

# Behavioral Problems in Children: How to Manage?

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## **Abstract**

Behavioral problems in children can be caused by disorders such as hyperactivity and attention deficit, sleep disorder, tantrum, stuttering, sibling jealousy, fear, kleptomania, imaginary friend, sexual identity problems, enuresis, encopresis, autism spectrum disorder, among others. Sexual abuse change the behaviour of the child and we need to find early signs to avoid more physical and mental damage.

The solutions to these topics are different in each case. The author highlights the early signs of some deviations or non-normal behavior during this period.

Keywords: Behavioral Problems; Children; Hyperactivity

## Introduction

Behaviour problems in children are at influence of socialization strategies used by the parents. The way that you educate is directly related to the development of the life of the children. Risk factors like, parents conflict, unfavourable socioeconomics conditions, religious aspects, can have an important role in the nefast behaviour of the child. The parents must express positive and negative feelings in the behaviour of their children, contribuiting for the adequate or inadequate behaviour according to the society. It is important to emphasize the role of the school for the formation of the personality of the child, that can be positive or not, depending on other situations as, absent of school material or bad physical conditions in the class, excessive number of students, loss of motivation, no incentive to the student work and finally, the disponibility of the teacher to teach.

Many subjects cause behaviour problems. We need to identify beginning these problems early, to reduce the risk of an uncontrollable situation [1-4].

How we manage each situation?

## Types of behavioral problems

#### **Hyperativity**

- Is a restless child that cannot stop a second, at or outside his home.
- Generally are inteligent childbut without attention.
- They change their activity in seconds.
- Is more frequent in boys than girls (9/1).

- Support from the family and the school.
- Psychology and pedagogic support.
- Medical orientation with drugs to reduce the hyperactivity.

## **Attention deficit**

## Definition

- The child has loss of attention, concentration and persistent in his work for brief period.
- Affect 5 to 10% of children in school age and is 10 times more frequent in boys.
- Are unorganized children but not aggressive.
- The children cannot sit for seconds.
- Talk too much.
- Has difficulty in playing in a quiet form.
- They don't hear what you are talking about.
- They loss frequently school material.
- Most of time there is a family history (father or mother).

## **Solutions**

- · Behavior therapy.
- Special drugs prescribed from the doctor.

## Dyslexia

## **Definition**

- Difficulty in reading.
- Affect 10% of children in the school age.
- More frequent in boys.
- Skip letters and change numbers.
- Without notion of right-left, up-down, front-back.
- Confuse today-tomorrow and morning-afternoon.
- Bad coordination of the hands.

- Verbal communication with the parents.
- Family support.
- · Speech therapy.
- Psycologic and social support.

## Lack of appetite

## **Definition**

- 25% of children has this symptoms.
- Start between 5 8 months, before the introduction of new food.
- They can use this symptom to call attention.

## **Solutions**

- The meal time cannot be a war between the child and the parents.
- Cannot force to eat the food, because they can vomit.
- Don't prolonged the food more than half hour.
- Don't give the same dish one hour later.
- If the child refuse to eat, insist 5 more minutes and after change to the dessert.
- Don't give another dish if the child refuse the first one.
- Is not recommended to snack between the meals.
- Avoid excessive discipline from the parents.
- Avoid unpleasant environment.
- Avoid excessive stimulation before meals.
- Is better to choose another person (family or not) to give the food to avoid more severe conflict.

## **Stammering**

## Definition

- Is a speech problem that let the chilren delay the words or hesitate.
- Start between 2 and 4 years.

## Solutions

- Don't bob and punish the child.
- Don't try to help the child to finish the word.
- Anxiety increase stammering.
- If we don't give too much importance, anxiety and stammering will disappear.
- In severe case, the child will need to do speech therapy.

## Jealous of the brother

## Definition

- When you are the only child, you receive all the love and attention for your parents and family.
- Share the physical space and attention and upon all the love of the parents is not easy.
- The symptoms of suffering may not appear in the beginning but days or months later.
- The most frequent symptom is regression: use again the nursing nipple, talk like a baby, pee in the bed or ask lap more frequency.

