Farook Training College Innovative Academia (FTCIA)

Online Collaborative Learning Project (OCLP)

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Module 1

Introduction to guidance

INTRODUCTION TO GUIDANCE

1. Meaning and definitions
2. Need for Guidance at various levels
3. Principles of Guidance
4. Objectives of Guidance
5. Scope of Guidance
6. School Guidance

GUIDANCE- MEANING

- Guidance means **“to direct”, “to point out”, “to show the path”**.
- It is providing some help or assistance to somebody by somebody.
- It is a specialized service to help the individual to solve certain major problems - personal, educational, vocational and the like.
- Guidance is concerned with the maximum development of the individual to make his/her own decisions.
- it makes the individuals aware of their abilities and potentialities.

DEFINITIONS

- **“Guidance is the help given by one person to another in making choices and adjustments and in solving problems”. - Johns**
- **“Guidance is a continuous process of helping the individual development in the maximum of their capacity in the direction of most beneficial to himself and to society.” - Stoops and Wahlquist**

DEFINITIONS

- **“Guidance as a process through which an individual is able to solve their problems and pursue a path suited to their abilities and aspiration.” - J M Brewer**
- **“Guidance involves personal help given by someone; it is designed to assist the individual to decide where he wants to go, what he wants to do and how best he can accomplish his purpose”. — Jones**

NEED FOR GUIDANCE AT VARIOUS LEVELS OF EDUCATION/ SCHOOLING

1. Elementary level
2. Secondary level
3. Higher Secondary level
4. Higher Education

At Elementary School:

- To meet the development task required by education
- To reduce the learning disabilities
- To adjust the special character of some children
- To identify learning difficulties and the special needs of children
- To discover individual aptitudes/skills
- To develop sense of responsibility and service among students.
- To prevent emotional, educational, social backwardness

At Secondary level:

- To understand the individual and help him to assess his ability, interest and needs.

- To help him become acquainted with resources and facilities in schools and community, which are available for his information and experiences.

- To help him make the best possible use of his opportunities and assist him in channelizing his energy wisely.

- To help him evaluate his experience, clarify his objectives and make plans for his future.

- It can help to measure their vocational assets and abilities, prepare themselves for entry into the career of their choice and to get suitable job.

- To help principal and teachers to understand their students as individuals and to create situations in which the student can learn more effectively.
- To find solution of students problems of personal social adjustment in school and at home.
- To collect all relevant information about students.
- To solve students problems through collective and entire community.
- To win the co-operation of students, parents and entire community.

At Higher Secondary level:

- Self understanding and self direction: Guidance helps in understanding one's strengths, limitations and other resources.
- It helps individual to develop ability to solve problems and take decisions.
- Optimum development of individual.
- Solving different problems of an individual.
- Academic growth and development.

- Vocational maturity, vocational choices and vocational adjustments.
- Social personal adjustment
- Better family life
- Good citizenship
- For conservation and proper utilization of human resources
- For national development

In Higher Education:

- For sorting out their educational problem
- To get a complete picture about the reality of life
- Civic responsibility
- Helps the learners to achieve their goals.
- It gives an assistance to make right choices regards to college, course etc.
- Help the students to choose their career
- Ethical character
- To acquaint them with the scope of higher studies

- PRINCIPLES OF GUIDANCE
- SCOPE OF GUIDANCE
- OBJECTIVES OF GUIDANCE

PRINCIPLES OF GUIDANCE

1.Holistic development of individual

2.Recognition of individual differences and dignity.

3. Acceptance of individual needs.

4. Guidance is concerned with Individual Behavioral Processes.

5. Guidance Relies on Cooperation, Not on Compulsion.

6. Guidance is a continuous and a Sequential Educational Process.

1.Holistic development of individual

- Total development of personality
- Development of the whole person.
- Not only focus on learners academic achievement.
- Should focus on different aspects
  - Social
  - Physical

2. Recognition of individual differences and dignity

- Each individual is different from every other individual.
- Each individual is the combination of characteristics which provides uniqueness to each person.
- Dignity of individual is supreme.
- Respect for others should come naturally.

3. Acceptance of individual needs

Based upon individual needs

- **Freedom**
- **Respect**
- **Dignity**

4. Guidance is concerned with individual behavioural processes

- Helps gain better control over own behaviour
  - Likes
  - Dislikes
  - Tendencies
  - Weakness
- Guidance worker uses tools
  - Personal interviews
  - Counseling relationship
  - Test interpretation sessions

5. Guidance relies on cooperation, not on compulsion.

- **Should not force.**
- **Client should consent by either**
  - **Explicitly**
  - **Implicitly**
- **Forced guidance may lead to stubbornness or lack of cooperation.**

6. Guidance is a continuous and a sequential educational process

- Guidance is a lifelong Process
- Parents, teachers and community have role in guiding to acquire the right behaviour and value
- Should be oriented towards a single goal.

SCOPE OF GUIDANCE

1. Selection of suitable courses and subjects
2. Better choice of preferable vocations/occupations
3. Preparation for a better job
4. Proper placement in the world of the works
5. Been interest for higher education and training
6. Clear cut knowledge of applying and availing the scholarships

7. Sure gain of the achievements in favourable field

8. Improvement of regular study habits

9. Maintenance of the physical health relating physical exercises, food etc.

10. Development of the mental health

11. Solution of the personal adjustment problems

12. Careful and fruitful suggestions for social adjustment problems

13. Ways to find out and gain pleasure, peace and satisfaction in both personal and as well as social life.

OBJECTIVES OF GUIDANCE

1.self understanding

2. Self discovery

3. Self reliance

4. Self direction

5. Self actualization

1. Self understanding

- Helps to realize own
  - Potentialities
  - Aptitudes
  - Interests
  - Opportunities
  - Strengths
  - Limitations

2. Self discovery

- To identify strengths and talents
- To make use of opportunities
- Improve self confidence

3. Self reliance

- Decision making ability
- To control their life
- To deal with life challenges
- Helps in adjusting

4. Self direction

- Helps to make best choices in
  - Educational
  - Vocational
  - Personal
- Develops abilities to solve problems

5. Self actualization

- Total development of individual
- Establish harmonious relationship
- Bring excellence in abilities and potentialities
- Satisfy individuals needs effectively

- SCHOOL GUIDANCE: CONCEPT
- A COLLABORATIVE EFFORT OF SCHOOL AND COMMUNITY
- ORGANIZATION OF GUIDANCE PROGRAMME IN SCHOOLS

SCHOOL GUIDANCE

- It should aim at total development of the child.
- Combined involvement of students, parents, teachers and school administrators to meet needs of individual and institution.
- It should have inputs related to all guidance services.
- Collaborative effort of teachers, guidance workers, medical practitioner, psychologist etc.

SCHOOL GUIDANCE PERSONNELS:

1. The administrator
2. The class teacher
3. Counsellor
4. School psychologist
5. Social worker of the School
6. School psychometrist
7. School medical personnel
8. Placement specialist
9. Librarian and other school workers
10. Paraprofessionals

TYPES OF GUIDANCE SERVICES:

1. Orientation Service
2. Informational Service
3. Self-Inventory Service
4. Counselling Service
5. Placement Service
6. Follow up Service

ORGANISATION OF SCHOOL GUIDANCE PROGRAMME

The organization of guidance programme at the schools requires cooperative effort of various personnel present both within and outside the school. The programme must be planned with the assistance of various personnel like the school principal, the staff, counsellor, career master and the parents.

ORGANIZATION OF GUIDANCE PROGRAMME:

1. **Pre-requisites of a Guidance programme**

2. **Planning of a Guidance programme**

1. PRE-REQUISITES OF A GUIDANCE PROGRAMME:

a) Formation of a guidance committee (at least 7 -8 members), the committee would be constituted of various personnels (at least two parents, two teachers, a counsellor and a career master), the principal could be the chairperson of the committee.

b) Decisions and arrangements must be made regarding the allotment of budget for conducting the various services. The expenses could be determined also keeping in view the payment of honorarium for guest lectures, conveyance to specialists or professionals such as educationists, doctors, etc.

c) Suitable arrangements need to be made to acquire minimum infrastructural and physical facilities such as a guidance cell or room, tables, chairs various psychological tests and other required literature.

d) Support from the parents and community could be obtained by orienting them to the significance of a guidance programme.

e) The school staff and students also need to be briefed about the purpose and importance of the guidance programme and encouraged to participate

2. PLANNING OF GUIDANCE PROGRAMME:

1. First make a survey of the available guidance services existing in the school or institution.

2. Identify the student needs (or) areas where assistance is required.

3. Obtain the opinion of the staff members and ascertain the extent of assistance possible from them.

4. Statement of explicit objective for the guidance programme on the basis of the student needs.

5. Specification of the various functions of each guidance service.

6. Assignment and defining of duties to each personnel, who are the members of the guidance committee.

For the smooth functioning of guidance service, a well-planned guidance programme is necessary. It facilitates coordination of activities among the personnel in an integrated pattern.

2 Marks Questions

1. **What is meant by school guidance?**
2. **Give two objectives of guidance.**
3. **Define guidance in your own words.**

5 Marks Questions

1. **What is the use of tests in guidance? How should we select a test?**
2. **Explain how guidance is facilitating the understanding of 'self’.**
3. **Give a brief description on scope of guidance.**

15 Marks Questions

1. **Describe the major objectives of guidance.**
2. **How can you organize a guidance programme in your school? As a teacher what is your role organizing the guidance programme?**
3. **Explain the need and importance of guidance at elementary, secondary and higher education.**

THANK YOU

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Module 2

Dimensions of guidance

DIMENSIONS OF GUIDANCE

- TYPES OF GUIDANCE
- GROUP GUIDANCE
- TYPES OF GUIDANCE SERVICES

TYPES OF GUIDANCE

1. Educational Guidance
2. Vocational Guidance
3. Personal Guidance

EDUCATIONAL GUIDANCE

- It deals with educational problems
- Related to every aspect of education (School, College, Curriculum, Methods of instruction, other curricular activities, disciplines etc.
- It is the assistance given to the individual

Objectives of Educational Guidance

- To assist the pupil to understand their potentialities, strength and limitations
- To help the individuals make educational plans consist with their abilities, interests and goals
- To enable the student to know detail about the subject and courses offered

- To help the student to adjust with the school, its rules, regulations and social life connected with it
- To help the child in developing good study habits
- To encourage the child to participate in out of class educational activities

Need of Educational guidance

- Checking the stagnation and wastage in education
- Realising the aims and objectives of education
- Making right educational choices
- Proper educational adjustments

VOCATIONAL GUIDANCE

According to National Vocational Guidance Association “vocational guidance is a process assisting the individual to choose an occupation, prepare for it, enter up on and progress on it.”

Objectives of Vocational Guidance

- To acquire knowledge regarding the occupation
- To discover his/her own potentials
- To think critically regarding the choice of occupations
- To evaluate his/her own capabilities and interests
- To help individuals develop a positive attitude towards the occupation

Need of Vocational Guidance

- Individual difference
- Variety of vocation
- Vocational progress
- Stable future of students
- Need from economic point of view
- Need due to changing conditions
- Need from social and personal points of view
- For proper utilization of human potentialities

PERSONAL GUIDANCE

According to Ruth Strang “ personal guidance is the assistance given to an individual to solve his personal problems such as emotional and social adjustment, economic and social relationship and problems connected with his physical as well as mental health.

Objectives of Personal Guidance

- To assist individual in understanding himself/herself
- To assist individual in developing positive attitude and real self concept
- To make individuals aware about the personal problems of life
- To assist individual in developing suitable habits, attitudes, interests etc.

- To help individuals in taking independent decisions and judgements
- To develop life goals
- To assist individual in learning and developing life skills
- To improve mental health

Need of Personal Guidance

- Personal development
- Social adjustment
- For solving emotional problems
- Utilization of leisure time
- Physical development

GROUP GUIDANCE

- Advantages of Group guidance
- Techniques

GROUP GUIDANCE

- Group guidance is any group activity in which the primary purpose is to assist individual in the group to solve his problems and make adjustments.

- It is guiding the individual in group situation (e.g. Orientation programmes for new entrants in school or career talks by a career counsellor in classroom situations)

Advantages of Group guidance:

- Collective and balanced guidance is possible
- Multiple contacts with persons having common problems
- Focus freedom of expression
- Prepares way to individual counselling
- Save time
- It is both economical and efficient
- Opportunities to study individuals behaviour in group situation
- It helps to improve attitude and behaviour of an individual

GROUP GUIDANCE TECHNIQUES:

1. CLASS TALK
2. CAREER TALK
3. ORIENTATION TALK
4. GROUP DISCUSSION
5. CAREER CONFERENCE
6. CAREER CORNER
7. BULLETIN BOARD
8. ROLE PLAY

1. CLASS TALK

- This is one of the effective ways of imparting group guidance.
- Class talks can be arranged for the students of a class having common interest.
- E.g. a class talk can be given on “Time Management” to standard XI students.

Guidelines while Organizing Class Talk are :

- The topic selected should be according to the need and level of students.
- It should be presented in simple terms with lots of examples from daily life.
- Ensure the participation of students (by asking questions, or by asking examples from their life)
- Charts, posters pamphlets, etc. can be used to highlight the major points more effectively.
- Tables/figures, etc. can be prepared.

- The talk should not be very long.
- The number of students should not be more than 40.
- The students should be informed in advance about the schedule, theme, venue and other details of the talk.
- Supplementary material like charts, posters, films are to be kept handy.

Class talks can be on topics such as time management, study habits, how to prepare for examinations, life skills, healthy eating habits, healthy living, social skills etc.

2. CAREER TALK

- The career talk is one of methods of providing career information to the students of the group through lectures, seminar's, talk by the professionals in the field and other symposiums related to guidance services.

Objectives of career talk:

(i) It helps to get information about careers directly from an experienced person in the concerning field.

(ii) It provides opportunity to clarify the doubts of the students in relation to career through direct interaction with experts.

Phases of activities of Career talk:

(i) Decide the topic which has received much importance.

(ii) Prepare a brief note about what is expected from the expert visitor.

(iii) Choice of suitable themes.

(iv) Selection of the expert.

(v) Decision’s time and data

3. ORIENTATION TALK

- The purpose of the orientation talk is to help each person feel at home in a new surrounding.

- Information about the institution, its physical layout, personnel and administrative arrangement, help students become acquainted with the new settings.

Functions of Orientation talk:

- Stronger connection with others
- Improve communication skills
- Earn trust with others
- Introduction to academic advising
- How to be successful

4. GROUP DISCUSSION

- Group discussions are a creative and dynamic activity which stimulates reflective thinking among the members.

- Group discussions may be defined as an activity in which a small number of persons meet face to face and exchange and share ideas freely or attempt to reach a decision on a common issue.

Objectives of Group discussion:

(i) To reach a solution on an issue of concern

(ii) To generate new ideas or new approaches to solving a problem

(iii) For selecting candidates after the written test for employment or for bb admission to educational institutes.

(iv) To provide us with an avenue to train ourselves in various interpersonal skills

Advantages of Group discussion:

(i) It provides deeper understanding of the subject

(ii) It improves the ability to think critically.

(iii) It provides different approaches to solving a problem.

(iv) It helps the group in taking a decision.

(v) It gives an opportunity to hear the opinions of other persons.

(vi) It enables a participant to put across his/her viewpoint.

(vii) It enhances confidence in speaking.

(viii) It can change your opinion and show you things from a different perspective.

4. CAREER CONFERENCE

´Career conference is organised to invite certain experts and experienced persons from vocational setup to suggest about vocational plans, choices and careers to the students those who are involved in this activities.

Objectives of Career Conference:

´(i) It enables students to get opportunity to collect information about different careers of their choice from experts.

´(ii) It assists students to get the opportunity to have a direct interaction over a group of careers.

´(iii) It helps students to achieve broader perspective on various career opportunities.

Phases of Career Conference:

´(i) Identification of speakers.

´(ii) Finalisation of data, venue and time

´(iii) Monitoring the activities or programme.

´(iv) Evaluating the programme.

´(v) Framing an organising committee.

´(vi) Preparation of a plan of activities.

5. CAREER CORNER

´Career corner is gathering centre of various career books, pamphlets, posters and notices concerning career information.

Objectives of career corner:

´(i) It helps students in providing various information about occupations from a variety of career literature of the country and abroad.

´(ii) It helps students to analyse their employment oppor tunities by career index.

´(iii) It helps students to provide latest information about different jobs.

Phases of Career corner:

´(i) Selection of a place for career corner.

´(ii) Collection of career literature from own country and abroad.

´(iii) Preparation of career index.

´(iv) Display of career literature.

´(v) Periodical updating of literature displayed.

7. BULLETIN BOARD

Bulletin board indicates whether the students will be knowledgeable about the world of work , explore career options, and relate personal skills, aptitudes and abilities to future career decisions

Bulletin board includes…

1.Personal data

2.Knowledge

a. Who am I (Interest, abilities, areas to strengthen)

b. Where m I going

c. How do I get there

3. Skills Application

4. Culminating Activity (a. activity description b. Self-Reflection)

5. Review of student career plan

8. ROLE PLAY

´The students are provided good guidance through role-play of a topic related to student's problem.

´It is not only meant for the purpose of entertainment, but also it is helpful for the students how to appear interview, how to prepare for an examination and how to achieve good marks in the examination through good notes etc.

Objectives of Role-Play:

- It helps students to show his latent talents and innate abilities.

- It helps students to solve the problems relating to educational, occupational and personal life.

phases:

´(i) Selection of the topic for role-play.

´(ii) Selection and verification of themes of role-play.

´(iii) Arrangement of the role-play.

´(iv) Stage of the role-play.

´(v) Observation on the basis of topic relating to the student's problem.

´(vi) Evaluation, co-ordination and achievement of learning the means to solve the problems of life.

TYPES OF GUIDANCE SERVICES

1. ORIENTATION
2. INFORMATION
3. COUNSELLING
4. PLACEMENT
5. FOLLOW - UP
6. RESEARCH
7. EVALUATION

Guidance service as defined by Smith (1957)

"The guidance process consists of a group of services to individuals to assist them in securing the knowledge and skills needed in making adequate choices, plans and interpretations essential to satisfactory adjustments in a variety of areas".

1. ORIENTATION

- An entry into a non familiar or new situation, may likely lead to certain adjustment problems among the students.
- To overcome this obstacle, the orientation services are organised
- familiarise the students with the new surroundings
- ´thereby adapt themselves and make necessary adjustments

Objectives of orientation service:

- ´develop awareness regarding the rules and regulations, functioning patterns and available infrastructural and physical facilities in the school or institution or work place.
- ´acquaint the students with the concerned staff and also the student body
- ´ provide opportunities for the staff members and student body to interact with the new comers.
- ´develop favourable attitudes among the students both towards the school and the staff.

Orientation activities:

Pre-admission Orientation

- visit to schools
- Arranging conferences and talks with the parents
- Issuing handbooks or pamphlets giving information about the school
- arranging exhibitions to expose them to the activities that students are undertaking.

Post-admission Orientation

- Helps teacher to determine the abilities of students.
- games where the student can talk about themselves, such as their interest, hobbies, etc.
- Arranging group activities, where in the students are provided opportunities to interact with each other and exhibit their abilities.

2. INFORMATION SERVICE

- ´provided by the integrated effort of a teacher, counselor and a career teacher
- ´provide the students information about the educational opportunities in various level
- ´helps the students to be aware of the options open with respect to a particular course or subject
- ´Further the student is also exposed to the world of work, nature and pattern of work and the skills required for performing the work.

Objectives of Information Service:

- develop a broad and realistic view of the various educational, training and occupational opportunities
- create an awareness of the necessary occupational and educational information
- helps the student obtain and interpret the information he/she needs in making specific plans for his/her future career.

3. COUNSELLING SERVICE

- ★ ´The most fundamental part of the guidance process.
- ★ ´ To assist the students in the process of all round development.
- ★ ´It provides an opportunity to the individual to discuss their plans and problems with a professional or counselor in a conducive environment.
- ★ ´ The process ultimately makes a person capable of self-directed and self-sufficient.
- ★ ´This service can be practised only by a counselor. However, some assistance can also be provided by the teacher in a school.
- ★ ´Individual Counseling or Group Counseling

4. PLACEMENT SERVICE

- ´an effort to help those students, secure employment, who are either in school or those after they leave school
- ´employment needs of the students are met either through special placement personnel or by integration services of the other guidance personnel
- ´requires the co-operation of the principal, counsellor, teacher, career master, state employment agencies, private agencies and also the community

Placement Service

More significant for the students at the secondary and higher secondary level.

