

DIFFERENT TYPES OF CHILDREN'S BEHAVIOURS IN EDUCATION

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Annotation: The age and gender prevalence estimation of various childhood behavioural disorders are variable and difficult to compare worldwide. A review of relevant published literature was conducted, including published meta-analyses and national guidelines.

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Parents often find themselves caught off-guard when their child starts exhibiting behavioral issues. For instance, their child may become disruptive at school or home. Children who show signs of a behavioral disorder may benefit from an evaluation by a mental health professional. They can help determine whether there is an undiagnosed mental health or behavioral disorder driving their actions.

Oppositional Defiant Disorder (ODD).

Children with oppositional defiant disorder start continually acting out at school, at home, or with other kids. Most children with ODD start showing symptoms of the behavioral disorder before they're eight years old. Typical signs of ODD include:

- Often getting angry or losing your temper
- Arguing constantly with adults
- Refusing to comply with rules or requests
- Blaming others for your mistakes
- Appearing resentful
- Antagonizing others or becoming easily annoyed by the actions of other people

Conduct Disorder (CD).

Conduct disorder is a term that encompasses persistent and emotional behaviors exhibited by children and adolescents. Young people with CD often have trouble respecting others' rights, being empathetic, and following the rules of society. Kids with CD may be described as delinquent or "bad." They may also show aggression toward people or animals in the following ways:

- Getting into physical fights
- Bullying others
- Stealing from others
- Deliberately harming peers
- Using weapons like a stick or bat against others

- Showing few signs of remorse for their actions
- Destroying property

Attention-Deficit/Hyperactivity Disorder (ADHD).

Attention-deficit/hyperactivity disorder causes children to exhibit impulsive behaviors or to be more active than usual. Kids with ADHD often have trouble staying focused on a task, leading to issues at school. Many young people with ADHD continue showing the same symptoms when they become adults. Signs that a child may have ADHD include:

- Constantly daydreaming
- Showing signs of forgetfulness or often losing things
- Constantly talking
- Finding it difficult to get along with others
- Having trouble sitting still (fidgeting)
- Taking needless risks
- Often making mistakes because of carelessness
- Having trouble resisting temptation

Anxiety.

Children with anxiety experience persistent fears and worries that don't go away. Kids with anxiety often internalize what they are thinking and feeling, unlike those diagnosed with behavioral problems like ADHD or ODD. Anxiety can stop children from participating in school activities or interacting with family members. Children with anxiety often show symptoms like:

- Being afraid to separate from a parent
- Not wanting to go to school because they don't want to be around people
- Having phobias tied to specific objects or situations like animals or going to the doctor
- Always worrying about something terrible happening
- Experiencing panic attacks

Depression.

Most people have periods when they feel sad. Children with depression don't get over their feelings within a few days or even a few weeks. They may find themselves having trouble enjoying what used to be their favorite activities or feel that their situation is hopeless. Other signs that a child might have depression include:

- Sleeping too much or not sleeping enough
- Having little energy or being sluggish
- Changes in eating habits
- Not wanting to participate in activities
- Having trouble paying attention to what's happening around them
- Constant feelings of guilt or uselessness

- Self-harming behavior

Post-Traumatic Stress Disorder (PTSD).

Children who go through or witness a traumatic or stressful event often experience emotional aftereffects. These can lead to long-term symptoms of post-traumatic stress disorder, including:

- Constantly replaying the event in their mind
- Sleeping problems and nightmares
- Becoming triggered by anything that reminds them of that experience
- Inability to be happy
- Becoming angry and annoyed
- Refusing to acknowledge the events
- Appearing emotionally numb
- Avoiding people or places that might remind them of the event

Treating Behavioral Problems in Children

Early treatment is essential to helping children recover from mental and behavioral disorders. The goal is not to let those issues carry over into adulthood and lead to more severe consequences. Having them talk with a health provider who can get them to open up about what they're going through is an excellent first step.

The doctor may recommend that your child receive a complete mental and medical evaluation to rule out an underlying physical illness or disease. From there, they can make a diagnosis of what is causing your child's behavior. Once they understand the core problem, your doctor can start working on a treatment plan.

Behavioral therapy can be beneficial for children with various behavioral problems. Parents can also benefit from getting treatment to learn more effective parenting techniques to help their child and strengthen their parent-child relationship.