- As soon as the mother knows that is pregnant, is importante to tell the child, using words that he can understand.
- Maintain his love to the child.
- Tell the elder brother that the baby will cry during the night, the same he did before.
- Explain the child that the younger baby will play with him, hare the toys with him and other activities.
- If we anticipate and explain in the beginning, the child will accept better and minimize the effect of jealous.

## Difficulty in interaction between child and parents

#### Definition

- Can appear in the first months of life.
- After delivery depression and lack of support from the husband or family, can be responsible for the bad relationship between the mother and the child.
- Intense cry and uncontrolled hours for feeding, cause more difficulty in the relationship between both.
- Nervous breakdown associated with the feeling of guilty, can affect the behavior of the baby and the interaction between the parents and the child.

## **Solutions**

- Informe the parents the normal development of the child, his behaviour at that age and explain that this phase in transitory.
- Is not easy to create a child. We need a lot of patient and above all is control of our emotions.

## **Anxiety of separation**

## **Definition**

- Is the anxiety that a child feel when one of the parents let her alone.
- The child mostly cry.
- This feeling is between 8 24 months.
- If the parents stop this situation, with a protective reation, they can be responsible for the maturation delay and developtment of the child.

## **Solutions**

- The parents must be teached not to turn back to there former decision, to avoid them to be more protective in front of the situation.
- The child is not allowed to be in the parents room, because will prolonger is problem.
- The child must go back to his bed.
- One of the parents can read a short book, give the child his prefer toy or let him sleep with a presence light.

## Nightmares

## Definition

- Are scare dreams during the REM phase (fast eye movement) of the sleep.
- The child can whaycupcan and describe the dream correcttly.
- Terror books and violence on TV program, can cause nightmares.
- Calm the child.

## **Solutions**

• Avoid terror and violence in the books and TV program.

## Night terror

## **Definition**

- The child wakeup few hours after sleep, with anxiety.
- Cannot remembre anything.
- This happen when the child wakeup from a deep sleep (non REM phase).
- It takes few seconds to minutes.
- The child is in panic and shout a lot.
- More frequente between 3 8 years.

#### **Solutions**

- Reconfort the child.
- Avoid books and stories with violence.

## Somnambulism

## Definition

- The child wakeup and walk sleepy and confuse in the house.
- It happens when the child wakeup not completely from a deep sleep (REM non-phase), with interruption of the 3 first hours of sleep.
- There is no accidents with the objects.
- Wakeup suddenly with a confuse when looking around.
- Cannot remember anything.
- Is more frequente between 5 12 years.
- Dissappear by themselve?

## **Solutions**

• Avoid violence stories and family discussions.

## **Enuresis**

## **Definition**

- The child maintain voiding after 6 years of age.
- Is traumatic to the child if the family allways talks about the same problem.
- One per cent of the population can have enuresis until the age of 18.

- Don't punish.
- Behaviour therapy to the child and parents.
- Restrict liquids after 5 pm.
- Void before sleep and repeat after 5 minutes to eliminate some residual urine.
- Use special alarms at night: can solve 70% of cases of enuresis.
- If relapse (happen in 15% of cases), need to use special medicine prescribed from the doctor to reduce enuresis at night.

## **Encopresis**

## **Definition**

- Is an unvolunteer defecation not caused from a physical problem or disease.
- One per cent of children until 4 years old has this problem.
- It happens because of the resistence of the child or retention of the stools because of fear to go to the bathroom.

## Solutions

- Don't punish the child.
- If the cause is obstipation, we can give more liquids during the day, eat more fruit like kiwis, papaya and pear.
- If the child is taken iron, the stools will be more hard and can increase the obstipation problem.

#### Fear

## **Definition**

- Appear between 3 and 4 years of age.
- The most common fears are: darkness, spiders, monsters and insects.
- Reading book to the children that contains episodes of terrors, agressive and violent videogames, parents discussions are factors that increase the fear.