´The placement service here is concerned for those :

´(i) Who withdraw from the formal education before they complete school (drop-outs).

´(ii) Who prefer part time work while going to school or may be during the vacation or after school hours or during weekends.

´(iii) Who terminate formal education after higher secondary level.

Basic aim of Placement:

- ➔ Meet both the need of the employer and the prospective employee
- ➔ Orients the students to some of the job applying techniques.
- ➔ The guidance worker could familiarize them with the methods of applying for a job, guidelines for applying, identify the various sources of information and how to prepare for the interview.
- ➔ Effectiveness could largely be met by a systematic and proper functioning of the guidance committee

5. FOLLOW-UP SERVICE

- Very essential in a guidance programme to learn the nature and extent of progress of the student even after he leaves the school.
- This service does not only pertains to the study of occupational aspect but also to other related aspects such as emotional and social adjustments.
- For example, if a student has been counselled for social-emotional problem, after he/she leaves the school, the guidance worker must do a follow-up to check how far he/she is able to cope up with the new environment and what are the problems he/she is still facing.

Purpose of follow-up:

´(i) It draws upon information from the former students regarding the extent of influence or effectiveness of the school guidance programme.

´(ii) Based on the feedback obtained, make relevant changes in the school guidance programme.

Steps of follow-up:

´(i) A systematic gathering of data from the alumni.

´(ii) Interpretation and presentation of that data to all the concerned personnel, i.e. student, parent and community.

´

´(iii) Suggest a modified framework of educational programme based on the findings made.

6. RESEARCH SERVICE

- (i) The research service helps guidance personnel for the purpose of a better understanding of students, his school activities and his difficulties.
- (ii) The research service gives chance to know about available school resources.
- (iii) The research service helps guidance personnel to evaluate the achievement of the students in the context of their goals.
- (iv) The research service helps guidance personnel to enrich the curriculum on the basis of findings of the studies.

Research Service...

- ´(v) The research service helps guidance personnel to redirect and re-orient the various other services which are already provided.
- ´(vi) The research service is meant to examine and study the personnel those who are involved in the school guidance programme.
- ´(vii) The research service is meant to examine the techniques of guidance programme which are used by guidance personnel to accelerate the guidance service.
- ´(viii) The research service provides a basis for guidance development programme in the school.
- ´(ix) The research service helps guidance personnel to develop new methods and techniques of guidance.

7. EVALUATION SERVICE

- → continuous in nature and done from time to time.

- → it completes the entire process of guidance provided in the school.

It is needed to evaluate following considerations such as:

How far guidance services satisfy the needs and the student's efficiency.

how far guidance personnel involved in the guidance programme have done their work.

Use and application of collected information's to continue activities to find its effectiveness.

To what extent the money spent for guidance service is right.

To what extent the time consumed for guidance service is right.

´A successful evaluation process helps students as well as teachers and society to facilitate…

2 Marks Questions

1. **What is meant by career talk?**
2. **What is the relationship between education and guidance?**
3. **Discuss the concept of guidance?**

5 Marks Questions

1. **Why are research and evaluation considered as important aspects of guidance programme?**
2. **Explain the significance of personal-social guidance?**
3. **Discuss the functions of organizing orientation service in schools?**
4. **Discuss the steps involved in conducting group discussion?**

15 Marks Questions

1. **Explain different types of guidance programmes at school level.**
2. **Discuss the need and importance of guidance in schools.**

   Explain the role of a teacher as a guidance functionary?

THANK YOU

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Module 3

Understanding counselling

Meaning & Nature of counselling

According to Glenz (1972)

•open-ended, face to face problem solving situation within which a student with professional assistance. can focus and begin to solve a problem or problems'.

Meaning

A process and relationship.

• It is a process by which concerted attention is given by both counsellor and a counselee to the problems and concerns of the student in a setting of privacy. warmth, mutual acceptance and confidentiality.

•As a process, It utilizes appropriate tools and procedures which contribute to the experiences.

• It is a relationship characterized by trust. confidence and intimacy in which a student gains intellectual and emotional stability from which he can resolve difficulties.

Definition

- ”Counselling may be defined as a series of direct contacts with the individual which aims to offer him assistance in changing his attitude and behaviour” -Rogers
- Counselling is a process of enabling the individual to know himself and his present and possible future situations in order that he may make substantial contributions to the society and to solve his own problems through a face to face personal relationship with the counsellor

Definition

- According to Willey and Andrew Counseling is a mental learning process. Counseling involves two individuals one seeking help and other a professionally trained person helping the first to orient and direct him towards a goals which leads to his maximum development and growth in his environment.

Aims of counselling

a. . To help students gain an insight into the origins and development of emotional difficulties, leading to an increased capacity to take rational control over feelings and actions.
b. To alter maladjusted behavior.
c. To assist students to move in the direction of fulfilling their potential, or achieve an integration of conflicting elements within themselves
d. To provide students with the skills, awareness and knowledge, which will enable them to confront social inadequacy

Objective

- To give the student information on matters important to success.
- To get information about student which will be of help in solving his problems.
- To establish a feeling of mutual understanding between student and teacher..
- To help the student work out a plan for solving his difficulties.
- To help the student know himself better-his interests, abilities, aptitudes, and opportunities.
- To encourage and develop special abilities and right attitudes.
- To inspire successful endeavor toward attainment.
- To assist the student in planning for educational and vocational choice

Nature of counselling

- Individual/one-to-one helping relationship•
- Face to Face relationship•
- Main focus -growth, adjustment, problem solving and decision making needs
- •Professional work (Counsellors required highest level of training and professional skills)
- Confidential and private process/personal meeting•Rapport establishment between counsellor and counselee is essential

Characteristics of counselling

- It is a purposeful learning experience for the client or the subject or the counselee.
- It is a private interview between the counselor and the client
- It is one to one relationship based upon the mutual confidence
- The counseling process is structured round the felt needs of the counselee
- The main emphasis in the whole of the counseling process is on the counslie’s self direction and self acceptance

Relationship between guidance and counselling

- The word guidance has historical significance in the history of counseling, although not much in use now.
- Guidance is a relationship between the unequal. While counseling has been perceived as a process in which someone who has a problem receives personal assistance, usually through private discussion.
- Guidance focuses on helping individuals choose what they value most; counseling focuses on helping them make changes. Counseling has been perceived as a process in which someone who has a problem receives personal assistance, usually through private discussion. The term "counseling" not used exclusively by school counselors or other professional counselors, is used by people in the counseling profession to describe a special type of helping process.

Difference between guidance & counselling

•**Guidance** is preventive, while counseling is curative. You may seek guidance before choosing careers, but you seek **counseling** to save a problematic marriage.

•**Guidance** helps an individual make the best choices, while counseling helps them change their perspective. Guidance gives clients ready answers, while counseling helps them come up with their well-informed solutions.

•Guidance uses an external approach to tackle the issue at hand while counseling uses an in-depth approach to establish the root causes of the problem before tackling it.

•Guidance is the best approach for tackling educational and career problems while counseling is best employed in tackling socio-psychological and other personal problems.

2 mark questions

- Define counselling. (2018)
- What are the characteristics of counselling ?
- Mention the main objectives of counselling ?
- Differentiate between guidance & counselling ?
- Do you the counselling is essential in educational process?- explain(15/5)

{answer key : define counselling – objectives –scope- functions of counselling }

What are the principles of counselling ?

5 mark

Difference between guidance & counselling

15 mark

Do you the counselling is essential in educational process?- explain( )

{answer key : define counselling – objectives –scope- functions of counselling }

Approaches of counselling

Three main approaches- direct approach , non-direct approach and eclectic approach

- ★ **Direct approach** It also called Prescriptive counseling, or Counselor centered counseling
- ★ *Chief exponent -E.G Williamson*
- ★ Counselor plays the major role in this method
- ★ It is based on the assumption that client cannot solve his own problems for lack of information and experience
- ★ The counselor help the counselee to make decision in keeping with the diagnosis
- ★ He tries to direct the thinking of the counselee by informing, explaining, interpreting and suggesting (Prescriptive counseling)
- ★ It gives more important to Intellectual aspects

features

Features of Directive counselling

★ In directive counselling the attention is focused upon a particular problem and possibilities for its solution.

★ Client make the decision and counsellor see whether the decision keeping with diagnosis.

★ It is also called the prescriptive counselling. The counselee work under the counsellor not with him.

Role of counselor in direct approach

The counsellor play an active part. He act as pivot and leader of the situation. Counsellor direct the thinking of the client by informing, explaining and sometime advising. He provide the possible solutions of the problems of the client.

Steps in directive approach

1. Analysis – understand the client
2. Synthesis – summarized and synthesized
3. Diagnosis - formulating conclusions
4. Prognosis – Predicting
5. Counseling- counselor direct the client
6. Follow up – keep watching

Non-directive Counseling

- Chief Exponent -Carl R. Rogers.
- Also known as Client centered or permissive counseling .
- Counselor role is passive.Counselee take active part.
- He gains insight in to his problem with the help of the counselor.
- The counselee is made aware of the fact that the counselor does not have the answers but the counseling situation does provide him to solve his problems himself.
- The purpose of this method is to help the client grow toward maturity and adjustment, so that he can take the responsibility of solving his problems

Steps of non-directive counselling

By Carl Rogers

1. Defining the problematic situation
2. Free expression of feelings
3. Development of Insight
4. Classification of positive and negative feelings
5. Termination of Counseling situation

Difference between direct counselling & non-direct counselling

Direct counselling

- ★ Time saving
- ★ Counselor is Active
- ★ Emphasis on the problem
- ★ Intellectual aspects
- ★ Counselor centered
- ★ Methodology is direct
- ★ Solution of the problem is the primary goal
- ★ Solve immediate problems
- ★ Use psychological assessment data
- ★ Help offered by counselor to take decisions

Non- direct counselling

- ★ Time Consuming
- ★ Counselor is Passive
- ★ Emphasis on individual
- ★ Emotional aspects
- ★ Client Centered
- ★ Methodology is indirect
- ★ Independence and integration of the client is the primary goal
- ★ Deals with self-analysis and new problems of adjustment may be taken care of
- ★ May not use psychological assessment
- ★ Client takes his own decisions

Eclectic counselling

- ➔ Chief exponent – F.C Thorne
- ➔ Neither counselor centered nor- client centered; but a combination of both.
- ➔ Here the counselor is neither too active as in directive counseling nor too passive as in non-directive counseling, but follows a middle course.
- ➔ It is highly flexible
- ➔ Freedom to choice and expression is open to both the counselor and counselee
- ➔ Experience of mutual confidence and faith in the relationship are basic.

Steps involved in eclectic counselling

1. Diagnosis of the cause.
2. Analysis of the problem.
3. Preparation of a tentative plan for modifying factors.
4. Securing effective conditions for counselling.
5. Interviewing and stimulating the client to develop his own resources and to assume its responsibility for trying new modes of adjustment.
6. Proper handling of any related problems which may contribute to adjustment.

Advantages & disadvantages of direct counselling

Advantages

- good for people who need clear, concise direction
- Allows counselors to use their experience

Disadvantages

- Subordinates not part of the solution
- Treats symptoms, not problems
- Discourage subordinates from talking freely
- Solution is counselor's, not subordinate's

Advantages & disadvantages of non-direct counselling

Advantages

- ➢ It is a slow but sure process to make an individual capable of making adjustments.
- ➢ No tests are used so one avoids all that is laborious & difficult .
- ➢ It removes emotional block & helps an individual bring repressed thoughts on a conscious level thereby reducing tension.

Disadvantages

- ❖ It is a slow & time-consuming process.
- ❖ One cannot rely upon one's resources, judgment & wisdom as the patient is immature in making the decision himself.
- ❖ It depends too much on the ability & initiative of the patient.
- ❖ Sometime difficulty to control pace of the interview discussion. T
- ❖ his approach is individual centric, it may not possible for counsellor to attend every patient equally well.
- ❖ It require high degree of motivation in the patient

Advantages & disadvantages of eclectic counselling

Advantages

- It is more cost effective & practical approach.
- It is a more flexible approach of counselling.
- It is more objective & coordinated approach of counselling.

Disadvantages

- The role of counsellor & the counselee are not predetermined.
- It requires more skilled counselors to handle the dynamic feature of this counselling approach.

2 mark questions

1. Mention different types of counselling
2. Write the advantages/ disadvantages of direct /non direct/ eclectic counselling
3. What are the steps in direct counselling ?
4. Write the 3 approaches of counselling (2018)
5. What is non directive counselling ?(2018)
6. What is direct counselling?
7. What is eclectic counselling ?

5 mark questions

1)Differentiate direct counselling and non direct counselling .(2018)

2

15 mark questions

1. Explain the three approaches of counselling . { answer key .- direct approach, steps, advantage and disadvantage- non direct approach , advantages & disadvantages.-eclectic approach , advantages & disadvantages
2.

Counselling technique

The effective counselling needs counselling skills . the technique of counselling can not be uniformly adopted .They vary from person to person and also depends on circumstances

Main techniques are : Relaxation techniques ,Assertion training \ social skills training ,Rational Emotive Behaviour ,therapy and systematic Desensitization

Relaxation techniques

A relaxation technique is any method ,process,procedure, or activity that helps a person to relax ; to attain a state of increased calmness; or otherwise reduce levels of pain, anxiety ,stress or anger .

Major types of relaxation techniques are:Autogenic training , breathing technique ,progressive muscle relaxation ,meditation, guided imagery , visualization , yoga etc

Autogenic training & breath training

Autogenic training. This technique uses both visual imagery and body awareness to move a person into a deep state of relaxation. The person imagines a peaceful place and then focuses on different physical sensations, moving from the feet to the head. For example, one might focus on warmth and heaviness in the limbs, easy, natural breathing, or a calm heartbeat.

Breathing. In breathing techniques, you place one hand on your chest and the other on your belly. Take a slow, deep breath, sucking in as much air as you can. As you are doing this, your belly should push against your hand. Hold your breath and then slowly exhale.

Progressive muscle relaxation & guided imagery

Progressive muscle relaxation. This technique involves slowly tensing and then releasing each muscle group individually, starting with the muscles in the toes and finishing with those in the head.

Guided imagery. Similar to autogenic training, guided imagery involves listening to a trained therapist or a guided imagery CD to move into a state of deep relaxation. Once in a relaxed state, the images that come up in your mind can help you uncover important realizations about your emotional, spiritual, and physical health,

visualization

Visualization. In this relaxation technique, you may form mental images to take a visual journey to a peaceful, calming place or situation.

To relax using visualization, try to incorporate as many senses as you can, including smell, sight, sound and touch. If you imagine relaxing at the ocean, for instance, think about the smell of salt water, the sound of crashing waves and the warmth of the sun on your body.

Benefits of relaxation techniques

Slowing heart rate

Lowering blood pressure

Slowing your breathing rate

Improving digestion

Maintaining normal blood sugar levels

Reducing activity of stress hormones

Increasing blood flow to major muscles

Reducing muscle tension and chronic pain

Benefits cnt

Improving concentration and mood

Improving sleep quality

Lowering fatigue

Reducing anger and frustration

Boosting confidence to handle problems

Social skills training /Assertion training

Social skills training (SST) is a type of behavioral therapy used to improve social skills in people with mental disorders or developmental disabilities. SST used by teachers, therapists, or other professionals to help those with anxiety disorders, mood disorders, personality disorders, and other diagnoses.

It is delivered either individually or in a group format, usually once or twice a week, and is often used as one component of a combined treatment program.

SST Techniques

1)Modeling of appropriate social behaviors.

2)Behavioral rehearsal, or role play, involves practicing new skills during therapy in simulated situations.

3)Corrective feedback is used to help improve social skills during practice.

4)Positive reinforcement is used to reward improvements in social skills.

5)Weekly homework assignments provide the chance to practice new social skills outside of therapy.

Rational Emotive Behavior Therapy (REBT)

- introduced by Albert Ellis in the 1950s.
- It’s an approach that helps you identify irrational beliefs and negative thought patterns that may lead to emotional or behavioral issues.
- It helps you identify self-defeating thoughts and feelings, challenge the rationality of those feelings, and replace them with healthier, more productive beliefs.

Principles of REBT

core principles — called the ABCs - of REBT:

A refers to the activating event or situation that triggers a negative reaction or response. .

B refers to the beliefs or irrational thoughts you might have about an event or situation.

C refers to the consequences, often the distressing emotions, that result from the irrational thoughts or beliefs.

Techniques are used in REBT

Uses three main types of techniques

- problem-solving skills
- assertiveness
- social skills
- decision-making skills
- conflict resolution skills
- Cognitive restructuring techniques

Systematic desensitization

- It was developed by Wolpe during the 1950s
- Systematic desensitization is a type of behavioral therapy based on the principle of classical conditioning.
- This therapy aims to remove the fear response of a phobia, and substitute a relaxation response to the conditional stimulus gradually using counter conditioning.,
- It also known as graduated exposure therapy is a type of behavior therapy
- It used in the field of psychology to help effectively overcome phobias and other anxiety disorders.

Three steps in

- First, the patient is taught a deep muscle relaxation technique and breathing exercises.
- Second, the patient creates a fear hierarchy starting at stimuli that create the least anxiety (fear) and building up in stages to the most fear provoking images. The list is crucial as it provides a structure for the therapy.
- Third, the patient works their way up the fear hierarchy, starting at the least unpleasant stimuli and practising their relaxation technique as they go. When they feel comfortable with this (they are no longer afraid) they move on to the next stage in the hierarchy. If the client becomes upset they can return to an earlier stage and regain their relaxed state.

Advantages & disadvantages

Advantages

1. lack of side effects.
2. No side effects. •
3. comfortable with each

Disadvantages

- Only used to treat phobias
- Not suited to all patients.
- Time consuming

2 Marks Questions

1) Mention some relaxation techniques used in counselling
2) What are the benefits of relaxation techniques ?
3) What are the techniques used in counselling ?
4) Expand SST , REBT
5) Define systematic desensitization,
6) Write the advantages and disadvantages of systematic desensitization .

5 Marks Questions

1)Explain systematic desensitization ? When do we use systematic desensitization technique ? (2019)

2) what is Rational Emotive Therapy ?when and how it used in counselling ? (2018)

3) Explain social skills training

15 Marks Questions

1) Explain different techniques used in counselling - {Answer key - relaxation techniques

Counselling process

- The counselling process is a planned, structured dialogue between a counsellor and a client.
- It is a cooperative process in which a trained professional helps a person called the client to identify sources of difficulties or concerns that he or she is experiencing.
- Together they develop ways to deal with and overcome these problems so that person has new skills and increased understanding of themselves and others.

Counselling relationship /relationship building

- : The first step involves building a relationship and focuses on engaging clients to explore issue that directly affect them. The first interview is important because the client is reading the verbal and nonverbal messages and make inferences about the counselor and the counseling situation. Is the counselor able to empathize with the client? Does the client view the counselor as genuine?

Steps in relationship building

- (a) Introduce yourself Invite client to sit down (b) Ensure client is comfortable © Address the client by name Invite social conversation to reduce anxiety (d) Watch for nonverbal behaviour as signs of client's emotional state (e) Invite client to describe his or her reason for coming to talk(f) Allow client time to respond Indicate that you are interested in the person.

Problem assessment

Step 2: Problem Assessment While the counselor and the client are in the process of establishing a relationship, a second process is taking place, i.e. problem assessment. This step involves the collection and classification of information about the client's life situation and reasons for seeking counseling.

Step 3: GOAL SETTING Like any other activity, counseling must have a focus. Goals are the results or outcomes that client wants to achieve at the end of counselling. Sometimes, you hear both counselor and client complain that the counseling session is going nowhere. This is where goals play an important role in giving direction.

GUIDELINES FOR SETTING GOALS Goals should be selected and defined with care. Below are some guidelines for goal selection that can be used with students: Goals should relate to the desired end or ends sought by the student. Goals should be defined in explicit and measurable terms. Goals should be feasible. Goals should be within the range of the counsellor's knowledge and skills. Goals should be stated in positive terms that emphasise growth. Goals should be consistent with the school's mission and school health policy.

