

COMMON BEHAVIORAL PROBLEMS AND THEIR MANAGEMENT

INTRODUCTION

- Childhood is the period of dependency, gradually children learn to adjust in the environment. But ,when there is any complexity around them they cannot adjust with that circumstances ,then they become unable to behave in the socially acceptable way and behavioral problem develop with them .The adjustment is developed by providing basic emotional needs along with physical and physiologic needs for their mental well being.

CAUSES OF BEHAVIOURAL DISORDERS

- Faulty parental attitude
- Inadequate family environment
- Mentally and physically sick or handicapped conditions.
- Influence of social relationship
- Influence of mass media .
- Influence of social change.

CATEGORIZATION OF BEHAVIOURAL PROBLEMS IN RELATION TO AGE GROUP

- ◉ Feeding problems
- ◉ Habit disorders
- ◉ Speech problems
- ◉ Sleep problems
- ◉ Educational difficulties
- ◉ Emotional problems
- ◉ Antisocial problems
- ◉ Sexual problems

BEHAVIORAL PROBLEMS OF INFANCY

1. RESISTANCE TO FEEDING OR IMPAIRED APPETITE

- During infancy feeding problems arises at the time of weaning.
- Infant refuse food due to dislike of taste or separation anxiety from mother.
- Usual manifestation are underfeeding, overfeeding, spitting, regurgitation, constipation, ulcer in mouth, sore throat, nasal congestion etc.



MANAGEMENT

- Mother need reassurance and guidance in rescheduling the feeding time and change of food items.
- Encourage mother to provide tender loving care and avoid separation.
- Counsel the parents about feeding techniques, daily dietary allowances, type of food to be used.
- If child is severe malnutrition ,it is important to manange fluid and electrolyte balance.



- If it is overfeeding manifestation like regurgitation and vomiting adequate and exclusive breast feeding can overcome the problem of overfeeding.
- Parents should be told that healthy child does not mean obese child.



2.ABDOMINAL COLIC

It is an important cause of crying in the children .This problem starts within first week after birth reaches a peak by the age of 4-6 weeks and improves after 3-4 months. The infants may cry loudly with clenched fits and flexed legs.



CAUSES

- Due to hunger
- Improper feeding techniques.
- Physiological immaturity of the intestine.
- Cows milk allergy
- Aerophagy
- Excessive carbohydrates in food may lead to intestinal fermentation and accumulation of gas which may cause abdominal distention and pain.



MANAGEMENT

- Psychological bonding with infant to be improved.
- Baby should be placed in upright position and burping can be done to remove swallowed air.
- Frequent small amount feeding and modification of feeding techniques are very important.
- Antispasmodic drugs may be administered to relieve the colic.

3. STRANGER ANXIETY

BY About 6-7 months ,the infants can differentiate between the primary caregivers and others .Thus at the age , they develop fear of unfamiliar people or strangers. The infants when approached by unfamiliar persons ,turns away ,even cry or runs towards the primary caregivers ,this is known as stranger reaction.



MANAGEMENT

- Infant is managed with relaxation techniques such as slowly exposing them to the stranger ,initially from a distance ,asking them to greet and slowly advancing towards them.
- If the behavior persists then the child should be refer to psychiatrist to evaluate for associated anxiety disorders.

4. EXCESSIVE SPITTING

It can also be associated with gastro esophageal reflux and overfeeding. Clinical manifestation depend upon severity of the problem ,failure to thrive occur in extreme cases.



MANAGEMENT

- Reassure the parents if their infants is gaining weight adequately such as overfeeding ,psychology stress and GER.

RUMINATION

- This is habitual regurgitation and reswallowing of stomach contents by increasing intrabdominal pressure by putting finger or fist in mouth .Infants with psychogenic rumination respond well if they are held 15min before and after feeding.