## **Solutions**

- Support of the parents to tell that the monsters doens't exist or the spideres are not danger in most situations.
- Avoid terror movies, agressivity e violence.
- Not discuss in front of the child.
- Is not indicated to put the child to fight the fear against will.
- The parents must talk with the child the reason of the fear.
- Let the light during the night.
- Make jokes with the shadow of the hands.
- Let a child favorite toy near him.

## Dictator child

## Definition

- Is a child with a lot of power in the family.
- This situation happens when there is a total absent of power from the parents.
- The child dominate completly all the family.
- The child refuse to eat, has tantruns and sometimes simulate ill to stay at home.
- Is not a secure child outside the house.

- We need to put the child in his own place.
- Parents and child need behavior therapy to learn the rules of good education.

## Agressive child

## **Definition**

- The child is agressive and can cause lesions himself or in another child.
- The agressive behaviour is caused by fragily feelings and insecurity secondary to the birth of his younger brother, divorce of the parents, lost of some member of the family, abuse or humilhation from the adults or parents.
- The child adquire the agressivity from the family behaviour, playing with another children, videogames, television.

#### **Solutions**

- Observe the type of the behavior of the child.
- Talk with the child to try to discover his problem.
- Draw is agressive behavior in a paper to explain to the child that this an agressivity that need to trow out, to reduce his stress.
- Inform the educator or teacher the problem or problems that was detected.
- Psycologic support.

## Difficulty to sleep

#### Definition

- The child cannot sleep and cry, has tantrum, ask to stay for more time and want to sleep in the parents room or bed.
- These difficulties happens when children has sleeped too much time in the parents room or bed and for this reason the child has fear of separation.

## **Solutions**

- The child need to change to another room about 6 months of age.
- Tha baby cannot sleep on the mother lap.
- Babies and children needs rotine and cannot be stimulate with videogames or TV before going to the bed.
- A bath, a calm story and a massage, is relaxing for the child and reduce is stress before sleeping.
- A help from a toy or a presence of a light will let your child more relax.
- Avoid holding the baby all the time and feed him out of hours.
- The babies needs to sleep by themselves.
- The parents that try to sleep their babies everytime they cry, are responsible for the worse quality of sleep in the first years of life.

## Tantrum

- Can happen anywhere, but the parents will feel unhappy when the cenario is in a public place.
- Generally the public places are prefered by the children because is easier to get what they want.
- This behaviour happen because the child don't know what is an adult order since young and can manipulate all the family.

- Is not good for the child to stay too much time in coffees or restaurants because.
- We need to call attention of the child in an isolate place and not in from of an audience.
- We need to explain to the child is bad behaviour in 1 2 minutes and too much time.
- If you need to punished, is better explain the reason.
- The rule is 1 minute per year of age.
- Is important to tell him when is behaviour is correct and show are satisfaction.
- The parents and the rest of the families needs to work together to solve the problem, correcting is bad behaviour and not all the times everything he want.
- Remind that when you say NO to a child, you will help him growth and also is very important for his education.

## Ashamed child

### Definition

- We start to suspect when the child don't have friends, is isolated most of time, is afraid to ask the teacher to go to the toillete or work as a team.
- They are fear to do wrong things and because of this don;t open the mouth to talk.
- These symptoms happens because the parents are overprotecting.

#### **Solutions**

- Family support and incentive to play and work with other children.
- The child is stimulated to has realtionship with friends.
- Because the ashamed child is in most cases inteligent in his studies, he is stimulated to help his friends in the school.

## Children of separate parents/single mother

## **Definition**

- When there is a separation, generally the child stay with the mother.
- Children of separate parents or single mother, are not responsible for more social problems compared to the children of married parents.