Step 4: INTERVENTION

There are different points of view concerning what a good counselor should do with clients depending on the theoretical positions that the counselor subscribes to. For example, the person-centred approach suggests that the counselor gets involved rather than intervenes by placing emphasis on the relationship. The behavioural approach attempts to initiate

Step 5: EVALUATION, FOLLOW-UP, TERMINATION

For the beginning counselor, it is difficult to think of terminating the counseling process, as they are more concerned with beginning the counseling process. However, all counseling successful termination. aims towards Terminating the counseling process will have to be conducted with sensitivity with the client knowing that it will have to end.

factors influencing the counselling process

- Seriousness of the presenting problem (the more distressed a client is, the greater improvement they will experience)
- Structure (helping clients understand what counselling will involve, setting time limits and expectations, etc.)
- Client initiative or motivation
- The physical setting in which counselling occurs
- Client and counsellor qualities

Counselling environment

Counselling environment is made up of three components-physical, social and psychological/emotional

The physical environment consists of physical facilities

The social environment has to do with the activities such as orientation ,career forum,group counselling , story telling ,plays, music etc

The emotional /psychological components is the disposition of the counselor in the course of counselling relationships -it includes empathy, positive regards

Physical settings

- ★ Sitting arrangements - depends on the counselor.- it include 2 chairs near-by

  Table in the setting . -chair could be at 90 degree angle from one another .

- ★ Proximity between counsellor and client -the distance between the counselor & client can affect the relationships .A distance of 30- 39 inches is good

Variables affecting/ influencing counselling

- **Structure -** is defined as the joint understanding between the counsellor and client regarding the characteristics , conditions,procedures and parameters of counselling
- It helps in clarify the counsellor client relationship and give it direction
- Structure is provided throughout all stages of counselling
- Initiative -
- Settings - the counsellor should keep in mind SOLER technique - S:face the client squarely _O:adopt an open posture _L:as you face your client lean toward him/her _E:maintain eye contact _ R:as the counsellor incorporates these skills into the attending listening skills
- Client qualities
- Counsellor qualities

2 mark questions

1. What you mean by counselling process?
2. What are the factors influence the counselling process ?
3. Mention the different stages \ steps include in the counselling process
4.

5 mark questions

1. Explain the process of counselling .(2018)
2. What are the variables affecting counselling ?-explain it
3.

Qualities of an effective counsellor

Communication Skills

Effective counselors should have excellent communication skills.Counselors need to have a natural ability to listen and be able clearly explain their ideas and thoughts to others.

Acceptance

Being nonjudgmental and accepting are important attributes in any of the helping professions. accepting the client for who she is and in her current situation. Counselors need to be able to convey acceptance to their clients with warmth and understanding.

Empathy Counselors help people through some of the most difficult and stressful times of their lives. They must be able to display empathy – the ability to feel what another person is feeling. Empathy means that you are truly able to imagine what it's like to stand in someone else's shoes. Compassion and empathy help your clients feel understood and heard.

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Problem-Solving Skills

It's not up to a counselor to solve her clients' problems, no matter how much she might want to help. But counselors must have excellent problem-solving skills to be able to help their clients identify and make changes to negative thought patterns and other harmful behaviors that might be contributing to their issues

Rapport-Building Skills

Counselors must possess a strong set of interpersonal skills to help establish rapport quickly with clients and develop strong relationships. They must give their undivided attention to clients and be able to cultivate trust. Counselors need to be able to place all of their focus on what their clients are saying and avoid being distracted by their own personal problems or concerns when they are in a session.

Flexibility

Flexibility in counseling is defined as the ability to adapt and change the way you respond to meet your clients' needs. You don't stay rigid and stick to a predetermined treatment path when your clients require a different approach. Being flexible is one of the most important attributes of a professional counselor

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Self-Awareness

Self-awareness is the ability to look within and identify your own unmet psychological needs and desires, such as a need for intimacy or the desire to be professionally competent. This ability prevents your issues from affecting or conflicting with those of your clients.

Multicultural Competency

Counselors help people from all walks of life. They must display multicultural competency and adopt a multicultural worldview

Teacher as a counsellor

A counsellor is a person who provides counsel to another person who is usually in some position of need or requires help. A counsellor helps those they are counselling come to their own conclusions about any problems or issues they may be facing, and then may provide suggestions or methods for helping the person with their issues.

A teacher is a person who delivers knowledge, assesses and facilitates students' participation in teaching and learning process • Teacher is someone who gives anything which is good, positive, creative and developing humankind without expecting any rewards (Al-Ghazali)

Characteristics of a Counsellor

A counsellor is….

• kind & caring; • empathetic & understanding; • positive & motivating; • a good listener & communicator; • trustworthy & reliable; • self-aware & sensitive to others needs; • interested in helping others achieve their personal goals & encourages growth; • a source of information & advice

TEACHER'S ROLE AS A COUNSELLOR

. Collecting Students' Information• What are students' information? – Background knowledge – Students' potential – Academic Achievement/performance – Behaviour

• Purpose: – Record students development over the years – Collaborate with the school's counsellor and administrator –

Reflect the students' performance

Teacher as a Counsellor Helping students in adjusting to their surrounding Helping students in their studies Giving awareness of the importance of education Helping students in making rational decision Solving students’ learning problem Helping the students with their learning

Qualities of school counsellor

- **Be a good listener.**
- **Appreciate diversity.**
- **Be able to assess.**
- **Be an excellent communicator.**
- **Be friendly.Be authoritative**
- **Be well-rounded.**
- **Be able to coordinate.**
- **Have good evaluation skills.**
- **Have a sense of humor.**

2 mark questions

1)who is a counsellor ?

2) role of a counsellor - explain briefly .

5 mark questions

1. Qualities of a counsellor
2. Qualities of school counsellor (2018)
3. Explain the role of teacher as a counsellor

Professional ethics of counselling

Ethical Principles

-Responsible caring
- Being proactive in promoting the client's best interests
- Integrity
- Honouring commitments to clients and maintaining integrity in the counselling relationship
- Do no harm
- Refraining from actions that risk harm
- Independence
- Respecting the rights of clients to self-determination
- Fairness
- Respecting the dignity and just treatment of all persons
- Social responsibility
- Respecting the need to be responsible to society

The five core professional values of the Counseling

1. Enhancing human development throughout the life -span.
2. Honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts.
3. Promoting social justice
4. Safeguarding the integrity of the counselor-client relationship.
5. Practicing in a competent and ethical manner.

Thank you.

Farook Training College Innovative Academia (FTCIA)

Online Collaborative Learning Project (OCLP)

Pre-Edited Version of Study Materials.

(Chance for minor errors)

Farook Training College Innovative Academia (FTCIA)

Online Collaborative Learning Project (OCLP)

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Module 4

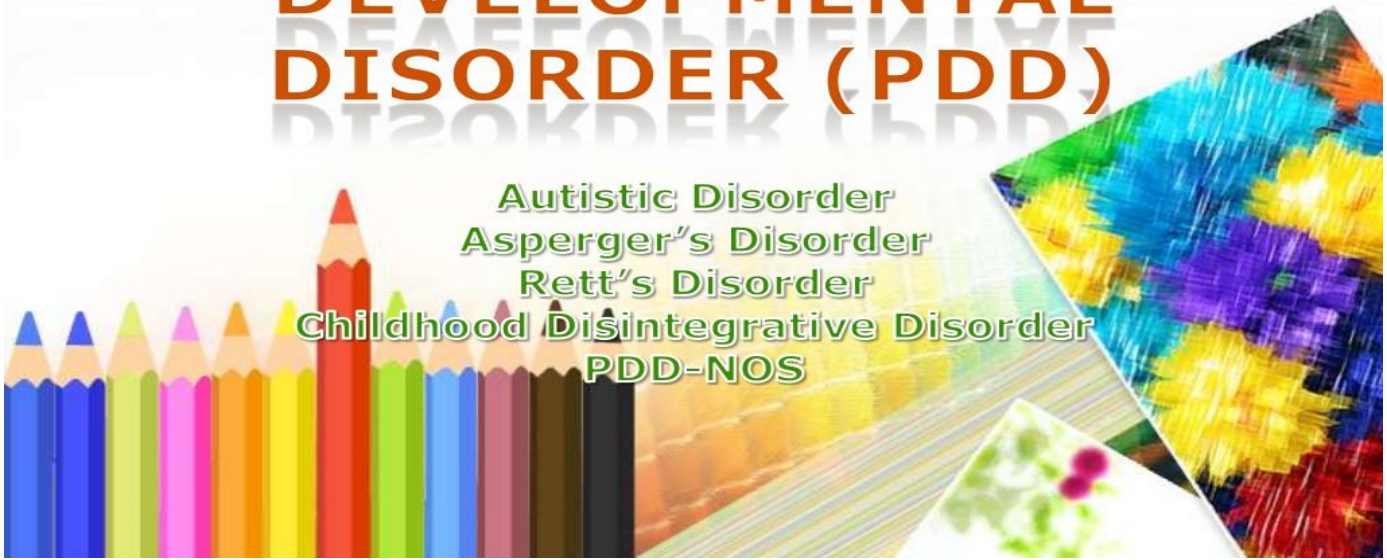
Familiarize with common behavioural problems of students.

DEVELOPMENTAL DISORDER

DEVELOPMENTAL DISORDER

- **Developmental disorders** is a group of psychiatric conditions originating in childhood that involve serious impairment in different areas

PERVASIVE DEVELOPMENTAL DISORDER (PDD)



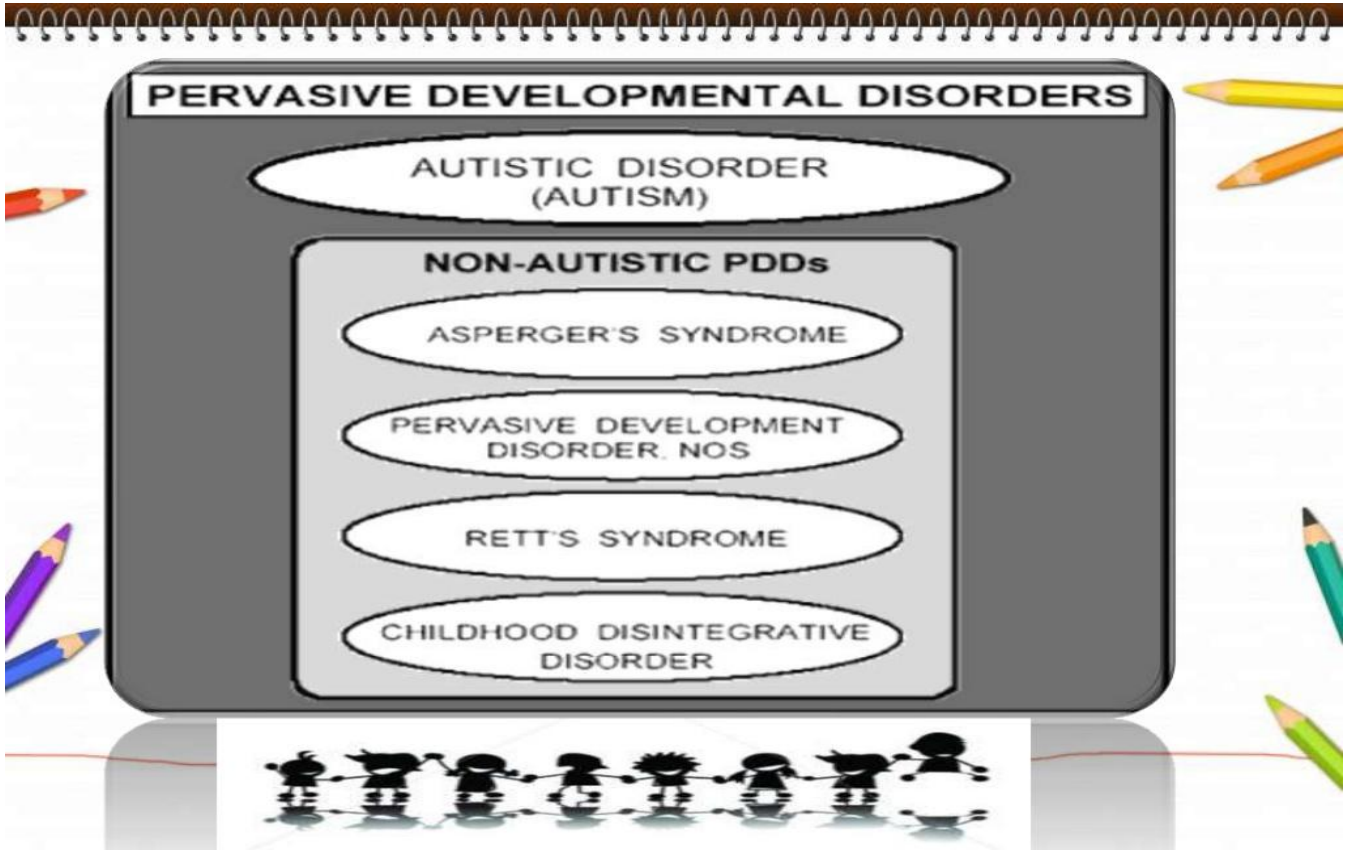
Autistic Disorder
Asperger's Disorder
Rett's Disorder
Childhood Disintegrative Disorder
PDD-NOS

What is Pervasive Developmental Disorder?

- A group of syndromes marked by severe developmental delays in several areas that cannot be attributed to mental retardation.

Developmental Delay

Child's development is outside the norm, including delayed socialization, communication, peculiar mannerisms and idiosyncratic interests.


PERVASIVE DEVELOPMENTAL DISORDERS
AUTISTIC DISORDER (AUTISM)
NON-AUTISTIC PDDs
ASPERGER'S SYNDROME
PERVASIVE DEVELOPMENT DISORDER, NOS
RETT'S SYNDROME
CHILDHOOD DISINTEGRATIVE DISORDER

Autism

Autism

- Also known as spectrum disorder
- is a lifelong disability.
- is characterized by severe problems in 3 main areas: communication, behavior and social skills.
- is classified as a developmental disability.
- occurs mostly in males. The ratio is about4:1.
- typically manifests around the ages of 18 months to 3 years.

Common Characteristics of Autism

Social Skills

- Lack of awareness of the existence or feelings of others.
- Severe impairment in the ability to relate to others.
- Aloof and distant from others.
- Appears not to listen when spoken to.
- Fails to produce appropriate facial expressions to specific occasions.
- Avoids eye contact.
- Difficulty with changes in environment and routine.
- Does not seek opportunities to interact with others.
- Unwillingness and/or inability to engage in cooperative play.

Common Characteristics of Autism

Communication Skills

- Difficulties in using and understanding both verbal and non-verbal language.
- Failure to initiate or sustain conversational interchange.
- Abnormalities in the pitch, stress, rate, rhythm, and intonation of speech.
- Poor receptive and expressive skills.
- May echo words (echolalic speech).
- May use screaming, crying, tantrums, aggression, or self-abuse as ways to communicate.
- Repeating words or phrases in place of normal, responsive language.

Common Characteristics of Autism

Behavior Skills

- Unusual and repetitive movements of the body that interfere with the ability to attend to tasks or activities, such as hand flapping, finger flicking, rocking, hand clapping, grimacing or eye gazing.
- Marked distress over changes in seemingly trivial aspects of the environment.
- Laughing, crying, or showing distress for reasons not apparent to others.
- Unreasonable insistence on following routines in precise detail.

OFFICIAL DIAGNOSIS OF AUTISM IN THE DSM-IV-TR

Qualitative impairment in social interaction, as manifested by at least two of the following:

1. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

2. Failure to develop peer relationships appropriate to developmental level

3. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)

4. Lack of social or emotional reciprocity

OFFICIAL DIAGNOSIS OF AUTISM IN THE DSM-IV-TR

Qualitative impairments in communication as manifested by at least one of the following:

1. Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)

2. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

3. Stereotyped and repetitive use of language or idiosyncratic language

4. Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

OFFICIAL DIAGNOSIS OF AUTISM IN THE DSM-IV-TR

Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

2. Apparently inflexible adherence to specific, nonfunctional routines or rituals

3. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

4. Persistent preoccupation with parts of objects

OFFICIAL DIAGNOSIS OF AUTISM IN THE DSM-IV-TR

Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

1. social interaction
2. language as used in social communication
3. symbolic or imaginative play.

The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Best Educational Practices for Children with Autism

Educational practices should focus on the following:

- Communication skills
- Behavior
- Functional academics
- Self-help skills
- Gross and fine motor skills
- Social and leisure skills
- Vocational and independence
- Structure, routine and organization

Treatments and Educational Strategies

- **Occupational therapy** helps improve independent function and teaches basic skills (e.g., buttoning a shirt, bathing)
- **Physical therapy** involves using exercise and other physical measures (e.g., massage, heat) to help patients control body movements.
- **Applied Behavior Analysis** (ABA) uses careful *behavioral observation* and *positive reinforcement or prompting*.
- **Sensory integration therapy** is a type of behavior modification that focuses on helping autistic patients cope with sensory stimulation.
- **Play therapy** is a type of behavior modification that is used to improve emotional development, which in turn, improves social skills and learning.
- **Social stories** can also be used to improve undeveloped social skills.
- **Speech therapy** may be used to help patients gain the ability to speak.
- **Picture exchange communication systems** (PECS) enable autistic patients to communicate using pictures that represent ideas, activities, or items.

Asperger's Disorder

Asperger's Syndrome

- identified in the 1940's by Hans Asperger
- an autism spectrum disorder that effects language and communication skills
- affects boys more often than girls
- usually diagnosed between the ages of 5 and 9

ASPERGER'S OWN DESCRIPTION

- **Speech and Language:**
  - Begins to talk before they walk
  - Poor pronoun usage, despite good grammar
  - Pedantic, lengthy discourse
  - Repetitive language related to own interests

- **Non-Verbal Communication:**
  - Little facial expression, other than strong emotions
  - Monotonous, droning tone of voice
  - Limited gestures, or exaggerated
  - Poor understanding of other's expressions/gestures
  - Misinterprets non-verbal signs

ASPERGER'S OWN DESCRIPTION

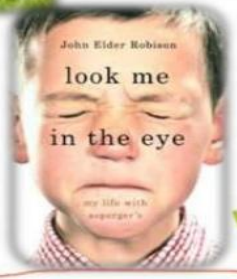
- **Social Interaction:**
  - Impairment in 2-way interaction
  - Not due to a desire to withdraw from social contact
  - Does not understand rules that govern social behavior
  - Lack intuitive knowledge of how to adapt
  - Oversensitive to criticism

- **•Repetitive Acts:**
  - Enjoys spinning objects
  - Intensely attached to particular possessions
  - Fearful when away from familiar places

ASPERGER'S OWN DESCRIPTION

- **Skills and Interests:**
  - Excellent rote memory
  - Intensely interested in one or two subjects
  - Absorb every available fact and talk about it at length
  - No sense of whether the listener is interested
  - May have learning disabilities

- **Motor Coordination:**
  - Gross motor movements are clumsy
  - Uncoordinated
  - Motor stereotypes



ASPERGER'S SYNDROME:DSM-IV DIAGNOSTIC CRITERIA

- Qualitative impairment in social interaction
- Restricted repetitive and stereotyped patterns of behavior, interests, and activities.
- The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning
- There is no clinically significant delay in language (e.g., single words by age 2 years, communicative phrases used by age 3 years).
- There is no clinically significant delay in cognitive development, self help skills, adaptive behavior, and curiosity about the environment in childhood.
- Criteria are not met for another specific pervasive developmental Disorder or Schizophrenia.