BEHAVIORAL PROBLEMS OF EARLY CHILDHOOD

BREATH HOLDING SPELL

- ◉ Breath holding spell may occur in children between 6 months to 5-6 years of age .These are paroxysmal self limiting events occurring in up to 5% healthy children .It is usually occurs at the initiation of tantrum. It is observed in response to frustration or anger during disciplinary conflicts.

TYPES

➤ CYNAOTIC TYPE

In which face turns blue ,this is precipitated by anger.

➤ PALLID TYPE

Where face is pale ,this is precipitated by fear.

CLINICAL FEATURES

- Violent crying
- Hyperventilation
- Sudden cessation of breathing on expiration.
- Cyanosis, rigidity.
- Loss of consciousness
- Twitching
- Toxic -Clonic movements.
- Look pallor and lifeless.
- Heart rate become slow.
- Spasm of laryngeal muscles.

MANAGEMENT

- ◉ Immediate measures.
- ◉ To prevent injury during the episode. Help the child to lie on the floor ,if LOC occurs ,place on the side to protect against aspiration, maintain patent oral airway but do not start CPR. Do not shake the baby ,splash water or put anything in the mouth.

◉ LONG TERM MEASURES

There are no prophylactic medications .Treat iron deficiency, if associated .such attacks can be averted by strong physical before the onset of attack .parents should also be advised to diversify the attention when precipitating factors occurs.

PARENTAL EDUCATION

- Parents should be reassured that breath holding spell does not cause irreversible hypoxia, brain injury or epilepsy and subsequent impairment in cognitive development.
- Don't give Tasks or toys beyond the Childs abilities.
- Avoid excessive rules and restriction .
- Try to remove unnecessary frustration.

- Over protection nature of parents may increase unreasonable demand of the child.
- Punishment is not appropriate and may cause another episodes.
- Repeated attack of the spells need to be evaluated with careful history ,physical examination and necessary investigation to exclude convulsive disorder or any other problems.

2. BED WETTING OR ENURESIS

- Enuresis is the repetitive involuntary passage of urine at inappropriate place especially at bed ,during night time ,beyond the age of 4-5years. Bed wetting or urinary incontinence occurring beyond the age of 4 years at daytime and 6years at night time or loss of continence after at least 3months of dryness is called enuresis. bed wetting at night is known as nocturnal enuresis.

CAUSES

- ◎ PRIMARY ENURESIS OR PERSISTENCE ENURESIS.

It is characterized by delayed maturation of neurological control of urinary bladder.

SECONDARY ENURESIS OR REGRESSIVE ENURESIS

Normal bladder control is developed ,child again starts bed wetting at night.

◎ OTHER CAUSES ARE

- Small bladder capacity.
- Deep sleep with inability to receive the signals from distended bladder to empty it.
- Improper toilet training.

FACTORS ASSOCIATED WITH ENURESIS

1. Emotional factors
2. Other factors
3. Environmental factors



MANAGEMENT

◉ PHARMACOLOGICAL TREATMENT /MANAGEMENT

Tricyclic antidepressant are useful.

Ex Tab **IMPIRAMINE (25,50MG)**

6-8 years -25mg

9-12 years -50mg

>12years -75mg OD HS

NON PHARMACOLOGICAL MANAGEMENT

◉ BEHAVIOUR MODIFICATION

- The child need reassurance ,restriction of fluid after dinner ,voiding before bed time and arising the child to void ,once or twice ,3-4 hours later.
- ◉ The parents should be fully waken up by parents and made aware of passing of urine at night.

◎ BLADDER EXERCISES

- ◎ Hold urine as long as possible during the day.
- ◎ Practice repeated starting and stopping the stream at the toilet .
- ◎ Practice getting up from bed and going to the bathroom at bedtime before sleep.

◎ PARENT EDUCATION

- Parent should ask them to maintain a diary record of dry nights ,reward the child for such night.
- Punishment and criticism may lead to embarrassment and frustration of the child.
- Parents should be not be worried about the problem.