- The most important thing is this case is the love, support, protection, care and affection from the parents or single mother to the child.
- The children who is only educate by the mother, need to compensate by the presence of the uncle, godfather, grandfather or a friend.
- When the biologic father is not present, the mother cannot harm his image, because is important for the psychological evolution and formation of his child.
- With the absent of this model, the child will not recognize the male gender.

#### Child abuse

#### **Definition**

- Is a contact or interaction between a child and an adult, in which the child is used for sexual stimulation from the person who done the mistreatment.
- The agressor is a man in 90% of cases, between 30 50 years old and can be a family member or friend of the victim.
- The girls are sexual abuse 3 times more than the boys.
- The signs that will let us suspect that the child was sexual abuse are: fear of people or some places, excessive fear of physical examination, try to have relationship with other children, description with other words of sexual abuse, strange sexual behavior sudden conscience of sexual acts or genital region, sudden change of the behavior, sudden timidity in a hyperactive child, isolation from his friends, excessive sadness.

## **Solutions**

- The family and school are the best way to prevent sexual abuse.
- The school and teacher need to be on alert for the signs of sexual abuse.
- The doctors must identify precocious signs of sexual abuse.
- At 18 months of age, we need to teach the child the names of each part of our body.
- Between 3 and 5 years of age, we need to teach the child to say no when somebody touch some parts of his body.
- Between 5 and 8 years, we must teach what is a good touch or bad touch, explain the concept of security outside the house and ask the child to talk about the experiences that he has fear.
- Between 8 and 12 years, explain the security in front of a personnel stress and the sexual conduct.

#### Selective or elective mutism

## **Definition**

- Persistent inability to speak in specific social places such as school, with peers, in play, with certain adults, having the full capacity to perceive and speak in other situations.
- The child uses gestures or signs to affirm or deny, monosyllables or expressions in a monotonous or altered voice.
- Has excessive shyness, social isolation and is always attached to the mother.
- Occurs before age 5 and is more common in males.
- It can last for days, weeks, months, or years.
- Is caused by excessive maternal protection, emigration or hospitalization before 3 years of age.

- Family therapy.
- Correct educational errors.
- In some cases you need to take anti-depressant medications.

## Steriotyped disruption

## Definition

- It is a repetitive and impulsive conduct that has no functional basis, constructive purpose or socially accepted purpose.
- Examples include: body swinging, head spinning, headbanging on bed rails, biting or biting part of one's body, gnawing nails, sores on the skin, grinding of teeth, thumb sucking, nose sniffing often, breathing properly.
- Swinging of the body appears on average up to 6 months and tends to disappear.
- Headlings appear before 9 months and disappear before age 4.
- Symptoms arise in normal children, often with identical family history and are unconscious acts and self-stimulation.
- They should be distinguished from the overall developmental delay, mental retardation or affective deprivation.

## **Solutions**

• Reassure parents who are benign movements and disappear with growth.

#### Problem in the sexual identity

## **Definition**

- The boy or girl does not fit the anatomical sex and wants to be or claim to be of the opposite sex.
- Girls have more friends than friends, play violent games.
- Boys like to play with girls, dress in women's clothes, play with dolls or make games that are more appropriate for girls.
- In boys this problem arises before age 4 and disappears around 7 8 years.
- In girls, these problems end before the age of 7.
- The predisposing factors are family-related, depending heavily on the environment in which they surround.
- The Oedipus complex does not break free and the child is fixed on the progenitor of the opposite sex (anti-Oedipus complex).
- An intimate and prolonged relationship with your mother and the absence of the father in the first years of life can help the child to adopt a feminine identity.
- The effect is similar in the girl if the father is more present than the mother.
- Family, genetic and environmental factors seem to be responsible for sexual identity disorder.

## **Solutions**

Psychotherapy.

## Kleptomanic

## Definition

- It is a total absence of resisting the impulse that leads to stealing objects, not for being of monetary value, but for its immediate use.
- Stolen objects are secretly hidden or returned to injured persons.
- Symptoms appear before 10 years.

- Psychotherapy.
- Pharmacological treatment.