ASPERGER'S SYNDROME

QUALITIES

- HONEST
- DETERMINED
- AN EXPERT
- NOTICES SOUNDS OTHERS DO NOT HEAR
- KIND
- SPEAK YOUR MIND
- ENJOY SOLITUDE
- PERFECTIONIST
- RELIABLE FRIEND
- GOOD AT ART
- LIKED BY ADULTS

DIFFICULTIES

- MAKING FRIENDS
- MANAGING FEELINGS
- TAKING ADVICE
- HANDWRITING
- KNOWING WHAT SOMEONE IS THINKING
- BEING TEASED OR BULLIED
- SHOWING AS MUCH AFFECTION AS OTHERS EXPECT

COMPARING AUTISM TO ASPERGER'S

AUTISM

- Symptoms evident by 30 months of age.
- Show less social interest/ initiative.
- Delayed/deviant language development.
- IQ's generally reflect ⇑ PIQ than VIQ
- Good gross motor skills.
- Rarely enter into relationships or have children.

ASPERGER'S

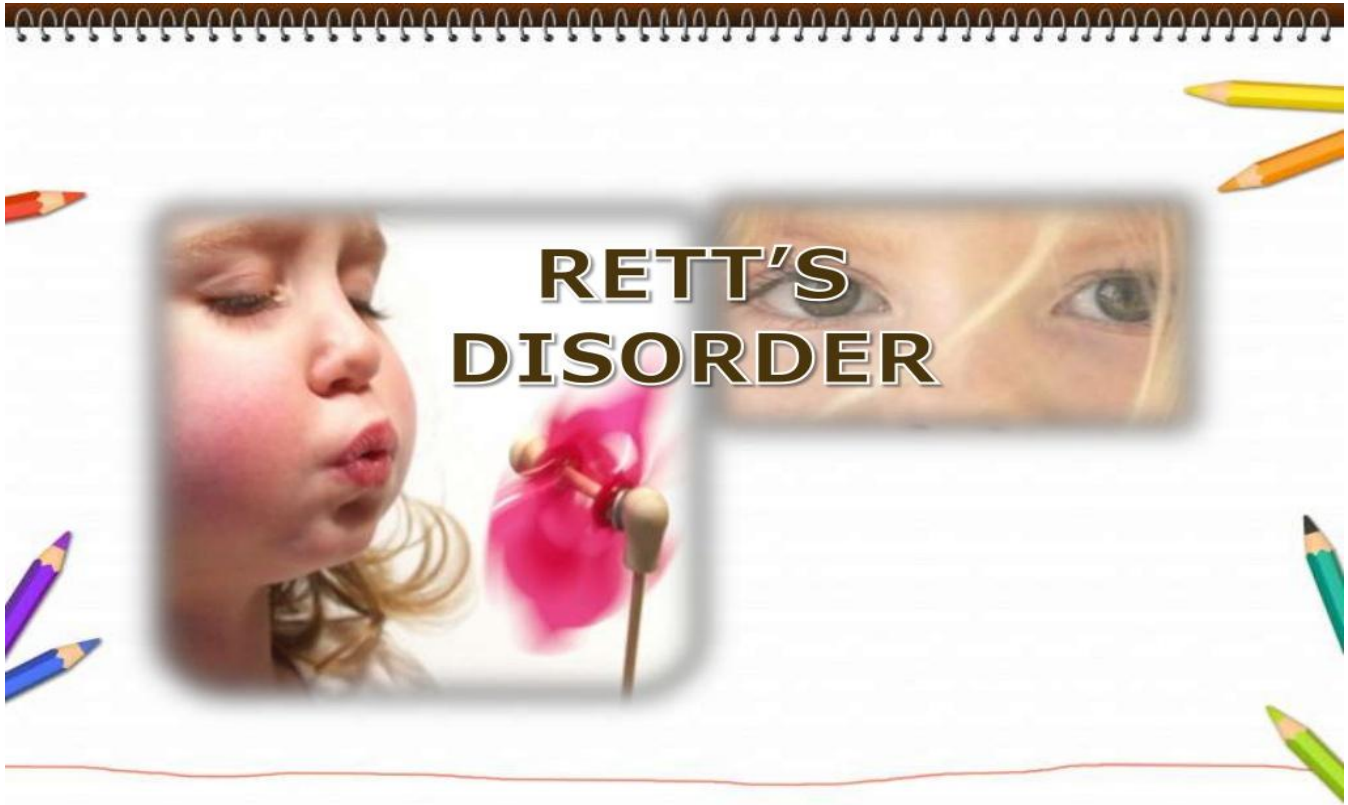
- Symptoms often masked until 5 years of age.
- Display social desire, but often unsuccessful.
- Language development advanced, but deviant.
- IQ's generally reflect ⇑ VIQ's than PIQ's
- Poor gross motor skills.
- Often enter into relationships and have children.

WHICH STRATEGY OR APPROACH WILL BE USED?

- Modifying the environment or routine
- Ignoring the behavior
- Distracting the child
- Rewarding a child for an alternative behavior
- Changing expectations and demands placed upon the child
- Teaching the child new skills and behaviors
- Modification techniques such as desensitization and graded extinction
- Changing how people around the child react
- Time out
- Medication

WHICH STRATEGY OR APPROACH WILL BE USED?

- **Use of Picture Symbols**
- **Sign Language-**an alternative to speech and as an extra system to encourage the development of speech.
- **Daily Life Therapy (Higashi Approach)-**involves a combination of physical education, art, music, academic study and communication and living skills.
  -the main aim is to attain stable emotions and self esteem and from her to learn the other necessary skills.
- **Facilitated Communication**
- **SPELL (Structure, Positive, Empathetic, Low arousal, Links)**
- **Music Therapy**
- **Dietary Intervention**
  - supplementing the diet with magnesium and B6
  - removal of gluten and casein from their diet
  - monosodium glutamate (E621) and aspartame have been linked to worsening of Asperger's Syndrome


RETT'S
DISORDER

Rett's Disorder

- Progressive neurodevelopment disorder
- Common cause of profound mental impairment in girls
- Babies with Rett syndrome develops normally until the age of 6 to 18 months until their development regresses
- They lose the purposeful use of their hands and are disabled for life with reduced muscle tone and seizures and lose of communication skills

Signs of Rett's Syndrome

- Does not make conversation.
- Has a problem with learning and reasoning (intelligence).
- Cannot control the use of hands and puts her hands in the mouth often.
- Head grows slowly not as fast as the rest of the body.
- Walks in an inflexible manner, on tiptoes or with feet spread wide apart.

The following signs are very rare; only some children with Rett Syndrome will show these symptoms:

- Problems breathing; may gulp air, causing the stomach to swell.
- Seizures (shaking or convulsing), which usually can be controlled with medication.
- May have scoliosis (curved spine).
- Grinds one's teeth.
- Problems sleeping such as sleep apnea (stops breathing or seems to hold her breath while sleeping) or not sleeping during normal hours.

DSM-IV: Diagnosis of Rett's Disorder

- A. All of the following:
  - (1) apparently normal prenatal and perinatal development
  - (2) apparently normal psychomotor development through the first 5 months after birth
  - (3) normal head circumference at birth

- B. Onset of all of the following after the period of normal development:
  - (1) deceleration of head growth between ages 5 and 48 months
  - (2) loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (e.g., hand-wringing or hand washing)
  - (3) loss of social engagement early in the course (although often social interaction develops later)
  - (4) appearance of poorly coordinated gait or trunk movements
  - (5) severely impaired expressive and receptive language development with severe psychomotor retardation

Differential Diagnosis

Rett's Disorder

- Mostly females
- Deterioration in developmental milestones, head circumference, overall growth
- Loss of purposeful hand movements
- Stereotypic hand movements (hand-wringing, hand washing, hand-to-mouth)
- Poor coordination, ataxia, apraxia
- Loss of verbalization
- Respiratory irregularity
- Early seizures
- Low CSF nerve growth factor

Autistic Disorder

- Mostly males
- Abnormalities present from birth
- Stereotypic hand movements not always present
- Little to no loss in gross motor function
- Aberrant language, but not complete loss
- No respiratory irregularity
- Seizures rare; if occur, develop in adolescence
- Normal CSF nerve growth factor

Four Stages of Rett's Disorder

- ***Stage I: Early-onset stagnation***
  - **Onset:** Six months - 1.5 years old
  - Delayed development, but not significantly abnormal
  - Deceleration of head growth
  - Disinterest in surroundings
  - Hypotonia
  - Normal EEG (or minimal slowing)
  - **Duration:** Weeks to months

Four Stages of Rett's Disorder Continued...

- ***Stage II: Rapid developmental regression***
  - **Onset:** One to 3 or 4 years old
  - Loss of acquired skills and communication
  - Mental deficiency appears
  - Irritability
  - Loss of purposeful hand movements
  - Stereotypic hand movements develop (hand-wringing, hand washing, hand-to-mouth)
  - Loss of expressive language
  - Insomnia
  - Self-abusive behavior
  - Occasional seizures
  - EEG: background slowing with loss of normal sleep patterns; screaming and sleep disturbances
  - **Duration:** Weeks up to one year

Four Stages of Rett's Disorder Continued...

- ***Stage III: Pseudostationary period***
  - **Onset:** After passing Stage II
  - Some restitution of communication
  - Preserved ambulation
  - Increasing ataxia, hyperreflexia, and rigidity
  - Hyperventilation when awake, followed by sleep apnea
  - Bruxism
  - Weight loss
  - Scoliosis
  - EEG: some epileptiform activity
  - Happy disposition; enjoy close physical contact
  - Truncal ataxia
  - **Duration:** Years to decades

Four Stages of Rett's Disorder Continued...

- ***Stage IV: Late motor deterioration***
  - **Onset:** Ceasing of ambulation
  - Complete wheelchair dependence
  - Severely disabled and distorted
  - Progressive muscle wasting, spasticity, and scoliosis
  - Growth retardation
  - Cool extremities due to venous stasis
  - Constipation
  - Fewer Seizures
  - **Duration:** Decades

Treatment of Rett's Disorder

- Management of gastrointestinal (reflux, constipation) and nutritional (poor weight gain) issues
- Surveillance of scoliosis and long QT syndrome
- Increasing the patient's communication skills, especially with augmentative communication strategies
- Parental counseling
- Modifying social medications
- Sleep aids
- Selective serotonin reuptake inhibitors (SSRIs)
- Anti-psychotics (for self-harming behaviors)
- Beta-blockers rarely for long QT syndrome
- Occupational therapy, speech therapy and physical therapy (for children with Rett syndrome).

Treatment of Rett's Disorder

- **Medications.** Though medications can't cure Rett syndrome, they may help control some of the symptoms associated with the disorder, such as seizures and muscle stiffness.
- **Physical and speech therapy**
  - use of braces or casts can help children who have scoliosis.
  - physical therapy can also help maintain walking skills, balance and flexibility
  - occupational therapy may improve purposeful use of the hands
  - splints that restrict elbow or wrist motion may be helpful
  - speech therapy can help improve a child's life by teaching nonverbal ways of communicating
- **Nutritional support**
  - Some children with Rett syndrome may need a high-fat, high-calorie diet. Others may need to be fed through a tube placed in the nose (nasogastric tube) or directly in the stomach (gastrostomy).

Childhood Disintegrative Disorder

Childhood Disintegrative Disorder

Childhood disintegrative disorder (CDD) is a **rare** condition with **unknown cause** that affects children (**boys**) most often around **ages 3-4**, but may range from ages 2-10[1]. As written in the DSM-IV-TR, there must be:

"After at least 2 years of normal postnatal development, significant losses manifest in the following domains:

1. Expressive or receptive language
2. Social or adaptive behavior
3. Bladder or bowel control
4. Play
5. Motor skills

Warning Signs and Symptoms

- Loss of social skills
- Loss of bowel and bladder control
- Loss of expressive or receptive language
- Loss of motor skills
- Lack of play
- Failure to develop peer relationships
- Impairment in nonverbal behaviors
- Delay or lack of spoken language
- Inability to start or sustain a conversation

Treatment

- **Language therapy**
  - Improve social interaction and communication with peers
  - Develop language skills
  - Using pictures to help communicate needs
- **Physical therapy**
  - Improve movement, posture, balance
- **Occupational therapy**
  - Adjusts environment to the child's needs

- Develop a highly structured and individualized program that:
  - Aims to develop areas of difficulty
  - Builds on child's strengths and interests
  - Offers a predictable routine
  - Teaches skills in simple steps
  - Provides frequent and positive reinforcement
  - Suggests structured and attractive activities

Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

PDD-NOS

- is a 'subthreshold' condition in which some –but not all – features of autism or another explicitly identified Pervasive Developmental Disorder are identified
- also been referred to as:
  - "atypical personality development"
  - "atypical PDD"
  - "atypical autism"
- four times more likely to affect **boys**
- no known cause

Characteristics of Children Diagnosed with PDD-NOS:

- Social Interaction:
  - withdrawn
  - avoid eye contact
  - seem insensitive or unemotional
  - lack of facial responsiveness
  - Separation anxiety and/or stranger anxiety
  - desire to play in isolation

- Communication:
  - Difficulty expressing needs
  - some verbal abilities are delayed
  - inappropriate laughing
  - Echolalia
  - may not understand humor or sarcasm
  - difficulty with pronunciation and/or grammar
  - lack of imagination, abstraction or emotion.

- Behavior:
  - May resist changes in routine
  - may be very physical or very non-physical
  - may have an abnormal response(s) to one or a combination of senses: sight, hearing, touch, balance, smell, taste and reaction to pain
  - may appear to have unreasonable fears without regard to "real dangers".

How PDDNOS is Diagnosed

- A diagnosis of PDDNOS should be considered if a child does not meet the diagnostic criteria for:
  - A specific Pervasive Developmental Disorder
  - Schizophrenia
  - Schizotypical Personality Disorder
  - Avoidant Personality Disorder

- PDDNOS shares very similar characteristics with Autistic Disorder, but they are not the same.
  - Onset of Autism is before age 3, PDDNOS may have a later onset
  - Autistic Disorder must include a certain number of items from diagnostic criteria– PDDNOS does not
    - Oftentimes, a diagnosis of PDDNOS is met due to a child not quite having "enough" symptoms of Autism

Common Treatments

- Traditional Treatment Methods:
  - **Positive Behavioral Support** (usually works best in a structured, consistent environment)
  - **Appropriate Educational Environment** (in some cases, special education environment involving inclusion)
  - **Medical Intervention** (medication in conjunction with other treatments)
  - **Psychological Care** (counseling and ongoing evaluations)

- Less Traditional Treatment Methods:
  - Facilitated Communication Therapy
  - Auditory Integration Therapy (AIT)
  - Sensory Integration Therapy
  - Lovaas Method
  - Vitamin Therapy
  - Anti-Yeast Therapy

*(*A parent should notify you of any less traditional method being used*)*

EVALUATION

2 Marks Questions

- Write any four pervasive developmental disorders?
- Expand PDD?
- What is persavive developmental disorders?
- How aspergers syndrome is different with Rett’s disorder?

5 Marks Questions

- Explain rett’s dirorder?
- How can identify PDD-NOS
- Write about aspergers syndrome?
- What are the symptoms of disintegrative disorder?
- Write about any two pervasive developmental disorders?

15 Marks Questions

- Discuss the major disorders of childhood and adolescents?
- What are different developmental disorders?


mental
retardation
disability
syndrome
pedagogue
challenged
development
therapist

Mental Retardation

is a developmental disability that is marked by lower-than-normal intelligence and limited daily living skills. Mental retardation is normally present at birth or develops early in life.

Classification of Mental Retardation

Mild Mental Retardation

IQ range from 50-70

- Individuals in this group can often live on their own with community support.
- These individuals have minimum retardation in sensory-motor areas.

Moderate Mental Retardation

IQ range from 35-50

- They are challenged academically and often are not able to achieve academically above a second to third grade level.
- As adults, persons with moderate mental retardation may be able to perform semiskilled work under appropriate supervision.

Severe Mental Retardation

IQ range from 20-35

- Individuals in this category can often master the most basic skills of living, such as cleaning and dressing themselves.
- Is often recognized early in life with poor motor development & absent or markedly delayed speech & communication skills.

Profound Mental Retardation

IQ range below 20

- Individuals at this level can often develop basic communication and self-care skills.
- Most individuals with profound mental retardation have identifiable causes for their condition.

Causes of Mental Retardation

- Infections (present at birth or occurring after birth)
- Chromosomal abnormalities Chromosome deletions chromosome than usual) Defects in the chromosome or chromosomal inheritance Errors of chromosome numbers.

- Problems at birth. If a baby has problems during labor and birth, such as not getting enough oxygen, he or she may have developmental disability due to brain damage.
- Problems during pregnancy.
- Exposure to certain types of disease or toxins.

DIAGNOSIS

- History collection from parents & caretakers
- Physical examination
- Neurological examination
- Assessing milestones development
- Investigations
  - Urine & blood examination for metabolic disorders
  - Culture for cytogenic & biochemical studies
  - Amniocentesis in infant chromosomal disorders
  - chorionic villi sampling
  - Hearing & speech evaluation

TREATMENT MODALITIES

- Behavior management
- Environmental supervision
- Monitoring the child's development needs & problems.
- Programs that maximize speech, language, cognitive, psychomotor, social, self-care, & occupational skills.
- Ongoing evaluation for overlapping psychiatric disorders, such as depression, bipolar disorder, & ADHD.
- Family therapy to help parents develop coping skills & deal with guilt or anger.
- Early intervention programs for children younger than 3 with mental retardation
- Provide day schools to train the child in basic skills, such as bathing

EVALUATION

2 Marks Questions

- List two diagnostic charcteristics of mentally challenged child?
- Discuss the problems of mentally challenged children?

5 Marks Questions

- Expalin the causes of mental retardation?
- How mental retardation affect learning?

15 Mark Questions

- Elucidate the stges of mental retardation?



Emotions



What is Emotion?

Internal conscious states that we infer in ourselves and others.

- Emotions are private experiences.
- We use operational definitions because we cannot actually see feelings.
- We infer observable behavior associated with emotion.

Classification of Emotional disorders

Abornomalities of basic emotions

- Intensity of emotions, including diminution and exacerbation
- Duration, time and quality of experience, including lability of mood, pathalogical crying and laughing, parathymia and paramimia
- Expression of emotion, including blunting and flattening of affect
- Appropriatness to object, including phobia

- Abnormality of physiological arousal
  - Alexithymia

- Abnormalities of evaluation of social context
  - Negative cognitive schemas
  - Prosopoaffective agnosia
  - Receptive vocal dysprosody

Anhedonia

- Introduced by Ribot.
- Refers to a loss of capacity to experience joy or pleasure.
- Prominant symptom of depressive illness.
- Best clinical marker, predicts the response to treatment.

- Diminution of intensity:
  - It's experienced as loss of feeling, affecting emotions including sadness, joy, anger, fear etc.,
  - Patient suffers greatly, feels guilty about this feeling. It's a subjective experience rather than objectively observed absence.
  - Occurs in depressive psychosis, occassionally with personality disorders, schizophrenia.
  - Depersonalisation

- Exacerbations of emotions
  - Intensification of sadness or joy
  - In sadness, this may present as feelings of sadness and gloom, despondency, despair or hopelessnes.

- Depression
  - Refers to an emotional state characterised by grief or mild periods of sadness or being “down”
  - It also refers to a clinical condition characterised by depressed mood.

- Depressed mood states are present in simple unhappiness, grief or breavement and mood disorders.

Intensification of joy or pleasure

- Euphoria
- State of excessive unreasonable cheerfulness
- Intense elation often associated with feelings of grandeur
- When euphoria goes beyond the range of normal experience and becomes a psychiatric problem, mania or hypomania is present
- Bipolar, cyclothymic, schizoeffective disorders

Changes in timing, duration, quality of experience

- Pathological grief, it can be delayed or prolonged
- Lack of persistance in expression of emotions leading to inappropriateness to social context.
- Often a sign of brain damage.
- Pathological laughter or crying – an unprovoked emotion that does not have an apparent object.
    - Gelastic epilepsy, Acquired brain injury, focal brain injury

Anxiety

- It is an unpleasant affect state with the expectation but not the certainity of something untoward happening.
- Morbid anxiety is accompanied by one or more somatic & autonomic symptoms.

  - Palpitations
  - Difficulty in breathing
  - Dry mouth
  - Nausea
  - Dizzines
  - Muscular tension
  - Sweating
  - Abdominal churning
  - Tremors
  - Coldskin

Panic attacks and disorder

- These occur as discrete episodes of somatic or autonomic anxiety associated with marked psychic anxiety as an extreme sense of fear.
- Attack ends when there is complete interruption to the person's current stream of behaviour.
- Duration varies from less than a minute to several hours, normally about 10 to 20 mins.
- Can occur many times in a day but not frequently.

