not admonish him If he did the same.

- Promote a spirit of cooperation and sacrifice in the life of the child

The child must develop a spirit of cooperation and give and take with others. It is true to say to him, these things belong to you, these are your toys, these are your clothes, these are your tools, but at the same time you say to him, When your brother needs something from you and ask for permission to give it, Or say to him, When you

find your companion need something, such as food or tools, You have to give it.

All this act in order to develop a spirit of cooperation with others, so that the subject of private property does not develop to a degree of selfishness, it must be trained to distinguish between what he owns, and something owned by others, and we know that there is an instinct to love ownership, an instinct of This instinct is strong in many children. if the child wants to play by playing his brother, we say, ask your brother first, because it is his own, then you play with him, and in return encouraged his brother and say to him give him the game; because you are brothers and so on and so on He will not relinquish his private property overwhelmingly.

-Not to rush into accusing the child of theft and investigating the circumstances of the act.

It is important not to rush to stigmatize a child with theft, since we are stigmatizing the child at the stage of formation, this is a kind of injustice, and increase the problem and not solve it, theft when you get from children before the age of five is not theft in the sense understood by us, if we have a doubt that This child steals must first: to get some kind of control of his behavior for a few days; to determine when to steal? And what steals? Does he take the thing with him when he steals or leaves him? Do you keep it or sit next to him? Does he put the stolen thing in his pocket or hold it in his hand? Do you hide the stolen thing in a certain place? Does he admit theft when he is interrogated or is he upset? Does he say: This belongs to me, or does he say: I took it by chance? Does he take something to return it to his owner or does he refuse? Does he steal small things that enter the pocket? Or big things, or

steals parts of big things? Do you steal the property of his colleagues? Or their school tools? Or steal food or money ?! As noted, we must know whether theft is casual or frequent? Because if it were repeated, it would be the beginning of professionalism, and this would be a criminal enterprise in the future.

- Do not exaggerate leaving money in the reach of the child.

Some people make money available to the child, to make it easier for him to reach, so that some parents - ignorant of them – says, I throw money under his feet; Of course this is a mistake, and the common proverb says: (loose money teaches theft) The available money is a kind of temptation, and the child does not have sufficient maturity to resist the temptation of money, especially if he needs it, in this case money is placed in a safe place.

-Talk to him about theft, and a statement that it is not befitting to steal, and the damage of theft on society, and if all people are allowed to take

the property of others, how people live ? We show him that this behavior is rejected in terms of all heaven religious, moral and social, and we understand that society rejects this behavior, and this is important.

It is important to develop the behavior of honesty in the child.

**-Providing a family atmosphere suitable for the child and not to distinguish between brothers
Important remedies: Emotional warmth between parents and children, so that the child feels that you love him, it must feel security and tranquility and respect; because the child if he loves someone, it often does not steal from him, especially if they understand that this is a theft.**

-We must cultivate confidence in the same child, and do not feel inferior, do not tell him at the moment of emotion: O thieves, This method destroys the child, the father thinks that this

discipline him, but in fact this loses his self-confidence, and feel inferiority and that is unable to hold together, and that he is not worthy of respect or love or so.

-Also, not to distinguish (differentiate) between brothers, so that distinguishes a son from his other children; the other feels that it is deprived; because this can encourage the behavior of delinquency. It is preferable that the child be integrated into groups of honest, polite children to learn through the group the same values.

- Protect the child from the media that is overflowing with the description of theft incidents
The media have a big role in guiding the child's behavior, it must be withheld from the media, which overflows in the description of incidents of theft, fraud and fraud, there is an advertisement was broadcast on television content.

- Act wisely when the child is first stolen. If there is a suspicion that the child is stealing, We must avoid urging him; in order to admit theft, because if you insist on him you will open the door to lie, if he lied and escaped punishment, he will think that he succeeded in misleading, and saved himself from punishment, and therefore will practice Stealing and lying together, whenever he steals will lie.

Also, it is important to: Encourage the child to return what he stole, for example, if he stole a commodity from a shop, he should return it there, and if he stole something from his classmate, he should return it in an humiliating manner.

Cognitive Therapy for children with Behavioral and Emotional Disorders

Children are different from adults in many ways but the primary difference is that the younger person does not have as much actual control of his or her life as does an adult.

The treatment of mental illness for a child must therefore be different than the treatment for an adult.

Cognitive therapy is a scientifically proven method of treatment that works for younger patients as effectively as it does for adults in the treatment of the anxiety disorders as well as such disorders as conduct disorder, depression, and physical complaints that are not caused by an actual physical condition.

Cognitive therapy is actually most often used in conjunction with behavioral therapy when used with children and most often is aimed at trying to break the circle of emotion – thought – behavior that is thought to cause most of the symptomology that the therapy is intended to ameliorate (improve). The idea is that a person feels an emotion which leads to a thought that is uncomfortable which in turn leads to a behavior that makes the feeling better, but the feeling is then affected by the behavior so that it leads to another uncomfortable thought which leads to another and possibly even more inappropriate behavior which leads to another feeling and so on. Cognitive therapy is an attempt to change the thought into a more realistic and helpful one thus breaking the circle.

In treating children there are stressors that are not usually present for adults generally related to education. A child might have unrealistic goals that are reinforced by adults in his or her life: perfection as the only acceptable outcome is a primary one. When perfection is the only goal then failure will be the most usual experience for a child and failure is a very unhappy thing indeed. In order to avoid the bad feelings and thought engendered by failure the child acts out by being bad in some way and sometimes finds that he or she can be perfectly bad which feels like a success, and success leads to further acting out. Breaking the cycle by making trial and error an acceptable outcome, a success, takes the onus of failure away and can lead to a change in behavior by the redefinition of success.