## **Imaginary friend**

## Definition

- Around 3 years old, the child invents an imaginary friend to play and talk.
- This friend is usually good and helpful, being commanded by the child himself.
- The child creates a world for himself, freeing his feelings and diminishing his frustration.
- These fantasies balance the child emotionally and function as self-defense to the world, reducing their stress.
- The creativity resulting from conversations and games with the friend make-believe contributes significantly to the intellectual development of the child.

#### **Solutions**

- Parents should not intervene in the conversation between the child and his imaginary friend.
- Parents should not intervene in the conversation between the child and his imaginary friend.
- Over time, the friend disappears in a natural way, as if it had never been part of his life.
- Usually this period coincides with greater mastery of language and acquisition of other interests to release your daily stress.

## **Autism spectrun**

## Definition

The new DSM - V classification includes:

- Autistic Disorder (Autism)
- Asperger's Disorder
- Childhood Disintegrative Disorder
- Pervasive developmental disturbance without further specification.

Autism spectrum disorder should meet criteria A, B, C and D.

Clinically significant and persistent deficits in social communication and social interactions, not considering the overall developmental lag, manifested in all of the following ways:

- 1. Deficits in socio-emotional reciprocity; from abnormal social approach and conversation failure due to reduced sharing of interests, emotions, and lack of social interaction initiative.
- 2. Deficit of non-verbal communicative behaviors used in social interaction; from poor verbal and non-verbal communication, such as changes in eye contact and body language, deficits in the understanding and use of non-verbal communication, to total absence of facial expressions or gestures.
- 3. Deficits in developing and maintaining relationships appropriate to the level of development (other than those with caregivers); from difficulties in adjusting behavior in different social contexts, difficulties in sharing imaginative play and in making friends until the apparent lack of interest in people.

Restrictive and repetitive patterns of behavior, interests, and activities manifested by at least 2 of the following ways

- 1. Speech, motor movements or use of objects in a stereotyped or repetitive way (simple motor stereotypes, echolalia, repetitive use of objects or idiosyncratic phrases).
- 2. Excessive adherence to ritualized routines and patterns of verbal and non-verbal behavior or excessive resistance to change (such as motor rituals, insistence on the same routes or foods, repetitive issues, or excessive stress at small changes).
- 3. Highly restricted and fixed interests that are abnormal in their intensity or focus, such as strong attachment or preoccupation with unusual objects, overly circumscribed interests persevering.
- 4. Hyper or hyporeactivity to certain unusual stimuli or interests in sensory aspects of the environment (apparent indifference to pain/ heat/cold, adverse response to certain sounds or textures, excessive smell or touch of objects, fascination with light or bright objects) Os sintomas devem estar presentes no início da infância (mas podem não se manifestar completamente até que as exigências sociais excedam o limite das suas capacidades).

The symptomatology limits and disturbs the day to day functioning

- It is more common in boys 4/1.
- 50% may be associated with mental retardation and 30% macrocephaly.

## **Solutions**

- · Psychopedagogical techniques.
- Family therapy.
- Medications to improve social interaction and skills.

## Tics

## **Definition**

- They are involuntary movements, sudden and repeated.
- They are not common in children under seven years of age.
- When it appears before this age it is interpreted as an internal discharge of anxiety/aggression.
- Transient tics may occur in up to 15% of school-age children, being more frequent in boys and lasting on average less than a year.
- Chronic tics can be motor, with rapid movements in the upper part of the body (especially the eyelids) or phonic, with noises that are emitted.

## **Solutions**

- The evolution of tics depends on the child's age, the reaction of the symptom and therapeutic measures.
- You should see a pediatrician. Treatment may be required psychopharmacological approach to reduce the number of tics.
- Relaxation therapy, with incentive to the sport activity.

## Child with difficult behaviour

- A restless personality, who does not obey, who influences in a negative way the family and school environment.
- May have a genetic component (one or both parents with the same type of behavior in childhood).
- The child has problems falling asleep, frequent nightmares, language development and learning ability.