THERAPY

- Condition therapy by using electric alarm bell mattress is a effective and safest method ,when the child wakes up as soon as the bed is wet .
- Supportive psychotherapy is important for child and parent changes of home environment to remove the environment causes are essential.

THUMB SUCKING

Thumb sucking or finger sucking is a disorder due to feeling of insecurity and tension reducing activities .it may develop due to inadequate oral satisfaction during early infancy as a result of poor breastfeeding

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MANAGEMENT

- ◉ Distraction during bored time or engaging the thumb or finger for other activity to be practiced to keep hand busy.
- ◉ The child should not scolded for the habit ,punishment would only reinforce this habit.
- ◉ A positive feedback is helpful when the child is not sucking.
- ◉ Use of bitter agents or tying a cloth on thumb should not be considered .

- To prevent this habit is by fulfilling his need for sucking during infancy by allowing the child to suck the breast or bottle for sufficient time.
- One should never scold or punish the child forcefully remove its thumb.
- Hygiene measures to be followed and infection to be treated promptly.
- Consultation with dentist and speech therapist may be required to correct the complication.

NAIL BITING

Nail biting is bad oral habit especially in school age children beyond 4years of age (5-7 years).it is a sign of tension and self punishment to cope with the hostile feeling towards parents .it may occur as imitating the parent who is also a nail bite.



CAUSES

- Feeling of insecurity conflict and hostility.
- Pressurized study at school or home or due to watching frightening violent scenes.



MANAGEMENT

- The bite may include the cuticle or skin margins of nails bed or surrounding tissue .The cause for nail biting to be identified by the parents with the help of clinical psychologist and steps to be taken to remove the habit.
- The child hand should be kept busy with creative activities or play.
- Punishment to be avoided.
- Parents need reassurance and to help the child to overcome the problem.

TEMPER TANTRUMS

Temper tantrum is a sudden outburst or violent display of anger, frustration and bad temper as physical aggression or resistance such as rigid body, biting, kicking, throwing objects, hitting, crying, rolling on floor. At this age they also develop negativism i.e. they do thing opposite to what has been requested or opposite of their desire, this is known as oppositionalism.



CAUSES

- ⦿ It occurs when the child become frustrated and reacts in the only ways he/she knows i.e by violent bodily activity and crying .when no substitute solution is available temper tantrum.

MANAGEMENT

- During an attack ,the child should be protected from injury himself.
- Deviating his attention from the immediate cause and changing the environment.
- Parents should be calm ,loving, firm and consistent and such behavior should not allow the child to take advantages of gaining.
- If temper tantrum continues ,the child needs profession help from child guidance clinic.

- Parents must be firm and consistent in behavior.
- The Child's tension can be released by vigorous exercise and physical activities.
- After the temper tantrum is over the child's face and hands should be washed and play materials to be provided for diversion.
- No body should make fun and tense the child about the unacceptable behavior.

ENCOPRESIS

- Encopresis is the passage of feces into inappropriate places after the age of 5 years ,when the bowel control is normally achieved.

◎ CAUSES

- Emotional disturbance due to unconscious anger ,stress and anxiety.
- Associated problems are chronic constipation, parental over concern ,over aggressive toilet training and learning difficulties may be found with encopresis.

