Common Behavioral Disorders in Primary School Students and Its Strategies

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Abstract

Behavioral disorders are a group of behaviors by which the patient repeatedly violates the basic rights of others or violates social rules. These disorders may form in childhood or adolescence. Diagnosis and treatment of this disorder in children and youth is very important, because their personality is formed during this period. Since the behavior and performance of children with behavioral problems is associated with impairment compared with their peers and these behaviors, in addition to inappropriateness with age and intelligence level of child, are permanent and chronic and their range is different from endogenous and exogenous behaviors, such children are unable to respond to social situations and everyday life, they somehow interrupt participation in the classroom and teaching-learning process and sometimes face the peers and teachers with the severe psychological pressure. Therefore, such children need special support and educational programs and effective treatment that developing such programs needsthe factors influencing the behavior to be understood and identified. This recognition is possible only through a thorough and comprehensive study of behavioral disorders and treatments. In fact, this process is considered as a link between the occurrence of undesirable behavior and correct planning for refining and treatment. Therefore, the object of this study is to examine the dimensions of common behavioral disorders in elementary school students. The research method is descriptive-inferential.

Keywords: behavioral disorders, primary school students, hyperactivity, anxiety disorders, depression.
Introduction

Every day, teachers are faced with students in the class, who show undesirable behaviors due to the different causes. The students need effective and relevant training programs in order to overcome their problems. Design and development of such programs without a thorough understanding of the factors influencing the occurrence of undesirable behavior will be stymied. In this respect it should be noted that the appearance of behavior alone will provide little useful information about the possible cause of undesirable behaviors and selection of appropriate methods of intervention. However, identification of cause(s) of undesirable behavior can be used the basis for selecting and designing strategies for improvement of behavior simultaneous with training with academic skills.

It has been estimated that about 25 percent of children ages 4 to 7 years are likely to have challenging behaviors such as aggression and agitation that interfere with their learning and development in school (Campbell, 1995; Webster-Stratton, Hammond, 1998). However, less than 10 percent of young children with behavior syndrome receive treatment intervention (Kaufman, 1999). Without early interventions, children with behavioral problems are likely faced trouble in most areas of their life. Most of them are rejected by their peers, have few opportunities to learn appropriate behaviors, receive little feedback from their teachers, and likely experience socio-emotional problems and academic problems that may require special training (Campbell, 1995). Children who have not acquired the compliant behavioral patterns until the end of third grade may experience long-term risk of academic failure, including leaving school, juvenile delinquency and substance abuse (Lipsey and Derzon, 1998). So, intervention is essential when children are in pre-school, kindergarten or first grade class to prevent crime and other following negative consequences.

Teachers spend a lot of time to respond to disruptive behavior of the children and often use negative approaches such punishment to reduce problematic behaviors. Not only are useful the reactive and punishment-based approaches but also probably sustain a child’s negative behaviors (Maag, 2001). Experts believe that proactive interventions which are designed to promote positive behavior and to prevent the occurrence of negative behavior must be implemented as soon as possible (Fox, Dunlap and Powell, 2002; McGee and Daly, 1999).

Functional assessment of behavioral disorders is an important subject of numerous studies which includes a lot of research (Matson and Nebal-Schwalm, 2007). For years, various behavioral rating scales have been provided and used to detect the students’ behavioral problems and have served as a screening tool for certain mental health problems (attention deficit hyperactivity disorder, emotional-behavioral disturbances, conduct disorder, anxiety disorders, or depression). Relatively few studies have examined its application in the context of class, and even in the emotional and behavioral disturbances (EBD). In this study, it is tried the students’ common behavioral disorders to be investigated and their treatments are presented to the extent that the context of this paper allows.
1. Inattention disorder(hyperactivity[ADHD])

ADHD is one of the most common psychological problems diagnosed in childhood (Mohammad Ismaeil, 2006). It is one of the disorders that can cause Attention Deficit Hyperactivity Disorder problem at an early age with the prevalence of 4 to 6 percent (American Psychiatric Association, 2000). According to DSM-IV-TR, diagnosis or confirm the presence of multiple symptoms of inattention or hyperactivity-impulsivity, or both of them is done and is divided into three types of inattention, hyperactivity-impulsivity or a combination of them (Gab, 2005). ADHD is described as a pattern of impulsiveness and inattention that often begins before age 7. Researchers commonly use teachers’ report to diagnose this disorder, because most parents and educators are faced a lot of problems in interaction and training these children due to unfamiliarity with the origin of behavioral problems and emotional and educational needs of them (Kurdlo, Ismaili, Azadi, 2013). Hyperactivity is a developmental-behavioral disorder. The child usually does not have the ability to pinpoint and focus on a subject; his learning is low and enjoys an unusual and very high physical activity.