- It is necessary to accept the child as he is, understanding his way of being in front of other people.
- In a loving way you should try to change your behavior.

## Pyromaniac child

#### Definition

- They are children with special attraction for fire.
- They get excited about doing something that is forbidden.
- They become the center of attention.
- Usually a child with medium/low intellectual level and unstructured family.

## **Solutions**

• Must have pediatric follow-up.

## Lie

## **Definition**

- Lying should only be valued at the preschool age.
- Before this period, the child can lie without knowing that he is lying.
- Fear and misunderstanding cause the child to lie.
- A lie is used to avoid punishment.

## **Solutions**

- You should explain to the child that it is most advantageous to tell the truth.
- It is important for parents and educators to communicate that it is important for the child to be authentic in their way of being.

## Phobia

## Definition

- Is very common.
- Phobia is nothing more than the realization of fear about a particular object (it can be a thing, animal, person or situation).
- The child avoids contact to feel good.
- There are several phobias such as animals (zoophobia), enclosed spaces (claustrophobia), open spaces (agoraphobia), heights (acrophobia), etc.

- The older the phobia, the harder it is to solve the problem.
- Must do psychotherapy with the deconditioning technique.
- Family therapy.

## Depression

## **Definition**

- It is common in children.
- Can reach any age, even in the first year of life.
- Symptoms can arise from simple lack of emotional support from the mother or caregiver.
- Symptoms may be manifested by abdominal cramps, eczema, recurrent wheezing, body-wobbling movements during the day, unreasonable cries, anorexia, sleep disturbances, enuresis, encopresis, and poor school performance.
- Symptoms are not isolated.

#### **Solutions**

- Try to know the reason for the depression.
- Support of psyquiatry.

## **Onychophagy**

## **Definition**

- It is no more than the constant gnawing of nails.
- It is more common in children who thumb-suck.
- In 30% of school-age children, they maintain this habit.
- They are children with nervous personality.

## Solutions

• Distraction with other things, is the best solution to the problem, since the bitter products to be impregnated in the nails, are little effective.

## Bad school results

## **Definition**

- It can have several causes: implicit to the child, parents and teachers.
- Chronic or genetic disease such as trisomy 21, visual or auditory deficit, dyslexia (reading), dysgraphia (writing), dyscalculia (calculus), attention deficit hyperactivity disorder, severe epilepsy, depression and problems may be secondary to the child. emotions.
- Parents may be responsible on certain occasions such as: constant change of residence and schools, lack of supervision in studies, marital conflict, mistreatment, alcoholism and drug addiction.
- The teacher can contribute to poor school performance through poor quality of teaching, insufficient ability to motivate the student and weak incentive to the child's skills.

- In the child: to try to correct and minimize the effects caused by the disease, through speech therapy, hearing aids, corrective lenses, appropriate medicines for epilepsy, depression and hyperactivity with or without attention deficit.
- Parents should have a more stable life, trying to avoid arguments in front of their children, never using the child as a scapegoat
  in the marital conflict.
- The teacher should try to entice the student to be attentive and interested in their classes, using motivation as the main weapon for success.

## Higly-gifted child

#### Definition

- A child prodigy is not synonymous with a gifted child.
- · A child prodigy, acquires knowledge and skills that is usually more frequent in an adolescent or adult.
- By definition a gifted child has an intellectual quotient of 140, while the average population is 100.
- Attain this intellectual capacity until the age of three and a half.
- Generally has a tyrannical behavior in the family, fruit of his superior ability.
- Prefer to relate more to adults and adolescents.

#### **Solutions**

- Recognize your abilities early and take advantage of them.
- Try to motivate them to study.
- Because of their often antisocial behavior, they can become unsuccessful children.
- They should be educated as a child and not as an adult.

## Bulling

## **Definition**

- It is an abusive, repetitive, and malicious activity maintained by a student or group of students against a fellow student, attempting to ridicule, annoy, threaten, beat, steal, and blackmail.
- Usually the victim keeps silence, hiding parents and teachers.