Phobia

- Phobias are unreasonable fears restricted to a specific object, situation or idea and results in avoidance of the same.
- Benjamin Rush defined it as "a fear of an imaginary evil, undue fear of real one"

Criteria for phobia

- Fear out of proportion to demands of situation
- Cannot be reasoned
- Not under voluntary control
- Leads to avoidance of situations

Irritability(Snaith & Taylor)

- It is a feeling state characterised by reduced control over temper, which results in irascible verbal or behavioural outbursts.
- It may be observed by others or experienced subjectively directed towards other people or to self.
- When expressed outwardly, it is considerd as an independent mood disorder.

Obsession

- Obsessions are recurrent, persistent thoughts, impulses or images that enter the mind despite the persons efforts to exclude them.
- Essential features:
  - A feeling of subjective compulsion
  - Resistance to it
  - Preservation of insight
- They are recognised by the person as his own and not implanted from elsewhere.

- The person usually functions satisfactorily in other areas of life, but as they become more severe, there is an increasing social incapacity and misery that can disrupt his life style.
- Obsessions may occur as thoughts, images, impulses, ruminations or fears.
- Compulsions are repetitive and seemingly purposeful behaviours, performed in a stereotyped way.

EVALUATION

2 Marks Questions

- What you mean by emotional disorder?
- What are the classifications of emitional disorder?
- Mention two emotional disorders?

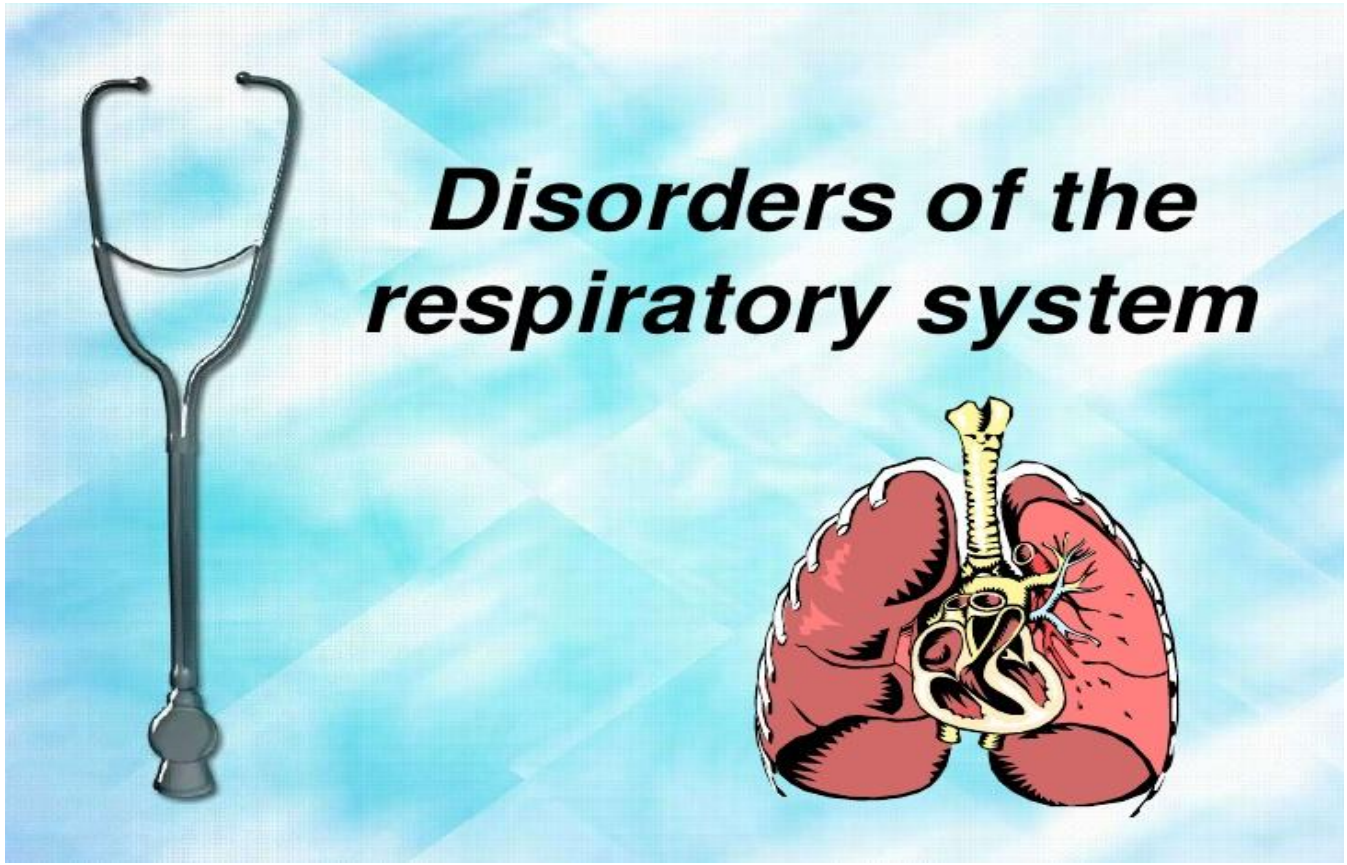
5 Mark Questions

- Expalin emotional disorder?

15 Marks Questions

- Illustrate the emotional diaorders?

Disorders of the respiratory system



Respiratory infections

Infections of the respiratory tract can occur in:

1. The upper respiratory tract
2. The lower respiratory tract
3. Both.

Organisms capable of infecting respiratory structures include:

1. bacteria.
2. viruses: the majority of upper respiratory tract infections are caused by viruses as *rhinovirus and parainfluenza virus.*
3. fungi.

Depending on the organism and extent of infection, the symptoms can range from mild to severe and even life threatening.

- The respiratory tract is protected by a number of very effective **defense mechanisms.**
- For an organism to reach the lower respiratory tract, **the organism must be particularly virulent** and present in very large numbers or the **host defense barriers** must be weakened.
  - **Factors that might weaken the respiratory defense barriers:**
    - Cigarette smoking, which can paralyze the cilia lining the cells of the respiratory passages and impair removal of secretions, particles and microorganisms.
    - The presence of a respiratory pathogen such as the cold or influenza virus .

Upper respiratory tract Infections

THE COMMON COLD

The most common viral pathogens for the "common cold" are *rhinovirus, parainfluenza virus, respiratory syncytial virus, adenovirus* and *coronavirus.*

- They enter body through the mucous membranes of the nose and eye. They are readily spread from person to person via respiratory secretions.
- Manifestations of the common cold include:
  - *Rhinitis:* Inflammation of the nasal mucosa
  - *Sinusitis :*Inflammation of the sinus mucosa
  - *Pharyngitis :* Inflammation of the pharynx and throat
  - Headache
  - Nasal discharge and congestion

Upper respiratory tract Infections

INFLUENZA

- **Symptoms of influenza infection:**
  - Headache
  - Fever, chills
  - Muscle aches
  - Nasal discharge
  - Unproductive cough
  - Sore throat
- Influenza infection **can cause** marked inflammation of the respiratory epithelium and a loss of ciliated cells that protect the respiratory passages from other organisms.
- As a result, influenza infection **may lead to** co-infection of the respiratory passages with bacteria.
- It is also possible for the influenza virus to infect the tissues of the lung itself to cause a ***viral pneumonia***.

Treatment of influenza:

- Bed rest, fluids, warmth
- Antiviral drugs
- **Influenza vaccine** :

- Provides protection against certain A and B influenza strains that are expected to be prevalent in a certain year.
- The vaccine must be updated and administered yearly to be effective but will not be effective against influenza strains not included in the vaccine.
- The influenza vaccine is advised for elderly people, in individuals weakened by other disease and in health-care workers

Asthma – What is It?

- Asthma is a chronic lung disease that obstructs airflow
- The obstruction is reversible
- It involves difficulty in breathing due to
  - Inflammation (swelling)
  - Mucus in the airways
  - Tightening of muscles around the airways

Symptoms of asthma

- Coughing
- Wheezing, a whistling sound
- Shortness of breath
- Chest tightness
- Sneezing & runny nose
- Itchy and inflamed eyes

Can asthma be cured?

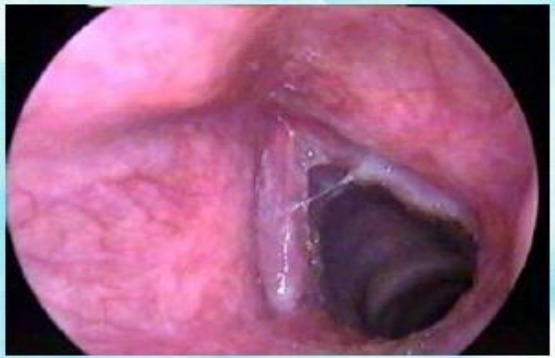
- **Asthma can be controlled** (but not cured) by:
  - Avoiding triggers or reducing exposure to triggers
  - Using medication to control symptoms
- **Medications** - generally two types are used
  - Long-term drugs
    - Taken to prevent excess production of mucus & to reduce the inflammation and constriction of airway muscles
  - Rescue or quick-relief drugs
    - Taken to relax muscles around the airways to improve breathing

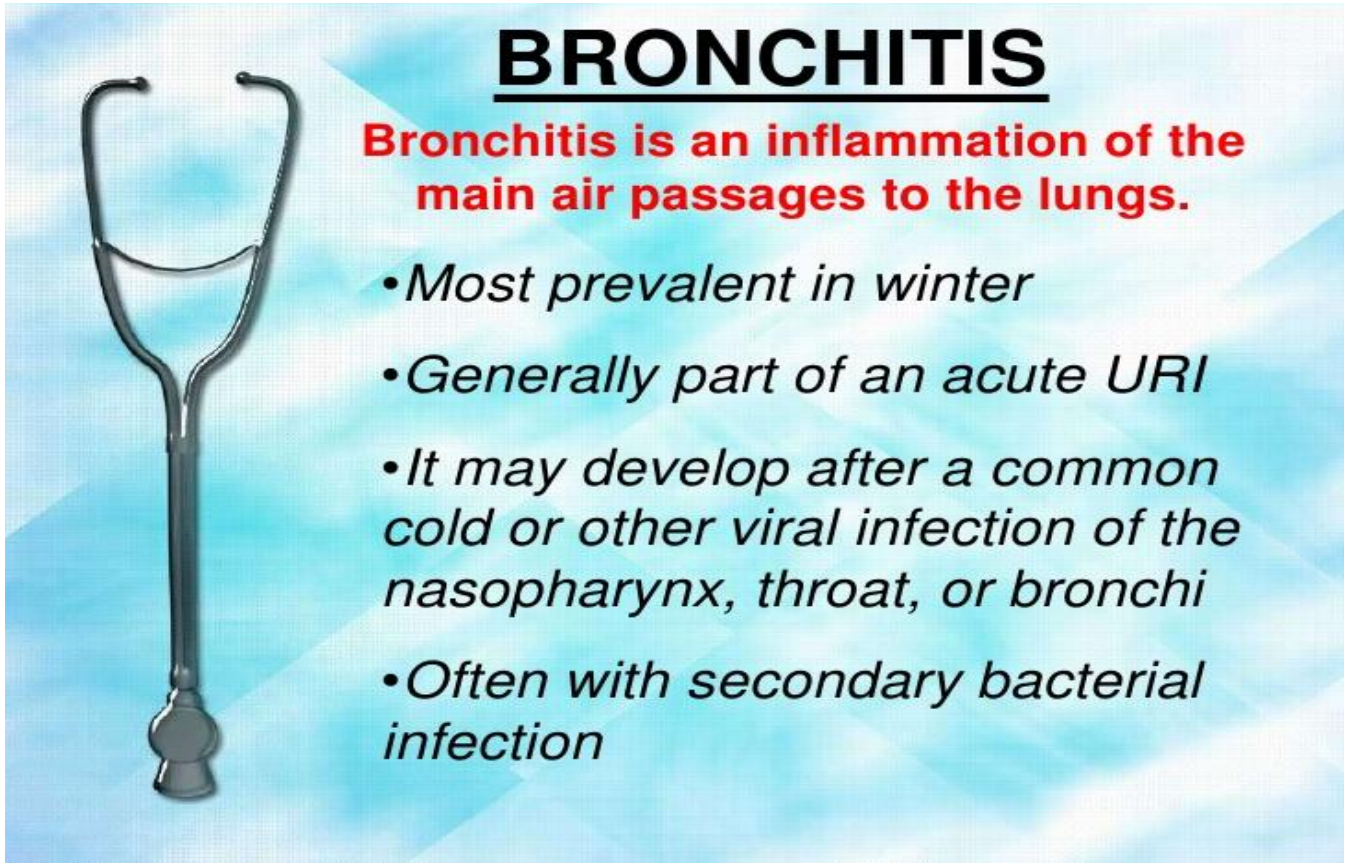
What YOU can do if you have asthma?

- Identify and minimize contact with your asthma trigger(s)
- Understand and take asthma medications as prescribed
- Recognize early signs that your asthma is getting worse
- Know what to do when your asthma is getting worse

LARYNGITIS

An inflammation of the larynx.
It causes hoarse voice or the complete loss of the voice because of irritation to the vocal folds.



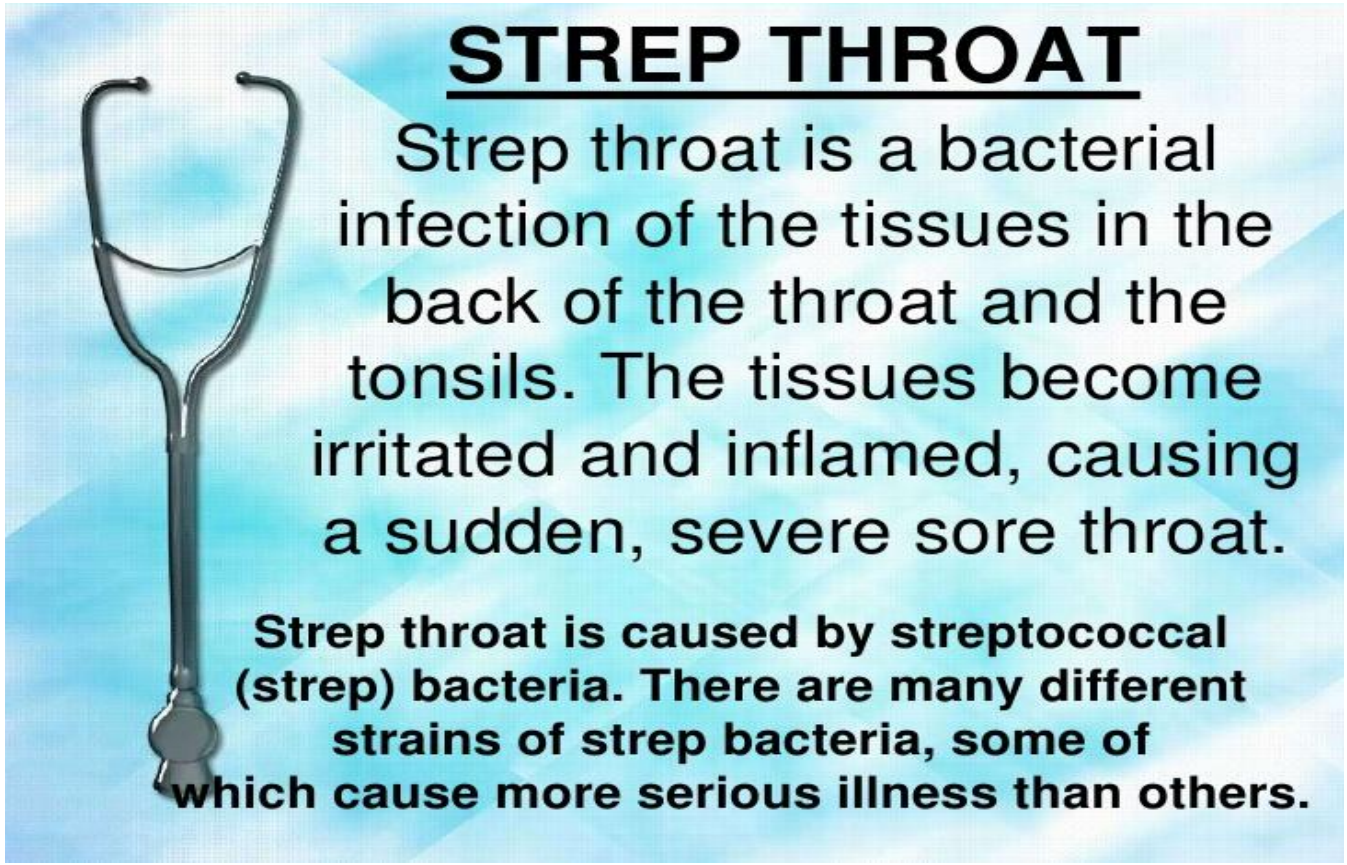

BRONCHITIS
Bronchitis is an inflammation of the main air passages to the lungs.
•Most prevalent in winter
•Generally part of an acute URI
•It may develop after a common cold or other viral infection of the nasopharynx, throat, or bronchi
•Often with secondary bacterial infection

Signs & symptoms

1. Malaise
2. Chilliness
3. Slight fever
4. Back and muscle pain
5. Sore throat
6. Onset of a distressing cough usually signals onset of bronchitis
7. Cough starts off dry and later produces mucous.

Treatment

1. The patient should rest until fever subsides
2. Drink plenty of fluids.
3. Fever reducer.


STREP THROAT
Strep throat is a bacterial infection of the tissues in the back of the throat and the tonsils. The tissues become irritated and inflamed, causing a sudden, severe sore throat.
Strep throat is caused by streptococcal (strep) bacteria. There are many different strains of strep bacteria, some of which cause more serious illness than others.

The most common symptoms of strep throat are:

-a sudden, severe sore throat
-pain or difficulty swallowing
-fever over 101 F
-swollen tonsils and lymph nodes
-white or yellow spots on the back of a bright red throat
-headache and abdominal pain
-Strep can cause a red skin rash, vomiting, loss of appetite, and a general feeling of discomfort or illness.

Strep throat is diagnosed with a physical examination, medical history, and a rapid strep test. A throat culture is sometimes done to confirm the results of the rapid strep test.

•Strep throat will go away in 3 to 7 days. However, strep throat is still treated with antibiotics even if they do not speed recovery.

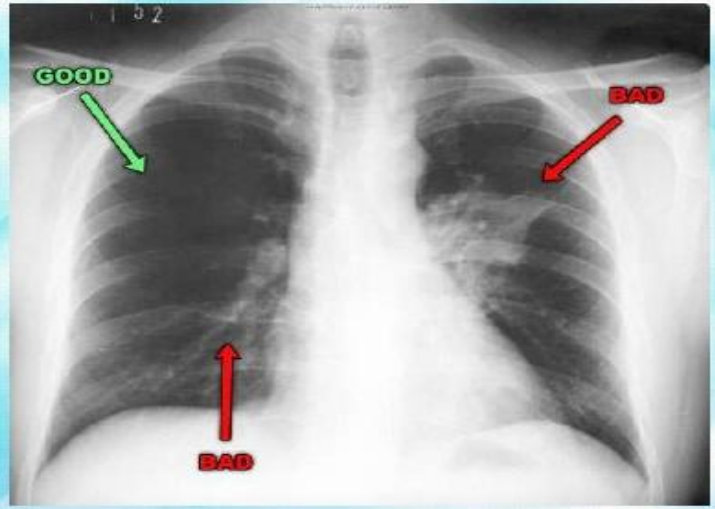
• Antibiotics kill the strep bacteria, shorten the time you are contagious, and reduce the risk of complications, such as the infection spreading to other parts of your body.

•Your health professional also may also recommend nonprescription medications to relieve pain and discomfort

•and reduce fever caused by strep throat.