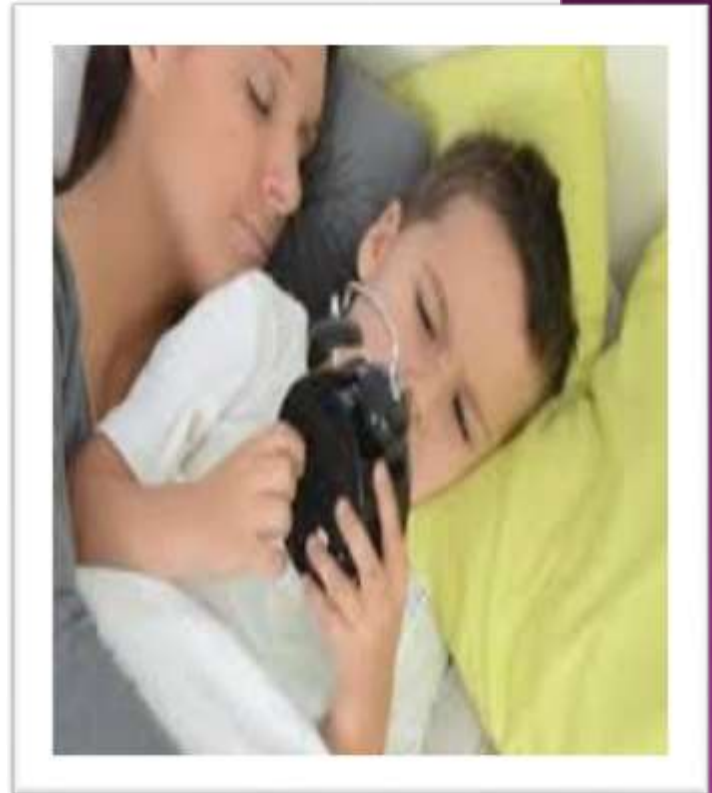
MANAGEMENT

- History of bowel training.
- Establishment of regular bowel habit .
- Bowel training.
- Dietary intake of roughage and intake of adequate fluid.
- Parental support ,reassurance and help from psychologist for counseling of child and parents may be essentials in persistent problems.

SLEEP DISORDER

Sleep disorders are common in children with anxiety ,and over activity .Disturbance of sleep usually occur in deep sleep i.e stage 3 or 4 of NREM (Non rapid eye movement)the common sleep problems are-

- ✓ Nightmares
- ✓ Night terror
- ✓ Sleep walking



NIGHT MARES

Child awakens from a frightening bad dreams and is conscious of surrounding.



NIGHT TERRORS

Child awakens during sleep ,sits up with screaming and terrified to recognize the surrounding and after sometimes sleep again.



SLEEP

WALKING/SOMNAMBULISM

The act of getting up and walking around while asleep



MANAGEMENT

- The child should have light diet in dinner pleasant stories or scene at bed time.
- No exciting time games and picture and frightening stories(ghost ,murder, accidents)should not be allowed at night.
- Parents should allow relax comfortable bed and emotionally healthy environment to the child.

- In case of sleep walking ,doors and windows to be kept closed and dangerous object to be removed .
- In advanced and prolonged problems consultation with doctors and psychologist is essential for specific drug therapy and psychotherapy.

MIDDLE CHILDHOOD

SPEECH PROBLEM

Speech disorders are common in childhood .these can be found as disturbance of voice (pitch disorder), articulation (baby talk) and fluency.



◎ CAUSES

- Organic causes like hearing defect, cleft lip and cleft palate, cerebral palsy ,dental malocclusions ,facial and bulbar paralysis etc.
- Emotional deprivation.

COMMON SPEECH PROBLEM

- ❖ STUTTERING OR STAMMERING
- ❖ CLUTTERING
- ❖ DELAYED SPEECH
- ❖ DYSLALIA

STUTTERING OR STAMMERING

It is fluency disorder begins between the age of 3-5 years, it is characterized by interruption in the flow of speech hesitation ,spasmodic repetition and prolongation of sounds .it is commonly found in boys with fear ,anxiety and timid personality.



MANAGEMENT

- ✓ It include behavior modification and relaxation therapy to resolve the conflict and emotional stress then to improve self confidence in the child.
- ✓ The child should be reassured and help in breath control exercise and speech therapy.
- ✓ Stammer suppressors psychotherapy and drug therapy may be needed for some children.

◉ CLUTTRING

Cluttering is characterized by unclear and hurried speech in which words tumble over each other.

DELAYED SPEECH

Delayed speech beyond 3 to 3.5 years can be considered as organic causes like mental retardation, infantile autism, hearing defects or severe emotional problems.