Attention Deficit/Hyperactivity often decreases with increase of age. Researches which have been done outside the country show this problem as well (Satak et al., 2004). However, In Iran by increasing age a significant decrease does not happen in this problem (Ghanbari, Mazidi, 2007). Probably the reason for this is that in our country, the families of these children often are not seeking to find a solution for emotional-behavior problems of their children and have accepted it as part of the conditions. Therefore, these problems may seem more normal for them and not very prominent.

2. Treatment

In the treatment of hyperactivity, in short the following strategies are recommended:

A. Parents and interaction with hyperactive children

Positive attention to the child, authoritative attention to all his/her contradictory activities with child's negative behavior, issuing effective commands, training about non-intervention and stopping his/her activities by parents, Performing coupon economy system, and obtaining score to get award, exclusion and punishment of child when doing inappropriate behavior (Kurdlo et al., 2013).

B. Teachers’ interaction with hyperactive children

Training delay-response, implementation of positive role through theater and plays, training strategies for behavior correction, ways of controlling anger, the role of games in decreasing hyperactivity disorders (Kurdlo et al., 2013; Rouh-Shahbaz, 1990).

Conduct disorder

Conduct disorder refers to a set of behavioral and emotional problems in children and adolescents who have difficulty to obey socially accepted behaviors and regulations (Abedpour, 2006). Another type of aggressive behavior that its consequences are often more serious than
those of disobedience game is called conduct disorder. The individuals with conduct disorder are openly dismissive to social norms and rules of conduct that are commensurate with their age. Some of them are aggressive, do fight; commit theft inside or outside the home, tell lies, threaten others, run away from home and school, engage in sex at an early age, going to be members of criminal groups, destroy the others’ properties, and usually have very few friends or no friends.

**Treatment**

Literature related to researches done on conduct behavior proposed three therapeutic patterns that are effective in decreasing behavior difficulties. The center of interventions is individual, familial and social fields (Komijani, 2009).

Treatment also includes training for problem-solving and training for parents’ management. Interventions in individual level include training social skills and problem-solving. Children and adolescents are received training on behavioral and cognitive techniques and learn strategies that are useful to solve interpersonal problems (Komijani, 2009).

Gardner and Lane (2004) have specified six main components of educative interventions for treatment the children with conduct disorder, including:
1. Practicing the new educative skills
2. Training management principles, especially techniques
3. Practicing the new educative strategies at home
4. Training technique preventing negative behaviors, using strategies for creating positive relations
5. The emphasis on improvement of the parents-children relations
6. Presenting early interventions (because late interventions are not very effective)

Family conflicts and poor skills of parents are the characteristics of family relations of children with conduct disorder that Parent Management Training (PMT) is an effective and usable strategy for treatment of children with maladaptive behaviors (Komijani, 2009). The children also appear the cognitive and behavioral problems. These features suggest possible approaches in the treatment of these children; and recent studies indicate that the treatment of children with conduct disorder can be useful. Training of the parents is another approach that is often used for the study and therapeutic application for this disorder. In the functional family therapy, child-control skills are directly taught to parents. These therapies aim to focus on the elimination of hostile family interactions with anti-social behavior.

**Oppositional disorders**

In DSM-IV (American Psychiatric Association, 2000), children are recognized with one of the nine oppositional disorders: Separation anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, extreme anxiety disorder, social phobia, specific phobia, obsessive-compulsive disorder, post-traumatic stress disorder, and acute pressure disorder. In all these disorders, anxiety is a common feature which appears as special and discontinuous reactions, physiological (working) reactions and behavioral reactions. What distinguishes an anxiety disorder from other
disorder is the focus of child’s anxiety (Mash, Barkly, translated by Tozandeh Janny and Tavakolizadeh, 2004).