Pneumonia

- Most deadly infectious disease in the U.S.
- 6th leading cause of death

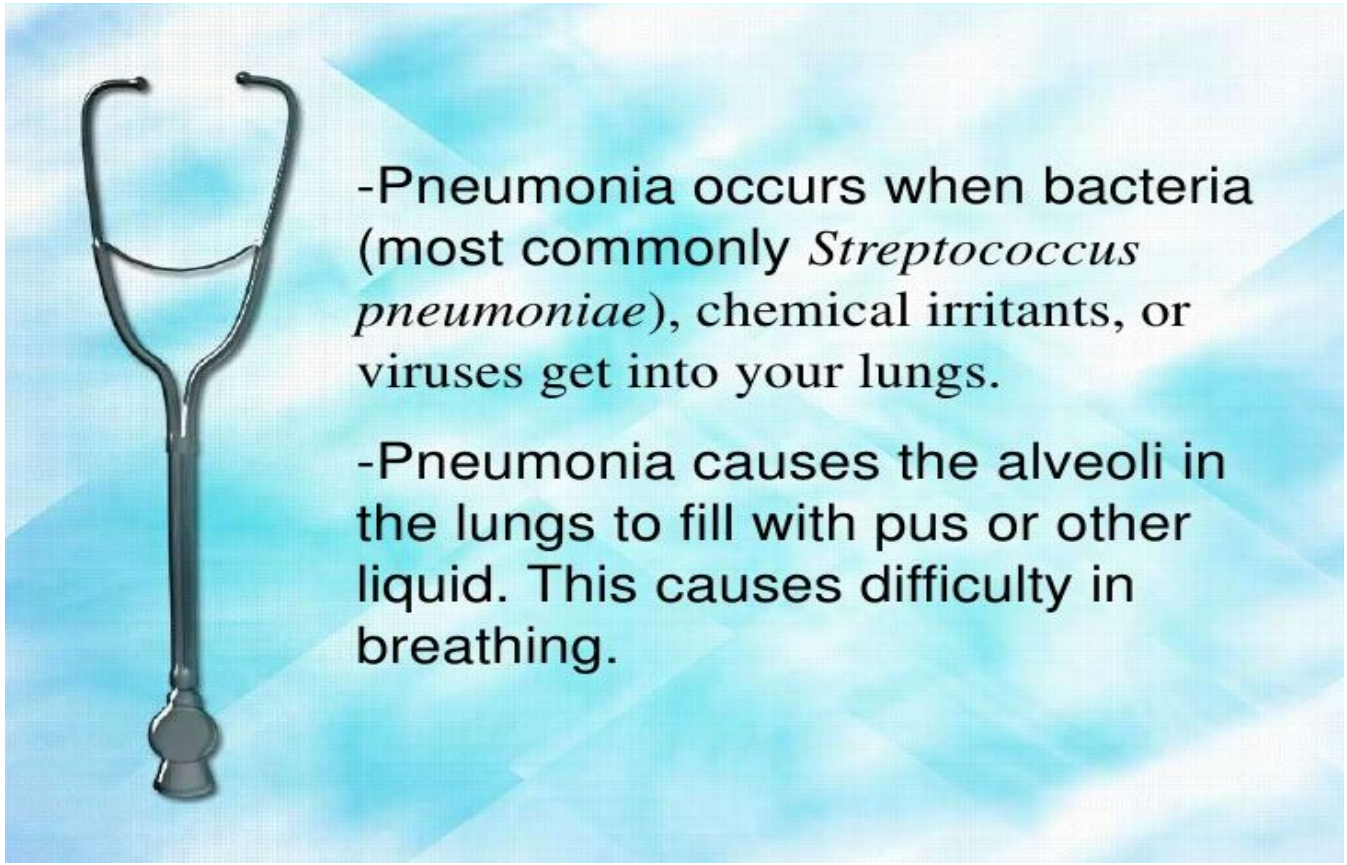


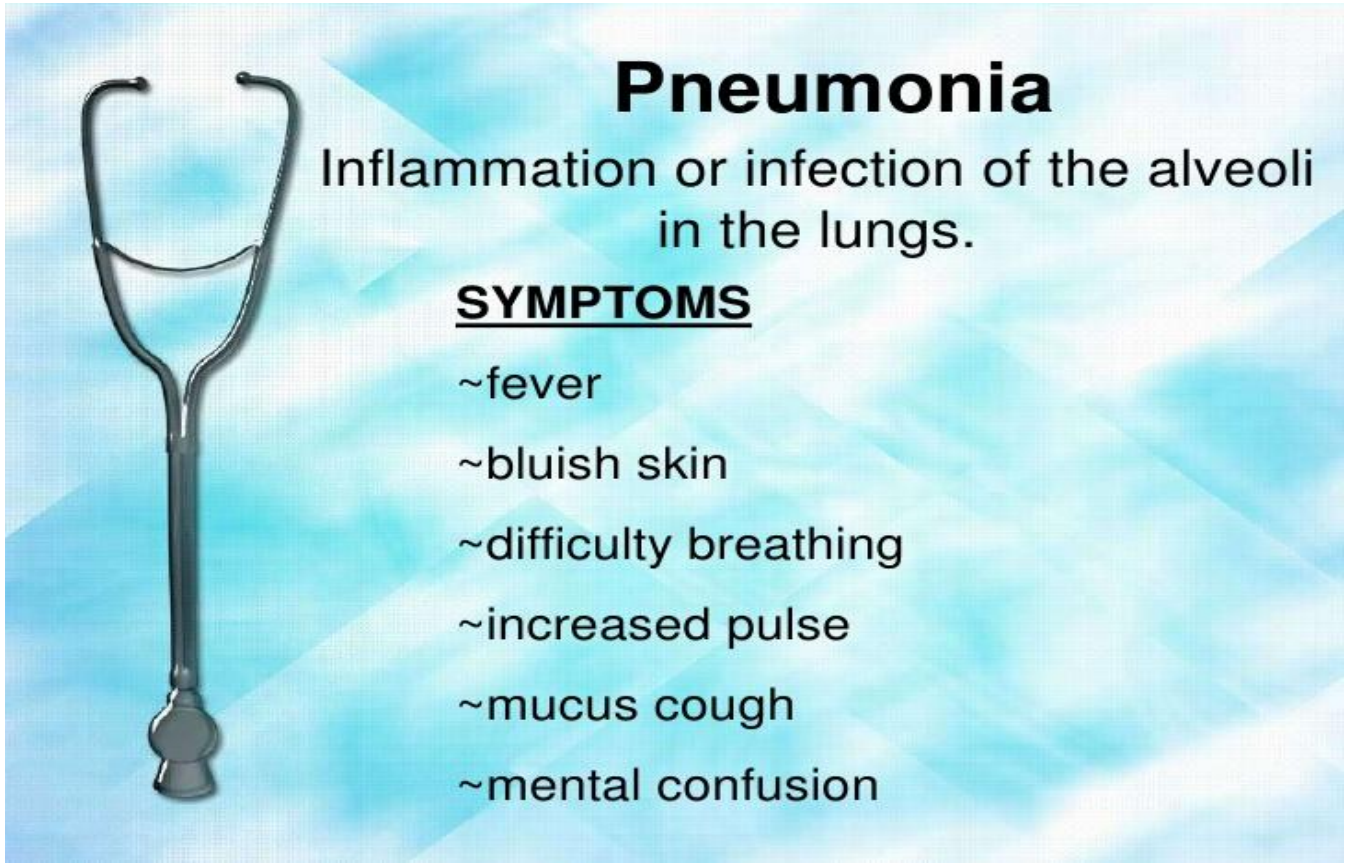
Lower respiratory tract Infections

PNEUMONIA

Individuals Most at Risk for Pneumonia

- Elderly
- Those with viral infection
- Chronically ill
- AIDS or immunosuppressed patients
- Smokers
- Patients with chronic respiratory disease e.g. bronchial asthma.


-Pneumonia occurs when bacteria (most commonly *Streptococcus pneumoniae*), chemical irritants, or viruses get into your lungs.
-Pneumonia causes the alveoli in the lungs to fill with pus or other liquid. This causes difficulty in breathing.


Pneumonia
Inflammation or infection of the alveoli in the lungs.
SYMPTOMS
~fever
~bluish skin
~difficulty breathing
~increased pulse
~mucus cough
~mental confusion

Treatment of Pneumonia

To treat Pneumonia a doctor would choose an antibiotic. Mainly based on your health, how serious the pneumonia is, and by how old you are.

Amoxicillin is an antibiotic medicine that is sometimes prescribed by doctors, depending on how bad the pneumonia is.

If pneumonia isn't bad, the infection can be treated at home with oral antibiotics.

Drink a lot of fluids as well.

EMPHYSEMA

Emphysema is a chronic (long-lasting) disease that gradually destroys the lungs. This destruction means that you become unable to breathe in enough oxygen. You also have trouble breathing out carbon dioxide.

Cigarette smoking is by far the most common reason that people develop emphysema, and it is also the most preventable cause. Other risk factors include air pollution, heredity, male sex, and age.

Cigarette smoke contributes to this disease process in 2 ways.

1. It destroys lung tissue, which is the cause of the obstruction.
2. It causes inflammation and irritation of airways that can cause the disease to get worse.

What is tuberculosis (TB)?

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*.

The TB bacteria can affect any part of the body, but usually affects the lungs.

If not treated properly, a person who has **TB infection can develop TB disease.**

If a person develops **TB disease and does not get** appropriate medical treatment he/she can die.

What are the symptoms of TB?

Symptoms of TB disease include: feelings of sickness or weakness, weight loss, fever, and night sweats.

When TB disease affects the lungs, additional symptoms may include: a bad cough that lasts longer than 2 weeks, shortness of breath, pain in the chest and coughing up blood.

How is TB treated?

TB disease can usually be cured by taking several medicines for 6-12 months.

It is very important that people who have TB disease take the medication exactly as prescribed.

If you stop taking the medication too soon, you can become sick again.

Also, if you do not take the medication correctly, the germs may become resistant to those medications and become more difficult to treat.

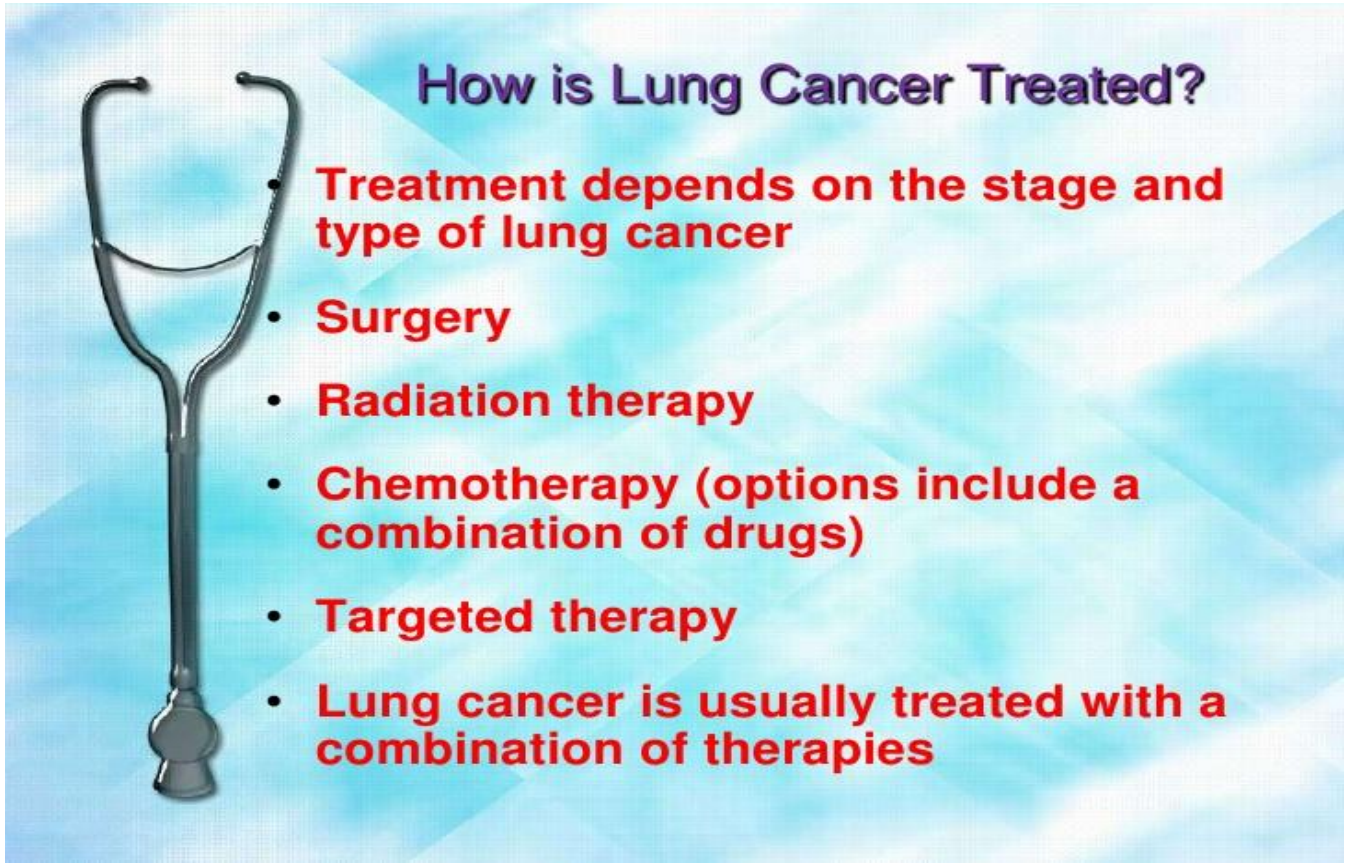
LUNG CANCER

Lung cancer is the #1 cause of cancer-related deaths by far in the U.S.

…more than breast, prostate, and colon cancer combined.

What Are the Symptoms of Lung Cancer?

- Fatigue (tiredness)
- Cough
- Shortness of breath
- Chest pain
- Loss of appetite
- Coughing up phlegm
- Hemoptysis (coughing up blood)
- If cancer has spread, symptoms include bone pain, difficulty breathing, abdominal pain, headache, weakness, and confusion


How is Lung Cancer Treated?
Treatment depends on the stage and type of lung cancer
Surgery
Radiation therapy
Chemotherapy (options include a combination of drugs)
Targeted therapy
Lung cancer is usually treated with a combination of therapies

EVALUATION

2 Marks Questions

- List out any four disorders of respiratory system?

5 Marks Questions

- Explain respiratory system disorders?
- What are the causes of reapiratory system disorders?

15Marks Questions

- What are the different respiratory system disorders?

Gastrointestinal tract Disorders

Intestinal Obstruction

- Blockage of intestinal tract that inhibits passage of fluid, gas, feces
- Caused by
  - mechanical obstruction (*strangulated hernia, adhesion, cancer, volvulus, intussusception*)
  - neurogenic obstruction (*paralytic ileus, uremia, electrolyte imbalance(low K), spinal cord lesion*)
  - Vascular disease (*occlusion of superior mesentery vessels)*

Intestinal Obstructions

- Paralytic Ileus or “silent bowel” is most often seen after abdominal surgery & anesthesia
  - bowel activity is < due to lack of neural stimuli (“functional”)
  - this can lead to “mechanical” obstruction due to accumulation of feces
- Hernias: a loop of bowel protrudes through abdominal wall
  - inguinal canal, umbilicus, or incisional scar tissue
  - caused by heavy lifting, straining, or coughing

Sigmoid Volvulus

- Sigmoid Volvulus (twisting): usually seen in the older individual with a history of straining at stool
  - Symptoms: abdominal distention, nausea, vomiting, and crampy abdominal pain; check history of flatus and BMs
  - Abrupt onset is indicative of an acute obstruction
  - Sudden onset due to “torsion or hernia?”
- A chronic history of constipation is related to a dx of diverticulitis or carcinoma
- Obstipation (no flatus or BM) & loss of weight = carcinoma

Diarrhea

- Causes of Diarrhea
  - Osmotic: the presence of nonabsorbable substances in the intestine causing water to be drawn into the lumen by osmosis
    - sorbitol-containing liquid medications; tube feedings
    - lactose intolerance
  - Secretory: excessive mucosal secretion of fluid & electrolytes
    - related to: gastroenteritis (E. Coli), rotavirus, laxative abuse, hyponatremia, fecal impaction

Peptic Ulcer Disease

- An inflammatory disorder causing deep erosion of stomach or duodenal mucosa by HCL & pepsin
- At risk: infection with H. pylori; > NSAIDS; > secretion of HCL as seen in Zollinger-Ellison syndrome
- Etiology: age, family hx
  - > mucolytic enzymes; may lead to pyloric obstruction, bowel perforation and ultimately peritonitis
- Sx: hallmark sign = upper gastric pain
  - Emergency: hematemesis, melena, occult blood, shock

Peptic Ulcer Disease

- Treatment includes:
  - < ETOH intake
  - screen for H. pylori (C-urea breath test)
  - frequent small meals
  - avoid calcium based antacids d/t > gastrin release
  - H2 blockers (Tagamet & Zantac)
  - Insert NG tube for severe bleeding and gastric lavage

Gastric Cancer

- Adenocarcinoma is the primary malignant neoplasm
  - Etiology:chronic inflammation, dietary influences, genetic & environmental factors
    - 8th leading cause of mortality r/t cancer in US
    - Epidemiology: 55-60 year olds; 2 times greater incidence in men vs. women
    - Risk factors: H. pylori, < socioeconomic class, consumption of pickled foods, improper food storage, radiation exposure

Colorectal Cancer

- “Patients with long-standing ulcerative colitis have been shown to be at increased risk of developing colorectal cancer” (Medscape, 1999)
- Involves a primary malignant tumor of the rectum or colon
  - 2nd leading cause of cancer death in US
  - > incidence in 50 year olds
  - > fat and poor fiber diet; > ETOH consumption; cigarette smoking; obesity; sedentary life style
- Exact etiology unknown…> incidence with polyps

EVALUATION

2 Marks Questions

- What are the gastrointestinal diaorders?

5 Marks Questions

- Discuss the gastrointestinal disorders? Explain it’s causes.

15 Marks Questions

- Describe the major gastrointestinal disorsers?

Underachievers

UNDERACHIEVER

- Under achievement means the achievement of a person **below his level of intelligence**. Their performance is not promising. Their study habits may be poor and self confidence, low.
- If the achievement of a person is poorer than that have been predicted from intelligence tests he is said be an underachiever.

Types of Underachiever

- **Situational Underachiever**

➢ This type of children only achieve on occasions, only when they have good moods.

➢ Their refusal to academic works can be linked with some emotional crisis like relationship break up, family problems, problems at school etc.

- **Chronic Underachiever**

➢ These category very rarely achieve upto their ability. It may be mostly due to physiological developmental reasons.

➢ They show permanent emotional problems.

➢ Shows more aggressiveness and frustration.

Characteristics of Underachiever

- Shows difference between ability and achievement
- Low self esteem. They don’t believe in themselves
- Poor study habits
- Poor school performance and behavioural problems
- Poor test results at school and no hobby or interest
- Little motivation
- Inferiority complex
- No self confidence

Causes of Underachiever

- Physical factors
- Family related factors
- Socio-physiological factors
- A poor fit between child and school placement
- School related factors.

Education of the Underachievers

- Early identification and counselling
- Special classroom
- Adjusting school activities
- Home-school interaction
- Unlearning of underachievement

EVALUATION

2 Marks Questions

- Who are under achievers?
- What are the characteristics of under achievers?

5 Marks Questions

- Discuss the problems of under achievers?

15 Mark Questions

- Elucidate the causes of under achievement? How it affect the learning?

LEARNING DISABILITY

What is Learning Disability?

LD refers to learning problems which manifest in an imperfect ability to listen, think, speak, read, write or do mathematical calculations which are not primarily due to visual impairment, hearing impairment, motor handicap, mental retardation, environmental or economic disadvantages, but due to a disorder in the psychological process involved in understanding or using language.