◎ DYSTALIA

Dystalia is the most common disorder of difficulty in articulation, .it can be caused by abnormalities of teeth, jaw or palate due to emotional deprivation.

TREATMENT

- Speech therapy
- Counseling ,correction of the structural abnormalities.

PICA

Pica is a habit disorder of eating non-edible substances such as clay, paints ,chalk, pencil etc it is normal up to the age of two years .If it persists after two years of age ,it may be due to parental neglect ,poor attention of caregivers ,inadequate love and affection etc.



CAUSES

- ✓ Intestinal parasitosis.
- ✓ Lead poisoning.
- ✓ Vitamin and mineral deficiency.
- ✓ Trichotillomania (pulling out of scalp hair and swallow).
- ✓ Trichobezoar (a big palpable lump in the upper abdomen due to collection of swallowed hair).

MANAGEMENT

- ◉ Pica below 2years does not need intervention
- ◉ Psychotherapy of the child and parents .
- ◉ Education ,guidance and counseling of the family.
- ◉ Child should be given more affection and love.
- ◉ The child has to be kept occupied in other tasks and provided with environmental stimulation.

TICS OR HABIT SPASM

- ⦿ Tics are sudden abnormal involuntary movements .Tics can be motor or vocal tics.
- ⦿ **MOTOR TICS** - Eyes blinking ,grimacing ,shrugging shoulder ,tongue ,protrusion ,facial gesture.
- ⦿ **VOCAL TICS**- throat clearing ,coughing ,barking ,sniffing etc.

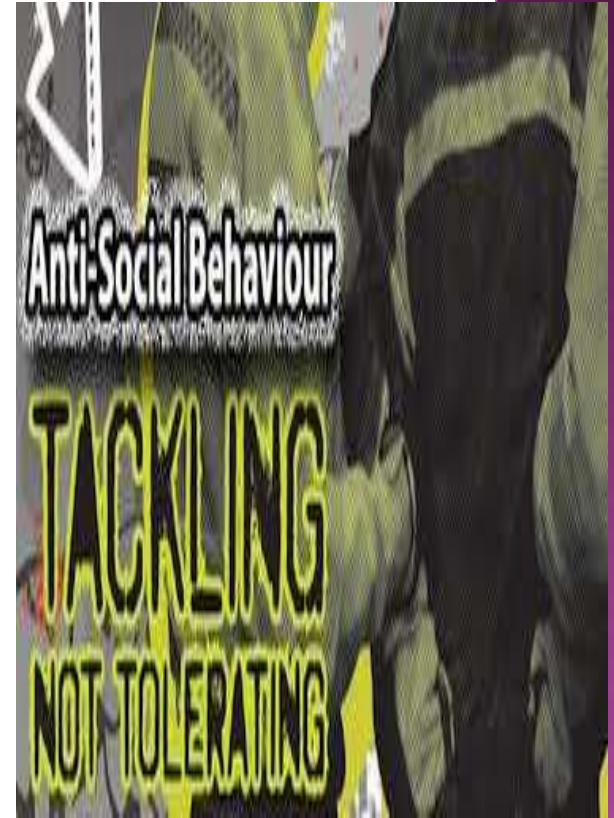
- ◉ Special type of chronic tics-
- ◉ Gilles de le Tourette s syndrome :-
- ◉ Multiple motor and vocal tics .it seem to be a genetic disorder with onset of around 11years of age .it requires special behavior ,therapy,counselling and drug therapy with haloperidol group of drug.

MANAGEMENT

- ✓ Parents should be counseled about spontaneous resolvemement of disorder and behavior therapy .
- ✓ Parents reassurance and counseling of the child and parents usually useful to manage the simple motor or vocal tics.