- Gender – boys are much more likely than girls to suffer from behavioural disorders. It is unclear if the cause is genetic or linked to socialisation experiences.

- Gestation and birth – difficult pregnancies, premature birth and low birth weight may contribute in some cases to the child's problem behaviour later in life.

- Temperament – children who are difficult to manage, temperamental or aggressive from an early age are more likely to develop behavioural disorders later in life.

- Family life – behavioural disorders are more likely in dysfunctional families. For example, a child is at increased risk in families where domestic violence, poverty, poor parenting skills or substance abuse are a problem.

- Learning difficulties – problems with reading and writing are often associated with behaviour problems.

- Intellectual disabilities – children with intellectual disabilities are twice as likely to have behavioural disorders.

- Brain development – studies have shown that areas of the brain that control attention appear to be less active in children with ADHD.

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

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

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

- Parental education – for example, teaching parents how to communicate with and manage their children.

- Family therapy – the entire family is helped to improve communication and problem-solving skills.

- Cognitive behavioural therapy – to help the child to control their thoughts and behaviour.

- Social training – the child is taught important social skills, such as how to have a conversation or play cooperatively with others.

- Anger management – the child is taught how to recognise the signs of their growing frustration and given a range of coping skills designed to defuse their anger and aggressive behaviour. Relaxation techniques and stress management skills are also taught.

- Support for associated problems – for example, a child with a learning difficulty will benefit from professional support.

- Encouragement – many children with behavioural disorders experience repeated failures at school and in their interactions with others. Encouraging the child to excel in their particular talents (such as sport) can help to build self-esteem.

- Medication – to help control impulsive behaviours.

Three Types of Behavior

Some parents find it helpful to consider three general kinds of behavior:

1. **Some kinds of behavior are wanted and approved.** They might include doing homework, being polite, and doing chores. These actions receive compliments freely and easily.

2. **Other behavior is not sanctioned but is tolerated under certain conditions,** such as during times of illness (of a parent or a child) or stress (a move, for instance, or the birth of a new sibling). These kinds of behavior might include not doing chores, regressive behavior (such as baby talk), or being excessively self-centered.

3. **Still other kinds of behavior cannot and should not be tolerated or reinforced.** They include actions that are harmful to the physical, emotional, or social

well-being of the child, the family members, and others. They may interfere with the child's intellectual development. They may be forbidden by law, ethics, religion, or social mores. They might include very aggressive or destructive behavior, overt racism or prejudice, stealing, truancy, smoking or substance abuse, school failure, or an intense sibling rivalry

Your own parental responses are guided by whether you see the behavior as a problem. Frequently, parents over interpret or overreact to a minor, normal short-term change in behavior. At the other extreme, they may ignore or downplay a serious problem. They also may seek quick, simple answers to what are, in fact, complex problems. All of these responses may create difficulties or prolong the time for a resolution.

Behavior that parents tolerate, disregard or consider reasonable differs from one family to the next.

Some of these differences come from the parents' own upbringing; they may have had very strict or very permissive parents themselves, and their expectations of their children follow accordingly. Other behavior is considered a problem when parents feel that people are judging them for their child's behavior; this leads to an inconsistent response from the parents, who may tolerate behavior at home that they are embarrassed by in public.

The parents' own temperament, usual mood, and daily pressures will also influence how they interpret the child's behavior.

Easygoing parents may accept a wider range of behavior as normal and be slower to label something a problem, while parents who are by nature more stern move more quickly to discipline their children. Depressed parents, or parents having marital or financial difficulties, are less likely to tolerate much latitude in their offspring's behavior. Parents usually differ from one another in their own backgrounds and personal preferences, resulting in differing parenting styles that will influence a child's behavior and development.

When There Is No Response

When children's behavior is complex and challenging, some parents find reasons not to respond. For instance, parents often rationalize ("It's not my fault"), despair ("Why me?"), wish it would go away ("Kids outgrow these problems anyway"), deny ("There's really no problem"), hesitate to take action ("It may hurt his feelings"), avoid ("I didn't want to face his anger") or fear rejection ("He won't love me").

Your Pediatrician Can Help

If you are worried about your child's behavior or development, or if you are uncertain as to how one affects the other, consult your pediatrician as early as possible, even if just to be reassured that your child's behavior and development are within a normal range.

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