Other Definition

LD refers to a *retardation, disorder* or *delayed development* in one or more of the processes of speech, language, reading, spelling, writing or arithmetic resulting from a *possible cerebral dysfunction* or *emotional* or *behavioral disturbance* and not from mental retardation, sensory deprivation, cultural or instructional factors. (Kirk, 1962)

Nature & Characteristics of LD Children

SL No.	Nature	Characteristics
1	**Ability Level**	• It varies from near average to above average
2	**Activity Level**	• They may be either HYPERACTIVE (Skipping from task to task, reseless) or HYPO ACTIVE (fail to react or slow in activities)
3	**Attention Problems**	Unable to attend any task for a very long time
4	**Motor Problems**	• Generally backward in motor co-ordination. • Poor writing/drawing performance
5	**Visual-perception Problems**	▪ Visual discrimination will be less ▪ They may be unable to fill in missing parts ▪ They may be unable remember and revisualise images
6	**Auditory –perceptual problems**	• Unable to distinguish sounds • Unable to distinguish meaning from spoken words

Nature & Characteristics of LD Children

SL No.	Nature	Characteristics
7	**Language Problems**	• Slow development of speech articulations • Inability to organise words and phrases
8	**Social Emotional Behavioural Problem**	• Impulsive in nature • Fails to think about consequences • Lack of social competence
9	**Orientation Problems**	▪ Poorly developed concept of space ▪ Difficulty in judging space, distance & size etc. ▪ Difficulty in relating the concepts like before & after, now & then, today & tomorrow, right & left
10	**Work habits**	• Organise work poorly • Work slowly or sometimes rush carelessly
11	**Academic Disability**	• Problems with Reading, Writing, Arithmetic, Spacing, time, location etc

Causes of Learning Disabilities

a. NEUROLOGICAL DAMAGE

It can also occur during the prenatal, natal and post natal periods- Prolonged labour, premature birth, birth complication, maternal age, use of drugs and alcohol, maternal-foetal blood incompatibility, Rh-factor, Cigarette smoking, low birth weight)

Causes…

b. MATURATIONAL DELAY

- *Blender (1973), observed that differential sttages in the development of brain are delyed, there occurs maturational lag*
- Slow maturation of language skills (*Especially in Reading)*
- Delayed development of motor skills
- Uneven performance patterns on measures of intellectual development
- Visual motor problems
- Right-left confusion
- Immaturity (more often seen in males)
- Tendency of members within a family to show similar

Causes…

c. GENETIC FACTORS

(Researchers are still debating whether learning disabilities are, in fact, genetic or they show up in families because children learn and model what their parents do)

d. BIOCHENICAL FACTORS

(Chemicals play an important role in brain actuary, controlling and releasing electrical nerve impulses between neurons. Absence or even excessive amount of bio chemical substances cause a biological imbalance)

Causes…

e. NUTRITIONAL DEFICIENCIES

(The developing child requires adequate nutrition, especially in the first six months. A poor diet and severe malnutrition can reduce the child's ability to learn by damaging inter-sensory ability and delaying development)

f. THE ROLE OF ENVIRONMENT

- Environmental toxins(poisons)- *Lead etc.*
- Economically deprived homes, the child may not be exposed to adequate sensory, linguistic activities.
- Poor teaching styles

DEGREE OF DISABILITY

- Mild Learning Disability (Can be educated in regular school-- Their problems may occur in one or more areas of learning skill in a relatively mild degree.

- Severe Learning Disability. (It is difficult to integrate in regular schools-- Problem may be due to brain dysfunction or environmental depravities

TYPES OF LEARNING DISABILITY

1. DYSLEXIA

- Difficulty in processing language
- Problems in Reading, Writing, Spelling, Speaking

Derived from Greek words ‘dys’ (difficult) and ‘lexis’ (word)

- *10-15% of school going children are LD*
- *Among this, 85-90% of all LD children are dyslexic*

DYSLEXIA

Dyslexia is a disorder in children who , *despite conventional classroom experience*, fail to attain the language skills of reading, writing and spelling commensurate with their intellectual abilities.

Characteristics of Dyslexic Reader

a. **Omission-** (Omit letters or whole words while reading. Eg: Bett/Bet)

b. **Additions and Insertions** (Child inserts letter/s where not requuired. Eg: Play-Played, Care- Careful)

c. **Substitutions** (She substitute the words Guest- Guess, Bus- Buiscut)
   - The child guess the initial part of the word and ignores rest
   - Chance of mis pronounciation

d. **Repetition-** Repeats the word again and again

e. **Reversals-**
   - The boy went into the garden- Garden into went the boy
   - Post man- Man post, We- Me, Mad- Dam

A Dyslexic Reader

- Lazy to read *(He will listen if some one is read)*
- Reads slowly, hesitantly- letter by letter & word by word
- Reads word by word & uses fingers to read
- Doesn't understand what he himself read, but comprehends when you read out to him
- Adds, substitutes or omits letters, punctuations, words
- Leaves certain words out while reading or repeats them unkowingly
- Words read back wards (DOG as GOD, WAS as SAW)
- Reads letters in wrong order. (FELT as LEFT, ANIMAL as AMNAL
- Shortens the words (REMEMBER as REMBER, SUDDENTLY as SUNLY)

Types of LD Continues..

2. DYSGRAPHIA

Disorder of Writing Expression

- Difficulty with writing, problems with handwriting, spelling, organising ideas

Derived from Greek words 'dys' (difficult) and 'graphein' (write)

- Answers orally, but unable to write the same correctly
- The discrepancy factor is what he knows, and what you see on his answer sheet

A Dysgraphia children..

- Does mirror writing p-q, b-d (letter ‘q’ is read as p,b,d
- Write letters upside down (6=9, n=u, m=w)
- Write words as they sound (BUSY as BIZZY, FiGHT as FITE, Car as KAR
- Loose letters in certain words (LIMB as LIB, STRING as STING)
- Add letters wherever necessary (WAS as WHAS, WENT, WHENT)
- Find difficulty in following directions
- Slow with writings; incomplete notes/exam papers
- Unable to see patterns for spelling (Eg: ‘tion’ for station)

Characteristics of Dysgraphia (2 marks)

a. Poor motor skills
b. Faulty visual perception of letters and word
c. Poor muscular Co-ordination
d. Poor memory

CAUSES of Dysgraphia

a. Brain damage
b. Brain injury
c. Information processing
d. Maturational delay
e. Visual deficiencies
f. The writing position

Types of LD Continues..

3. DYSCALCULIA

Mathematical Disability

Difficulty with math problems, understanding time, volume etc

Characteristics of Dyscalculia

a. Difficulty in basic operation
b. May use fingers even after 8 yrs
c. Confusion with signs (+ and X)
d. Difficulty to decide correct operation (BDMAS)
e. Operation may be write, but calculation wrong
f. Doesn't understand place value
g. Poor short term memory
h. Rigidity of thought (5+7=12, 12-7 =?)
i. Cannot recognize patterns (2X1=2, 2X2=4)
j. Difficulty in graph reading, map reading etx
k. Difficulties in spatial relationship (up, down high, low, near, far)
l. Difficulties in size, volume etc

EVALUATION

2 Marks Questions

- Mention any two learning disabilities?
- What is dyslexia/disgraphia/disscalculia?
- What is learning disability?

5 Marks Questions

- Discuss the leraning disabilities?

15 Marks Questions

- Elucidate the characteristics and causes of learning disabilities? How it affect student learning progress?

-4

FAMILIARISE WITH COMMON BEHAVIOURAL PROBLEMS

BEHAVIOUR PROBLEM

INTRODUCTION

Disruptive behavior in school can lead to a myriad of problems for the teacher, school faculty, classmates and the child causing trouble. Knowing the difference between rude behavior and bad behavior can be a challenge. If a child continuously misbehaves in school, he may be labeled as a "bad child" and become socially isolated. This bad behavior can cause child to struggle in school and socially, and it is heartbreaking.

- Every child shows some behavior problem at a particular stage or at different stages of development in his life.
- But in case of some children, behavior problems occur more frequently.
- Some of these behavioral problems persist over a period of time like a chronic disease.
- In most cases, these problems interfere with their normal day-to-day activities and the activities of the classroom.

- The behavior problem refers to those behaviors of the child which create or which are likely to create difficulties in the learning activities of the child.
- As a result, the instructional program and discipline of the classroom get hampered.
- About 2-4 percent of children in the classroom demonstrate behavior problems.
- The occurrence of behavior problems is more in case of boys than in case of girls.

- Girls also experience behavioral problem; since they are more capable of socially adaptable behavior, their problems do not come to focus.
- A child may show one or more than one behavior problem during his period of development.
- For example, revolt against parents, teachers, and other authority figures is characteristics feature of adolescence.
- Similarly, stranger anxiety is a problem of infancy.
- Lack of interest in studies or negligence of duties may occur at any stage of development.

MEANING

- The term “behaviour problem” is used to designate a deviation in behaviour from one expected or approved by a group.

- The term “behaviour” means the way in which one acts or conducts oneself, especially towards others.

DEFINITION

- It is defined as when children cannot adjust to a complex environment around them, they become unable to behave in the socially acceptable way resulting in exhibition of peculiar behaviours and this is called the behaviour problems.

NATURE

- Problem behaviors are those that aren’t considered typically acceptable.
- Nearly everyone can have a moment of disruptive behavior or an error in judgment.
- It is a consistent pattern.
- They can occur in children as well as in adults.
- They often require medical intervention to improve their symptoms.

- Behavioral disorders, also known as disruptive behavioral disorders.
- It can vary in terms of severity.
- They are the most common reasons that parents are told to take their kids for mental health assessments and treatment.
- If left untreated in childhood, it can negatively affect a person’s ability to hold a job and maintain relationships.

- **Problem behavior can have many symptoms (not limited to)**

1. Abuse of alcohol or drugs
2. Agitation
3. Angry, defiant behaviors
4. Carelessness
5. Disinterest or withdrawal from daily life
6. Drug use
7. Emotional flatness

8.Excessive

9.Disruptive talking

10.Hoarding useless objects

11.Inappropriate behavior

12.Inflated self-esteem or overconfidence

13.Obsessive thoughts

14.Poor judgment

- Problem behavior can range from the absence of emotions to aggressive emotions.

- According to the Merck Manual, behavior problems often show themselves in different ways among girls and boys.

- Boys with problem behavior may fight, steal, or deface property.

- Girls with problem behavior may lie or run away from home.

- Both are at greater risk for drug and alcohol abuse.
- There are multiple causes associated with problem behavior.

- A psychiatric, mental health, or medical professional should evaluate a person with problem behavior to determine the cause.

- Causes of problem behavior can be a life event or family situation.

- A person might have a family conflict, struggle with poverty, feel anxious, or have had a death in the family.

- Aging can also lead to dementia, which affects a person’s behavior.

COMMON CONDITIONS related to problem behavior (aren't limited to)

1. **anxiety disorder**
2. **attention deficit hyperactivity disorder (ADHD)**
3. **bipolar disorder**
4. **conduct disorder**
5. **Delirium**
6. **Dementia**
7. **Depression**
8. **obsessive-compulsive disorder**
9. **oppositional defiant disorder**
10. **postpartum depression**
11. **post-traumatic stress disorder (PTSD)**
12. **Psychosis**
13. **Schizophrenia**
14. **substance abuse**

WHAT ARE THE **RISK FACTORS**?

- People with chronic and mental health conditions are at greater risk for problem behavior than those who don't have these conditions.
- Some problem behaviors have a genetic link.
- According to the Merck Manual, parents with the following problem behaviors are more likely to have children with problem behavior concerns:

1.Anti-social disorder

2.ADHD

3.Mood disorder

4.Schizophrenia

WHEN DO I SEEK MEDICAL HELP FOR PROBLEM BEHAVIOR?

Problem behavior can be a medical emergency when the behavior includes the following:

- **contemplating suicide**
- **hallucinations or hearing voices**
- **harming oneself or others**
- **threats of violence**
- **behavior that affects the ability to function in relationships with others, in the workplace, or at school**
- **criminal behavior**
- **cruelty to animals**
- **engaging in intimidating, bullying, or impulsive behaviors**
- **excessive feelings of isolation**
- **low interest in school or work**
- **social withdrawal**

Some of these immature, irritating, or thoughtless behaviors or “classroom incivilities” include:

- **Lateness Or Leaving Early**
- **Inappropriate Cell Phone And Laptop Usage In Class**
- **Side Conversations**
- **Disregard For Deadlines**
- **Grade Grubbing**
- **Sniping Remarks**
- **Cheating**

EMOTIONAL SYMPTOMS OF BEHAVIORAL DISORDERS

- According to Boston Children's Hospital, some of the emotional symptoms of behavioral disorders include:

* Easily getting annoyed or nervous
*Often appearing angry
*Putting blame on others
*Refusing to follow rules or questioning authority
*Arguing and throwing temper tantrums
*Having difficulty in handling frustration

COMMON BEHAVIOR PROBLEMS IN THE CLASSROOM

- **Behavior problems at school interfere with lessons and disturb other students.**

- **These problems often overwhelm teachers, particularly novices, and some consider them the most difficult aspect of a teacher's work day.**

- **Children who exhibit behavior problems invariably require extra attention, which places strain on teachers & slows**

These behaviors are not just instructors' pet peeves; they have real costs including:

- **Distracting other students and instructor in class**
- **Reducing student participation**
- **Lowering other students' and instructor's motivation in or out of class**
- **Affecting fairness in grading**
- **Using instructor or TA time unproductively**
- **Feeling disrespected as a fellow learner or authority figure**
- **Possible causes**

HOW CAN BEHAVIOUR AFFECT ACADEMICS ?

- **The classroom should be a safe place that is conducive to learning for all students.**
- **However, academic achievement isn't always an absolute measure of a student's intelligence.**
- **Instead, a variety of factors, such as teacher involvement, parental investment, school quality and student engagement, can affect academic life.**
- **Student behavior also plays a major role in academic achievement as it can affect his or her ability to learn as well as impact the learning environment for other students.**

S

Every behavior has a cause.

The behavior problem of a child has also a cause or a number of causes.

The manner in which the child behaves is clear enough to suggest that he has a problem. This external manifestation of the child's problem through his typical behavior may not indicate the real cause or causes of his problem.

For example, a child of Class V steals money from the schoolbag of his classmates. But why does he steal money? There may be a number of causes of his stealing money. Stealing money is a symptom of an underlying problem. The causes of his behavior problem cannot be ascertained from its symptom. The causes of his behavior problem can only be ascertained through a psychological analysis.

A child behaves in a specific way to meet his basic needs and to avoid or to get rid of frustrating circumstances or the impending danger which may arise out of the failure to satisfy his basic needs. if his behavior is not socially acceptable, it is considered as behavior problem.

Behavior problems are not hereditary in nature. They are caused by

- **In order to limit or deal effectively with these behaviors, it is important to understand the factors that cause or facilitate them.**

THE CAUSE CAN BE:

- Contingent on individual student situations
- Structural to the course
- This distinction is important because it orients us towards the causes we can control.

WHAT CAUSES A BEHAVIORAL DISORDER?

- A behavioral disorder can have a variety of causes.
- According to the University of North Carolina at Chapel Hill, the abnormal behavior that is usually associated with these disorders can be traced back to –
    - **Biological,**
    - **Family and**
    - **School-related factors.**

SOME BIOLOGICAL CAUSES MAY INCLUDE:

- **Physical illness or disability**
- **Malnutrition**
- **Brain damage**
- **Hereditary factors**

Other factors related to an individual's home life may contribute to behaviors associated with a behavioral disorder:

- **Divorce or other emotional upset at home**
- **Coercion from parents**
- **Unhealthy or inconsistent discipline style**
- **Poor attitude toward education or schooling**

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.

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 & lack of attention from parents who are experiencing economic stress.
- The longer the poverty persists, the more troublesome the

ENVIRONMENTAL CAUSES

- When children are in an unsuitable environment, they are prone to act out.
- NAEYC lists an overcrowded child care facility or a household with insufficient toys or activities as examples of unsuitable settings for children.
- 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.

FAMILY

- Sometimes children use bad behavior as their call for help.
- For eg,if the youngest child in a family feels powerless against her older siblings, she may act out.
- She may feel that biting, for example, is a way to get parental attention when older siblings are dominant.
- Children, Youth, and Women’s Health Service suggests that parents offer more protection to the youngest child to help prevent bad behavior.
- Another technique in this situation is to urge the older children to be kinder and more mindful of their younger sibling.

GENETICS AND ENVIRONMENT

- Stephen Scott, a child and adolescent psychologist writing in the "British Medical Journal," conducted a review of the research on childhood conduct disorder.
- He found that children of antisocial parents are more likely to develop conduct disorder, even if they are raised in an adoptive home.
- This suggests a hereditary, or genetic, cause of youth violence.
- At the same time, the risk of developing conduct disorder is even higher among these children if they are raised in an unfavorable family situation, environmental factors are also at work in causing violent behavior in children.

POOR PARENTING

- Scott reports that various aspects of parenting may contribute to violent behavior in children.
- He lists five parenting flaws in particular: poor supervision; erratic, harsh discipline; parental disharmony; rejection of the child; and limited involvement in the child's activities.
- Parents who exhibit this behavior engage in a parent-child interaction pattern that inadvertently encourages and rewards aggressiveness in their children.

EXPOSURE TO VIOLENCE

- Most of the children in world are exposed to violence in the home, at school or in the community every year, according to the Office of Juvenile Justice and Delinquency Prevention, or OJJDP.

- The OJJDP states, “Children who are exposed to violence undergo lasting physical, mental, and emotional harm,” and are more likely to engage in violence themselves.

SOCIAL AND ECONOMIC FACTORS

- A variety of social and economic factors can create conditions that lead to violence among children and teens, according to the AACAP.

- These factors may include stressful family situations such as single parenting, the breakup of a marriage, parental unemployment, poverty and severe deprivation.

THE MEDIA

- There is debate over the role of the media—especially violence on television, in movies and in video games—in causing violence in children and teens.

- Some research has found a correlation between media violence and real-world violence.

- For example, a 2010 study led by researchers from Columbia University and Mount Sinai Medical Center found that adolescents who viewed more than one hour of television a day

SCHOOL ENVIRONMENT:

- The school environment is largely responsible for behavior problems of children.

- The school policy, the social, moral and psychological climate of the school, teacher's behavior and attitude towards the problem child, and inter-personal relationship among children in the school, etc. lead to the behavior problem or aggravate the behavior problem of children.

- Some children notice differences in the behavior acceptable in school and those that are encouraged at home.

- Generally in most schools, middle class behavioral standards are accepted. If a child from low social class imitates the behavior of middle class and behaves accordingly at his home, parents discourages it.

- On the other hand, if the child behaves according to the low class standard, he is punished in the school.
- This creates confusion in child's mind. Behavior problems arise out of such confusion.
- Children who express their confusion adopt defence mechanisms.

- Children who do not express their confusion or conflict but keep it within themselves remain unhappy or moody most of the time.
- The child learns in the school that adults are always right and that children are wrong.

- He also finds a gap between what adults say and what they do.
- For example, a teacher who himself smokes advises children not to

- Thus, they begin to violate school policy, and consequently are punished for violating school discipline.

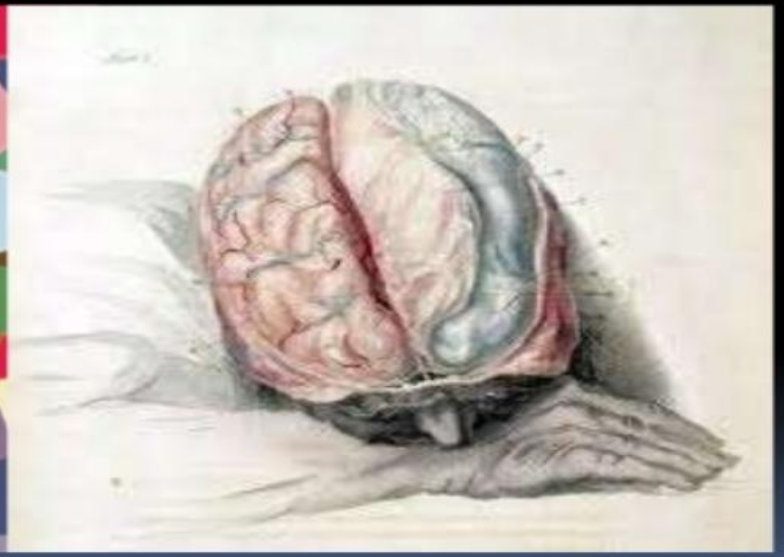
- The punished child may later follow school policy or he may continue to violate the discipline.

- The curriculum load of the school becomes unbearable for some children. Continuous teaching in the classroom, load of homework, and undue emphasis on examination make the child distracted and disinterested in studies.