Anxiety disorders are one of the most common emotional-mental disorders in children and adolescents. Studies performed the diagnosis of prevalence of disorders showed that about 8-12% of children and 5-10% of adolescents are suffering from one of diagnostic criteria of anxiety disorder such that interrupt their ordinary process of life and daily performance (Spence, 1998). Anxiety disorders, especially separation anxiety disorder, have a high prevalence among children and adolescents, so that some studies have reported the prevalence of anxiety separation disorder up to 42% (Hudson, Rapee, 2001).

Treatment

There are different perspectives for the treatment of anxiety disorders, which are summarized as following: Biological perspective, behavioral perspective (pacification, muscle-psychological tension, behavioral counseling, gradual exposure, abstinence, regular insensitivity), cognitive perspective, existential perspective, cognitive-behavioral perspective and individual-oriented perspective (treatment on the basis of person-based approach), psychoanalytic perspective, Gestalt perspective, interpersonal therapy perspective, systemic approach, social-cultural perspective, storytelling, counseling based on psychoanalysis, analysis of incomplete sentences, rational emotive behavior therapy (REBT), imaginative games, cognitive-behavioral therapy (CBT), medication, family counseling, systemic approaches (Matin, 2009) that the following methods are considered in family therapy.

Training the appropriate patterns to parents, making aware the children from their various emotions, making aware the children from their illogical thoughts and their consequences and replacing logical thoughts, informing children from their behaviors and their outcomes, training strategies for effective encountering when confronting problems, training different behavioral techniques such as somatic-relaxation for modification of tension in different muscles when facing with anxiety (Matin, 2009).

Depression disorder

Depression disorder is one of the oldest and most common types of mental disorders and is a psycho-biological response to the pressures and stresses of life. Such a reactive mode and mood disorder is not limited to a particular time and place and it is possible to take place for every individual at any time and place (Ahadi and Jamhari, 1998). Existence or absence of depression, its properties and prevalence in children and adolescents have been discussed for many years (Rutter, Thoma, Len, 2002; Harrington, 1998). In recent years, more information has been obtained about this issue and researchers have concluded that a depression-like condition in adult can also occur in children (Strobe, Planer, Springer, Alber, Gruen, 2015) and children may also suffer from low to very strong levels of depression (Illi, 1997).
Treatment

A) Drug treatment: Since according to some experts, the reason for depression is deficiency in the chemical compositions of the nervous system, they know effective taking some antidepressants for helping to improve the individual’s situation.

B) Psychotherapy: In individual psychotherapy, due to different trends in psychology approach that is caused by different therapeutic schools, the professionals’ styles and techniques may be different from each other and have common objectives. The main idea in this treatment is that depression is caused by some problems in the past life of the individual and has emerged in relationships with others in semi-unconscious condition (Mehryar, 2003).

C) Behavior therapy: This method is started by the careful analysis of the behavior of the individual with depression and is determined to some extent using clinical interview and sometimes performing some tests and asking specific questions and getting information about conditions and factors that have paved the way for the person to be depressed (Afrooz, 2007).

D) Cognitive therapy: The core belief in cognitive treatments is that the depressed people are unwillingly and unconsciously enjoy a set of irrational and preventing negative cognitive beliefs. The main object of cognitive therapy is that the depressed person achieves to a will and encouragement to move and attempt toward a committed and productive trend by a new perspective to environment and hopeful future (Sockol, 2015).

Conclusion

Diagnosis of learning disorders is used to evaluate response patterns to determine the underlying functions of the behavior and promote effective behavioral interventions. School counselors who directly deal with the behavioral/emotional needs of children and adolescents, teachers and parents require a precise recognition of students’ common disorders and the ways of their treatment in order to interpret and offer the proposed interventions and understand the situation of students correctly. Also, students with behavioral problems due to lack of behavioral sufficiency are at risk of academic failure. The knowledge about the prevalence rate of the dimensions of behavioral problems in students may cause early interventions and the provision of services and prevent the consequences of academic failure which occur after behavioral problems.

Other behavioral disorders that need to be addressed in other researches include the following: Avoid homework, social withdrawal, passive aggressive, physical problems, turmoil, delinquency, and active aggression, and opposition.
References