ANTI-SOCIAL BEHAVIOUR

All children and adolescents have some disruptive behavior while growing up. These behavior come to attention when they become troublesome or unsettling and are experienced by its parents ,teachers ,clinician, or other adults. when such disruptive behavior become repetitive persistent i.e. at least 12 months and threatens the rights of other people or their property ,a diagnosis of conduct disorder is made .



CONDUCT DISORDER

- It includes behavior such as stealing, robbing, lying, destruction of property, physical cruelty and repeated attempts to run from home .

UNDER -SOCIALIZED

- These children have impairment of interpersonal relationship ,they are unpopular ,do not have any close friends and prefer a state of generalized social isolation

SOCIALIZED

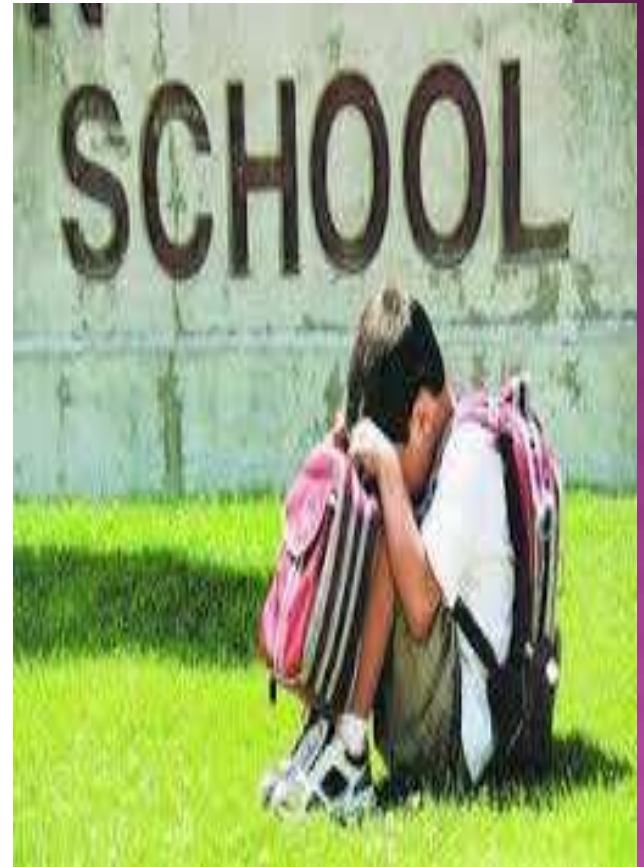
- ◉ Pattern of conduct disorder consists of participation in antisocial behavior (ex-criminal acts) in the contest of peer groups. Interpersonal attachment binding among peers is strong but relationship with adults are inconsistent and characterized by confrontation with authority.

MANAGEMENT

- Family members should be more loving and should be calm when dealing with such children and try to understand the root of the problem.
- Children should be given rehabilitation training for their behavior pattern. If individual therapy is not effective, group therapy should be tried.
- Parents should try to change the environment when conflict arises and should not use physical punishment to change their behavior pattern.

SCHOOL PHOBIA

School phobia is persistent and abnormal fear of going to school. It is an emotional disorder of the children who are afraid to leave the parents, especially mother and prefer to remain at home and refuse to go school absolutely.



CAUSES

- ❖ Anxiety about maternal separation.
- ❖ Overindulgent
- ❖ Over protective and dominant mother.
- ❖ Disinterested father.
- ❖ Intellectual disability of the students.
- ❖ Uncongenial school environment like teasing by other students.
- ❖ Poor student teacher relationship.
- ❖ Unhygienic environment.
- ❖ Fear of examination.

MANAGEMENT

- ◉ Habit formation for regular school attendance.
- ◉ Play session and other recreational activities at school.
- ◉ Improvement of the school environment.
- ◉ Family counseling to resolve the anxiety related to maternal separation.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

- ADHD is one of the common biological behavior disorders of school age children. It is usually associated with hyperactivity and known as hyperactive deficit disorders. These children's are lagging behind in intellectual and learning abilities with alteration of behavior patterns.