With children **cognitive therapy** is focused on **breaking the circle** at the thought phase. Having the child focus on the thought and bringing that step in the cycle come more under his or her control can help him or her to see the fallacies in the thoughts and thus repair his or her behavior to the reality of the situation rather than continue in the avoidance behaviors that are inappropriate. In hundreds of studies, cognitive therapy has been shown to be quite effective.

Interpersonal Therapy for children with Behavioral and Emotional Disorders

Many children with behavioral and emotional problems do not realize that their actions are wrong, even after they have been punished for them.

Others, cannot control many of their actions, so they do not exactly get the full benefit of the disciplinary action that they have been given. These problems usually result in a very upset parent, and very confused child. However, it does not have to be this way for either of them. Turning to an interpersonal therapist may be the answer you are both looking for.

When you wish to choose an interpersonal therapist for your child, it is important to decide whether your child works better with males or females. If your child does not work well with male figures, it may be better to choose a therapist that is female or vice versa. Ensuring that your child is comfortable with the therapist they will be seeing is crucial to the success of the therapy.

The therapist your child sees will more than likely have the first few visits together as a

family. However, after the initial few visits, they may just want a verbal update from you and then see your child alone. The key for this therapy is to ensure that the child is focused on the therapy.

Each session the therapist will try different methods of teaching your child how to deal with anger, frustration, or their emotions in general. After every appointment, your child will be expected to demonstrate these new skills and focus on them. These skills will gradually build on each other until they have complete behavioral or emotional control for themselves. At this point, the therapist will focus on maintaining these skills with your child.

It is important to be consistent with the appointments. Missing an appointment may cause your child to slip or regress slightly in their behaviors.

Do not think that because the behavior has not been obvious, that it means it has went away. It means that your child is learning how to get past that behavior. Once they have learned control of it, then they will understand discipline for that specific behavior. Keeping them focused on what is expected of them is important. Do not forget to praise your child on controlling themselves. They need to know that you see the changes they have made and that you are proud of how far they have come.

REFERENCES

- 1. Stadelmann S, Perren S, Groeben M, et al; Parental separation and children's behavioral/emotional problems: the impact of parental representations and family conflict. *Fam Process*. 2010 Mar49(1):92-108.**
- 2. Giannakopoulos G, Mihas C, Dimitrakaki C, et al; Parental separation and children's behavioral/emotional problems: the impact of parental representations and family conflict. *Acta Paediatr*. 2009 Aug98(8):1319-23. Epub 2009 Apr 27.**
- 3. Sirvinskiene G, Zemaitiene N, Zaborskis A, et al; Infant difficult behaviors in the context of perinatal biomedical conditions and early child environment. *BMC Pediatr*. 2012 Apr 1112:44.**
- 4. Dufton LM, Dunn MJ, Compas BE; Anxiety and somatic complaints in children with recurrent abdominal pain and anxiety disorders. *J Pediatr Psychol*. 2009 Mar34(2):176-86. Epub 2008 Jun 24.**
- 5. Dogan-Ates A; Developmental differences in children's and adolescents' post-disaster reactions. *Issues Ment Health Nurs*. 2010 Jul31(7):470-6.**

6. Muthugovindan D, Singer H; Motor stereotypy disorders. *Curr Opin Neurol.* 2009 Apr22(2):131-6. doi: 10.1097/WCO.0b013e328326f6c8.
7. Generalised Anxiety Disorder; Anxiety Care UK
8. Davidson JR, Feltner DE, Dugar A; Management of generalized anxiety disorder in primary care: identifying the challenges and unmet needs. *Prim Care Companion J Clin Psychiatry.* 201012(2). pii: PCC.09r00772. doi: 10.4088/PCC.09r00772blu.
9. Steinhausen HC, Muller N, Metzke CW; Frequency, stability and differentiation of self-reported school fear and truancy in a community sample. *Child Adolesc Psychiatry Ment Health.* 2008 Jul 142(1):17.
10. Pina AA, Zerr AA, Gonzales NA, et al; Psychosocial Interventions for School Refusal Behavior in Children and Adolescents. *Child Dev Perspect.* 2009 Apr 13(1):11-20.
11. Prudent N, Johnson P, Carroll J, et al; Attention-deficit/hyperactivity disorder: presentation and management in the Haitian American child. *Prim Care Companion J Clin Psychiatry.* 20057(4):190-7.
12. King S, Griffin S, Hodges Z, et al; A systematic review and economic model of the effectiveness and

cost-effectiveness of methylphenidate, dexamfetamine and atomoxetine for the treatment of attention deficit hyperactivity disorder in children and adolescents. Health Technol Assess. 2006 Jul10(23):iii-iv, xiii-146.

13. Jahromi LB, Kasari CL, McCracken JT, et al; Positive effects of methylphenidate on social communication and self-regulation in children with pervasive developmental disorders and hyperactivity. J Autism Dev Disord. 2009 Mar39(3):395-404. Epub 2008 Aug 28.

14. Hodgson K, Hutchinson AD, Denson L; Nonpharmacological Treatments for ADHD: A Meta-Analytic Review. J Atten Disord. 2012 May 29. 15. Attention deficit hyperactivity disorder: diagnosis and management; NICE Clinical Guideline (September 2008).

16. Bjornstad G, Montgomery P; Family therapy for attention-deficit disorder or attention-deficit/hyperactivity disorder in children and adolescents. E Database Syst Rev. 2005 Apr 18(2):CD005042.