### **Solutions**

- Detect early signs of abuse.
- At school, teachers and educational assistants should be alert to children who are prone to isolation, depression and external signs of aggression (bruises, blood on clothing, torn and dirty clothing), deteriorated school supplies.
- At home, parents should be suspicious when their child exhibits external signs of aggression, fear of going to school, unwarranted depression, unjustified extra snacking, to give abusers as a way to try to prevent them from being the victim of further aggression.

## Speech delay

- When the child does not speak within the period considered normal, the parents fall into despair.
- On average, at one year of age, the child utters the first words: mom, dad, tatá.
- At 18 months she has a vocabulary of 15 words.
- At age 2, say two words of the genre mom-ball.
- At 4 years old she says complete sentences with ten words and asks why?
- At 6 years speak fluently and use phrases correctly.

- It is always necessary to exclude deafness, even when in neonatal hearing screening, the examination was normal.
- Prolonged use of the pacifier causes speech delay due to constant trauma to the palate, altering its shape (oval palate).
- These children should attend kindergarten, since they can be stimulated by other children who speak better.
- Speech therapy may play an important role in solving the problem when a sensorineural deafness is not involved as the main cause of speech delay. In this case, the hearing aid is recommended.

#### TV, mobile, videogame and internet abuse

#### Definition

- They are true addicts of television, internet, video games and mobile phones.
- The attraction is so great that when for any reason it fails, your whole life becomes a disgrace.
- The frustration behavior is so great that they are able to react from a violent way or even indulge in depression and extreme anxiety.
- It works for the child and adolescent as if it were a sedative.

- Control and supervision of parents and educators is necessary.
- Video games should be limited to 10 30 minutes/day and as a reward after schoolwork.
- Interactive video games should be encouraged in which the family can also be included, encouraging the interaction between parents and children.
- Television should be used to improve the child's general culture and not as an incentive to violence.
- The mobile phone should be used to communicate with parents, family and friends, but in a responsible way, without excessive exaggeration in useless messages.
- The internet should be supervised by adults, mainly because of the danger of sexual predators and to avoid easy access to pornography.
- So-called chats and social networks are easily accessible by adults who do not identify themselves as such, often passing by children and adolescents of the same age as the young Internet user.
- It should never be given to anyone you do not know, your name or family, home and school address, telephone or mobile phone, password, or other information of a personal nature.
- You should never meet anyone who has come in contact through chat, since the risk of theft, abduction or rape is great, for mere naivety on the part of the child or young teenager.
- Never send or place a photograph without permission or prior viewing by parents or educators.

## Anorexva nervosa

#### **Definition**

- Anorexia nervosa is a very severe disorder associated with numerous general medical complications that are directly attributable to caloric restriction and weight loss.
- Anorexia nervosa requires low body weight, intense fear of gaining weight or becoming fat or persistent behavior that prevents
  weight gain, despite being underweight and distorted perception of body weight and shape, undue influence of weight and shape
  on self-worth, or denial of the medical seriousness of one's low body weight.

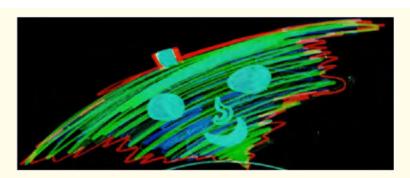
## **Solutions**

- Treatment for each complication includes nutritional replenishment.
- This is the first objective.
- Although many complications are reversible with weight gain, loss of bone mineral density may not completely resolve after nutritional rehabilitation.
- The other part of therapy is support by the psycology and psyquiatry with nutritional arrangement by the dietist.

## **Conclusions**

Behavior problems in children: how to manage?

Is not easy to find a solution for each problem. The better way is a team work between parents, pediatrician, psycologist, teachers, childhood educators and the child. If this team work together, everything that seems difficult to solve, it will be much easier.



**Figure** 

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