CAUSES

- Prematurity or low birth weight.
- Brain damage due to infection or injury.
- Interaction between genetic and psychosocial factors.
- Impulsive children with poor attention span.
- Hyperactivity and more demanding attitude are more likely to show poor learning abilities.



MANAGEMENT

- ◎ **PSYCHOLOGICAL THERAPY**

This form of therapy helps to understand child strength and weakness and develop strictness to decrease the weakness.

- ◎ **BEHAVIOR THERAPY**

This form of therapy helps the child or care giver to increase the appropriate behavior and decrease inappropriate behavior.

- ◎ **COGNITIVE BEHAVIOURAL THERAPY**

- ◎ It is designed to make a child rethink and resume thoughts and feeling on initiating behavior change.

- ◎ **BIOFEEDBACK**

- ◎ Children are taught how to control emotions and decreases tension ,anxiety and stress

- ◎ **DRUG THERAPY**

- ◎ It can help to improve the CNS dysfunction or other associated problem

BRUXISM/TEETH GRINDING

- ⦿ Bruxism or teeth grinding can be serious dental concern.
- ⦿ CAUSES
 - Children grind their teeth if they are in pain or stress or way to relieve anxiety.
 - It can also come from hyperactivity, cerebral palsy or even a reaction to common medication.

EFFECTS

- ⦿ Bruxism mainly causes headaches ,earaches, facial pain and jaw pain.

MANAGEMENT

- Scheduled a dental check up or a proper diagnosis and further management.
- Parental observation.
- It caused by stress ,ask about what is upsetting child and find a way to help.

BEHAVIOURAL PROBLEM OF ADOLESCENCE

ANOREXIA NERVOSA

This is an eating disorder that occurs in adolescent girls shortly after completion of puberty. This problem is formed as refusal of food to maintain normal body weight by reducing food intake especially fats and carbohydrates.



DIAGNOSTIC CRITERIA

- intense Fear of becoming obese, which does not reduce even after becoming thin.
- Having distorted image of their body weight.
- Weight loss leading to maintenance of body weight.
- Primary or secondary amenorrhea.



CAUSES

- Excessive Dependence.
- Low self esteem
- High anxiety and affected disorder.
- Hypothalamic abnormalities.

CLINICAL MANIFESTATION

- ⦿ Young females begin to eat less and less food leading to profound weight loss.

MANAGEMENT

- Psychotherapy ,behavior modification and nutritional rehabilitation.
- Diet should be increased slowly and weight gain is monitored.
- Role of parents is very important and they should be fully involved in their children therapy.

JUVENILE DELIQUENCY

It mean indulgence in an offence by a child in the form of premeditated, purposeful ,unlawful activities done habitually and repeated usually these children belongs to broken family or emotionally disturbed family with over crowded unhealthy environment and having financial or legal problems.



FACTORS CONTRIBUTING

- Rapid urbanization and industrialization.
- Social changing and changing lifestyle.
- Influence of mass media.
- Change in moral standards and value system.
- Lack of educational opportunities and recreational facilities.
- Poor economy.
- Unsatisfactory condition at school and colleges.
- Unhealthy student -teacher relationship.
- Lack of discipline



THE JUVENILE DELINQUENT BEHAVIOUR INCLUDES

- Lying
- Theft
- Burglary
- Cruelty to animals
- Destructive attitude
- Murder
- Sexual assault
- Truancy from school
- Run away from home
- Mixing with antisocial gang



CAUSES OF ANTI SOCIAL BEHAVIOUR

- Frustration
- Maladjustment
- Low self esteem
- Lack of love and affection and emotional conflict.

MANAGEMENT

- Emphasized by healthy family and school environment.
- Healthy parent child relationship.
- Tender loving care in the family
- Fulfillment of basic needs .
- Facilities for sports ,exercise and recreation.
- Healthy teacher taught relationship.
- Delinquent child needs sympathetic attitude with necessary guidance and counseling for modification of behaviour.

MASTURBATION

- Masturbation or genital stimulation by handling the genitals gives pleasures to the children .these phenomenon is universal from infancy to adulthood .
- The older children masturbate due to anxiety or sexual feelings boys during teen years mostly engage with this practices.
- Boys may masturbate infront of friends but girls are more private children may play with each other genitals or a child may play alone with own.

MANAGEMENT

- Parents should be informed ,that masturbation is normal response during prepubescent and pubescent stage and has a role in physical and emotional development. it provide a variety of sexual experience .it helps in tension release and development of sexual fantasies and future sexual behavior.

- If parents told about harmful effects of masturbation ,when the child experiences pleasure out of it ,then there will be conflict in the child ,which can be associated with guilt feeling and shame .
- In case of excessive masturbation it needs sex education and counselling.

SUBSTANCE ABUSE

Substances abuse or drug is an threatening social problem of school going and adolescence age group .The abused agents are mainly tobacco,alcohol,sleeping pills ,tranquillizers ,mood elevators ,stimulates LSD ,Cocaine ,heroin and cannabis (bhang ,ganja, charas).



CLINICAL FEATURE

- The child with this behavioral disorder are having frustration, emotional conflicts and disturbed family and school relationship.
- They are victims of gang activities ,wrong adventure ,poor parental guidance's and lack of recreation and education.
- They may involve in various antisocial activities like stealing ,shoplifting and even begging.

MANAGEMENT

- Provision of adequate facilities for recreation and entertainment ,especially in the hostels.
- Proper channelization of energies of the adolescents into constructive activities.
- Inculcation of the dangers of drug abuse among students ,their teachers and family members.
- Provision of mental health program and periodicals psychiatric guidance facilities in schools.

- Strict implementation of drug control measures.
- Ill effect of substances abuse to the informed to the public through individual or group health education or by mass media communication to create public awareness.
- Parents teachers and family members are responsible to provide emotional support to the older children to prevent frustration ,conflict,confusion,and mental tension.

- The addicted children need psychotherapy, deaddiction services and rehabilitation.

MANAGEMENT OF COMMON BEHAVIORAL DISORDERS

1. Setting

- Environment
- Attention
- Organization

2. Improving communication

3. Social skills development

- Social skills training
- Social stories
- Circle of friends and mentoring

Contd...

MANAGEMENT OF COMMON BEHAVIORAL DISORDERS

4. Managing feelings

- Learning to identify feelings
- Relaxation
- Anger management

5. Increasing desirable behaviors

- Positive reinforcement
- Token system
- Prompting
- Shaping

USEFUL TIPS TO REMEMBER

1. Consistency
2. Generalization
3. Maintenance
4. Fading out prompts and reinforcement

NURSING RESPONSIBILITIES

- Nurses play a very important role for identification, prevention and management of behavioral problems in various age groups of children.
- Nurses should have more knowledge and skill with regard to behavioral problems in children.
- Nurses should help the parents, children and family members in various aspects of children problems.
- Identify the problems of the children through history collection from the child and parents of care givers.
- Instruct the care givers of the child to identify the cause of the problems in a particular child.
- Assist the parents, teachers and family members for making necessary changes in the home and school environment.
- Advise the parents and family members to encourage the changing of behavior of children.

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NURSING RESPONSIBILITIES

- ◉ Promote healthy emotional development of the child by adequate physical, psychological and social support.
- ◉ Should develop the awareness among parents about the behavioral disturbances during the developmental stage of the child.
- ◉ Provide counseling, teaching, problem solving methods to the children, parents and family members.
- ◉ Pediatric nurses, psychologist and social workers and other members of health team should participate in treatment of the problems in children.
- ◉ Organize child guidance clinic.
- ◉ Manage the behavioral problems of children through health care facilities, child guidance clinic, social welfare services, and support agencies.