- If such a child does not get academic help from parents or elders, he becomes a truant.

- A truant leaves his home in time, but he does not go to school. He spends his school time in the playground, parks, cinema hall and watches television somewhere with some of his friends. Then, he reaches his home in time.

Difference between normality & abnormality



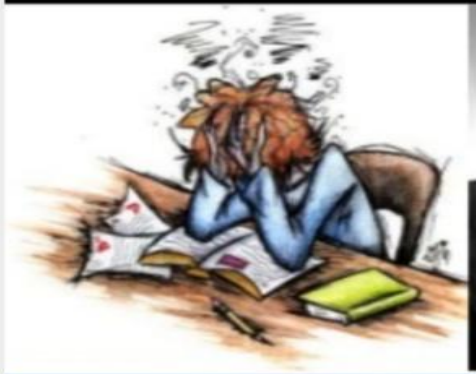
Normality

- The absence of illness and presence of state of well being called normality.

- A person who gets according to the rule and adopt himself according to the situation.

Abnormality

- Abnormality is the significant deviation from commonly accepted patterns of behaviors, emotion or thought.




Abnormality definitions:

- **Statistical infrequency**:
- It does not account for social acceptance e . g. very high intelligence.

- **Violation of social norms**:
- Social norms vary from society to society e.g. violation of religion's rule

- **Personal distress:**
- It includes mentally ill or physically defective people.

- **legal act**: violation of country's rule.

Difference between normality & abnormality

- Normal behavior is socially acceptable while the abnormal behavior is not acceptable.

NORMALITY AND ABNORMALITY

- Normality and abnormality are two sides in which can only be defined in relation to one another.
- In order to define each and without assumption, psychological conception of abnormality and its different criteria is used to propose the definitions of normality and abnormality with key areas that should be taken into consideration when defining what is normal and what is not.
- The first is known as deviation from the average or statistical infrequency which represents the literal sense of abnormality and takes into consideration what behaviour is typical or usual and what behaviour is common or rare.
- A definition of abnormal or statistically rare would be seen as infrequent behaviour and unacceptable and a definition of normal would be seen as average behaviour and more acceptable.
- It is used in conjunction with how the majority or minority behave to what relation of normality they are perceived.

- This Theory however holds certain flaws regarding the statistical criterion and does not establish behaviour that is desirable or acceptable or undesirable or unacceptable,

- for example people such as Picasso and Ted Bundy are both statistically rare and according to the criterion are both abnormal, but Picasso’s behaviour would be much more Desirable or acceptable than Ted Bundy’s, so In light of this, statistical provides an insufficient or inaccurate way of defining abnormality.

- Abnormality as deviation from the norm suggests what behaviour is acceptable in occurrence with society and its social norms.

- Social norms can be described as a set of unwritten rules that are obtained through family and social conditioning throughout our lives.
- It can be determined differently by each individual dependent upon age, culture, gender, historical context or the situation or context in which the behaviour is placed.

- Social norms in relation to age or developmental norms dictate and are subject to conditions such as what is perceived as normal amongst children themselves but more so amongst adults and children, examples of this include that it is acceptable as a baby to be breast fed but not as accepted as a child at the age of 8.

- Cultural differences can range from what is accepted and not accepted in one cultural setting to another.

- For example many cultures follow different religions and may consist of such beliefs for example the slaughter of animals which to some can be a condemned abnormal act of behaviour and in others where sex before marriage is acceptable to others it can be equally as condemned and abnormal.

- Situation and context in relation to abnormal behaviour gives the example for what type of behaviour is accepted where and when and the reasons behind it, for example if a person shoots another during a war or battle and is representing his or her country, this is seen as normality,

- Gender is what is acceptable amongst male and female and in line with social norms.

- For example a women posing topless in a newspaper is seen by most as complying within the social rules but too many if a man did the same and exposed his genitals in the same way it could be condemned as not constricting towards the social norms and could be perceived abnormal in comparison to the women for exploiting themselves in exactly the same way.

- Other Gender Roles such as career choices or sexual preferences can also be example within the gender types of social norms.

- Abnormality as deviation from ideal mental health identifies characteristics and abilities which people should posses in order for them to be considered normal.

- In later times Jahonda (1958) identified several ways in which abnormality and normality can be defined and in more recent times Rosenhan and Seligman (1989) proposed a list of seven references that would appear as an abnormality and are contributors towards abnormal behaviour.

- Abnormality is the significant deviation from commonly accepted patterns of behavior, emotion or thought, while normality is the absence of illness and the presence of state of well being otherwise called normalcy.

- It can be difficult to draw the line between normal and abnormal behaviors, especially in leadership.

- Abnormality is to normality what opposition is to opportunity.

- An airplane pilot knows that an aircraft flies high as a result of the opposing wind that collides against it. And so is abnormality to normalcy.
- It is as a result of abnormal episodes that urgent provisions are made to avert abnormality and abet normality.
- Something becomes abnormal when it interferes with the things a person wants to accomplish.
- For a long time I've had this functional definition for abnormality.
- It is a good and solid definition, except for the fact that the human mind is wired to adapt and it will gradually change its perception of normality.

Causes of abnormal behavior

- There may be of three kinds of causes :
- Biological
- Psychological
- Sociocultural

- **Biological cause**:
  -Genetic inheritance
  -Physiological changes
  -Exposure to toxic substances

- For example, a thyroid abnormality can cause a person's moods to fluctuate widely.

- **Psychological cause:**
  - -Past learning experiences
  - -Maladaptive thought patterns
  - -Difficulties coping with stress

- **Sociocultural**:

  -Social policies

  -Discrimination

  -stigma

DSM

- DSM stands for diagnostic statistical manual.

The diagnostic statistical manual of mental disorder, published by the American psychiatric Association, provides a common language and standard criteria for the classification of mental disorder.

According to DSM

- According to the DSM-IV-TR, behaviors may be considered abnormal if they are associated with disability, personal distress, the violation of social norms, or dysfunction.

- The DSM system like the medical model , treats abnormal behaviors as signs and symptoms of underlying disorders and pathologies.

According to Axis 4

- Axis IV is for reporting psychosocial and environmental problems. A psychosocial or environmental problem may be a negative life event, an environmental difficulty or deficiency.
- For example
- **Problems with primary support group:**
- death of a family member , divorce neglect of child.
- **Problems related to the social environment:**
- living alone adjustment to life-cycle transition (such as retirement).
- **Educational problems:**
- academic problem ,bad school environment.

According to axis4

- academic problems ,bad school environment.
- **Occupational problems:**
- unemployment; threat of job loss; stressful work schedule.
- **Housing problems:**
- Homelessness, discord with neighbors or landlord.
- **Economic problems:**
- Extreme poverty.
- Other psychosocial and environmental problems:
- Exposure to disasters, war

GAF

- The Global Assessment of Functioning (GAF) is a numeric scale (0 through 100) used by mental health physicians.
- we can assess someone'1 normality and abnormality by the increase of number from 0 to 100.for example on 80 to 90 a person will be consideard as normal but on 10 to 20 abnormal.

DISORDERS OF CHILD AND ADOLESCENCE

DSM-IV-TR Perspective

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

- Mental Retardation
- Learning Disorders
- Motor Skills Disorders
- Communication Disorders
- **Pervasive Developmental Disorders**
- **Attention-Deficit and Disruptive Behavior Do**
- Feeding and Eating Do of Infancy or Early Childhood
- Tic Disorders
- Elimination Disorders
- Other Disorders-Separation Anxiety, Reactive Attachment, Stereotypic Movement

CONDUCT DISORDERS

- Persistent and significant pattern of conduct in which the basic rights of others are often violated or rules of society are not followed.
  - **Characteristic Features of Conduct Disorders**
    - Frequent Lying
    - Stealing and robbery
    - Running away from home and school
    - Physical violence like rape, fire setting, assault, and use of weapons.

Conduct Disorder

A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated as evidenced in the following categories-

- Aggression to people and animals
- Destruction of property
- Deceitfulness or theft
- Serious violations of rules

ETIOLOGY

- **Genetic Factors:** Higher risk among those family members affected. Alcoholism and personality disorders in father will increase the chance of illness.
- **Biochemical Factors:** Elevated plasma levels of testosterone and agressive behavior.
- **Organic factors:** Brain damage and Epilepsy will increase the risk.

ETIOLOGY

- **Psycho Social Factors:**
  - Parental rejection
  - Harsh discipline
  - shifting of parental figures
  - Large family size
  - Absent father
  - Parents with ASPD
  - Divorce in parents
  - Inadequate communication pattern in the family.

Conduct Disorder and ODD

Theoretical Perspectives

Psychodynamic

Learning Theorists

Genetic Links

Treatments Goals

Parent-child interventions

Parents develop more consistent and effective discipline strategies

Increased use of positive reinforcement

TREATMENT

- Placement in a corrective institutions.
- Behavioural education
- Psychotherapeutic measurements
- Drug therapy includes
  - **Anticonvulsant drugs**
  - **Stimulant medications**
  - **Lithium and Carbamazapine**
  - **Antipsychoctics**


NO
NO
NO
NO
NO
NO
NO


OPPOSITIONAL DEFIANT DISORDER
ADHD
Specific Learning Difficulties
Autistic Spectrum Disorder
Anxiety
Tourette's
OCD
Developmental Co-ordination Disorder
Demands Gifts
Sensory Integration Disorder
Auditory Processing
Depression
Moody and very Sensitive

Isn't it normal?

•As any parent knows, children and adolescents are oppositional from time to time. Frequently when when tired, hungry, stressed or upset children may argue, talk back, disobey, and defy parents, teachers, and other adults.

•Oppositional behavior is often a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behavior becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life.

Basic Info

- Oppositional defiant disorder is a psychiatric category listed in the Diagnostic and Statistical Manual of Mental Disorders.
- It is described as an ongoing pattern of disobedient, hostile, and defiant behavior toward authority figures which goes beyond the bounds of normal childhood behavior.

Oppositional Defiant Disorder

A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months during which 4 or more of the following are present beyond that which is expected for their developmental level

- Often looses temper
- Often argues with adults
- Often actively defies adults
- Often deliberately annoys people
- Often blames others for their mistakes
- Often easily annoyed by others
- Often angry and resentful
- Often spiteful or vindictive

CONCEPT...

- All children sometimes talk back, argue, disobey, & defy their parents or teachers – especially when they're hungry, tired, or stressed.
- In fact, for toddlers age 2 or 3 & for young adolescents, such oppositional behavior may be a normal part of development.
- Hostile, uncooperative behavior in a child may signal ODD if it's more consistent & severe than that of other children of the same age & development level - & if such behavior affects the child's social, family, & academic life.
- A child with ODD is consistently negative, disobedient, argumentative, & hostile. He behaves in a provocative manner deliberatively meant to annoy & upset authority

Count…

- During an argument, a child with ODD dosen't back down, even if he stands to lose privileges. To him, the important things is the struggle, which overshadows the reality of the situation. If anyone objects to his behavior, he views it as stimulation to continue the argument. ODD may be a precursor to conduct disorder

EPIDEMILOGY…

- Roughly 5% to 15% of school-age children have ODD.
- Onset occurs between ages 3 & 19.
- Before puberty, ODD is more common in boys. After puberty, it affects both genders equally.

CAUSES

No known biological basis for ODD exists.

Risk Factors:

- Parental rejection
- Inconsistent, unsupervised child rearing.
- Inconsistent or punitive discipline or limit setting
- Parental modeling of defiant interactions with others
- Family conflict
- Marital discord between the child's parent
- Disrupted child care with a succession of different caregivers.

Possible Causes

- There's no clear cause underpinning oppositional defiant disorder.

Contributing causes may include:

- The child's inherent temperament
- The family's response to the child's style
- A genetic component that when coupled with certain environmental conditions: lack of supervision, poor quality child care or family instability - increases the risk of ODD
- A biochemical or neurological factor
- The child's perception that he or she isn't getting enough of the parent's time and attention

SIGNS AND SYMPTOMS

Signs & symptoms of ODD usually occur in more than one setting, although they may be more noticeable at home or at school. They include:

- Persistent or consistent pattern of defiant, disobedient, hostile behavior.
- Disobeying directly by not following rules
- Disobeying indirectly by procrastinating & being sneaky
- Refusing to cooperate
- Being touchy & easily annoyed
- Frequent bouts of anger & resentment.

Count…

- Persistent fighting
- Excessive arguing
- Stubbornness
- Testing of behavior limits
- Temper tantrum
- Deliberate attempts to upset or annoy people
- Vindictiveness
- Blaming others for his own misbehavior
- Violating other's rights.

Symptoms Displayed

- Angry/irritable
  - Temper,
  - Easily annoyed,
  - Resentful.
- Argumentative/defiant behavior
  - Argues w/mom
  - Defying mom
  - Refusing to comply w/requests from mom
  - Refuses to comply with mom
  - Deliberately annoyed mom→ elbowing her on plane
  - Blames mom for misbehaviors → "you jabbed me first"
- Vindictiveness
  - Spiteful or vindictive

DSM Criteria

- To meet DSM-IV-TR criteria, certain factors must be taken into account.
- First, the defiance must interfere with the child's ability to function in school, home, or the community.
- Second, the defiance cannot be the result of another disorder, such as the more serious Conduct disorder, depression, anxiety, or a sleep disorder such as DSPS. Third, the child's problem behaviors have been happening for at least six months.

Diagnostic Criteria

- If the child meets at least four of these criteria, and they are interfering with the child's ability to function, then he or she technically meets the definition of Oppositionally defiant.
- A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following symptoms on the next page are present.
  - Note: Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

Prevalence

- The DSM-IV-TR cites a prevalence of 2-16%, "depending on the nature of the population sample and methods of ascertainment."
- The Mayo Clinic Reports that up to 10% of teens may have ODD

TREATMENT

- Treatment of ODD focuses on meeting the child's & family's psychological & psychosocial needs - & preventing ODD from progressing to conduct disorder.
- The child may benefit from individual psychotherapy, with an emphasis on anger management.
- Parents may benefit from training programs that teach them how to mange the child's behavior. Together, the parents & child may undergo family psychotherapy to improve communication.
- Usually, drug therapy is reserved for children who also have symptoms of anxiety or depression.

NURSING INTERVENTION

- Convey acceptance to help establish a trusting relationship.
- Discuss with the child the limits & consequences of oppositional behavior.
- Help him address negative feelings – especially anger & resentment. Determine appropriate strategies for handling these feelings.
- Assist him in addressing situations & issues that trigger negative thoughts & feelings.
- Discuss strategies he can use to control negative situations.
- Help the child learn to accept responsibility for his

Count…

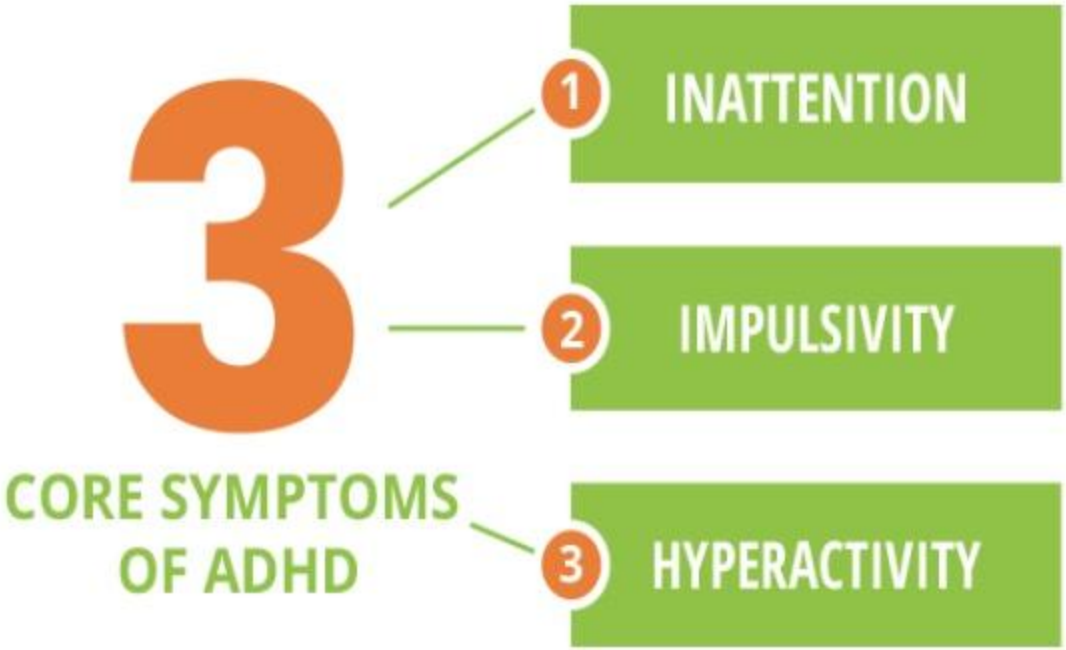
- Teach him how to express anger appropriately & control his temper.
- Identify his use of passive-aggressive behavior, evaluate its effect on others, & devise strategies to eliminate it.
- Teach the child problem-solving & communication skills. Provide role-playing opportunities so he can become comfortable & self-confident when using these new skills.
- Reinforce the child's acceptable behavior & positive behavior changes.
- Work with the child & his family to address conflict, clear expectations, & improvement in

Attention-Deficit and Disruptive Behavior Disorders

- Attention-Deficit/Hyperactivity Disorder
- Oppositional Defiant Disorder
- Conduct Disorder

HYPERKINETIC DISORDERS {ADHD}

HYPERKINETIC DISORDERS {ADHD}



CHARACTERISTICS

- Neurobiological disorder.
- Inappropriate attention, Impulsiveness and hyperactivity.
- May progress to conduct disorders.

Attention Deficit/Hyperactivity Disorder

Inattention

Hyperactivity

Impulsivity

Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7

Impairment present in two or more settings

Types

Combined Type, Predominantly Inattentive Type, Predominantly

ADHD Theoretical Perspective Treatment Genetic Role

Linked to Prenatal smoking and other environmental factors

Prominent problems with “execution control”

Treatment

Stimulant drugs

Strattera

Behavioral Reinforcement and Cognitive Modification

Aetiology of ADHD

- Genetic
  - monozygotic twins greater
  - Twice risk for siblings of hyperactive children
- Biochemical
  - Deficit of D2 & Norepinephrine.
- Pre, Peri and Postnatal factors
  - Prenatal toxic exposure
  - Prematurity, fetal distress, prolonged labor, asphyxia and low APGAR score.

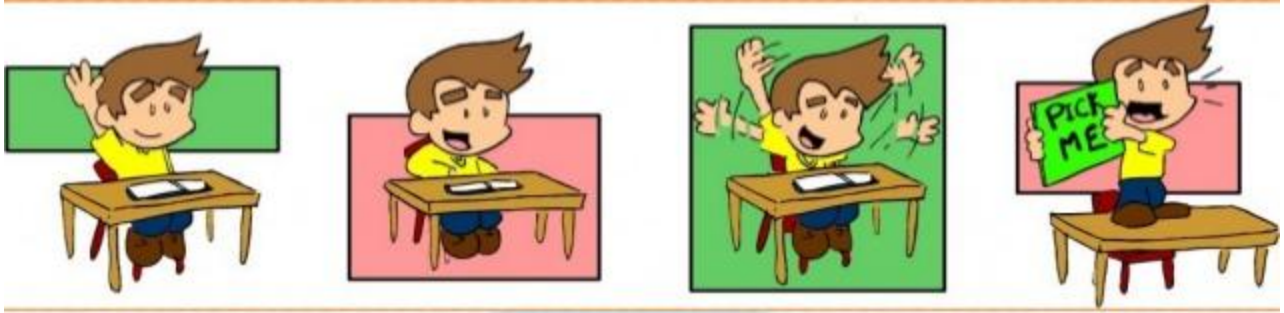
Aetiology of ADHD

- Postnatal factors includes CNS abnormalities
- Environmental Influences
  - Food additives, coloring preservatives and use of sugar.
- Psycho – social factors
  - Prolonged emotional deprivation
  - Stressful psychic events
  - Disruption of family equilibrium

RISK FACTORS OF ADHD

- Drug exposure in utero
- Birth complications
- Low Birth Weight
- Lead Poisoning

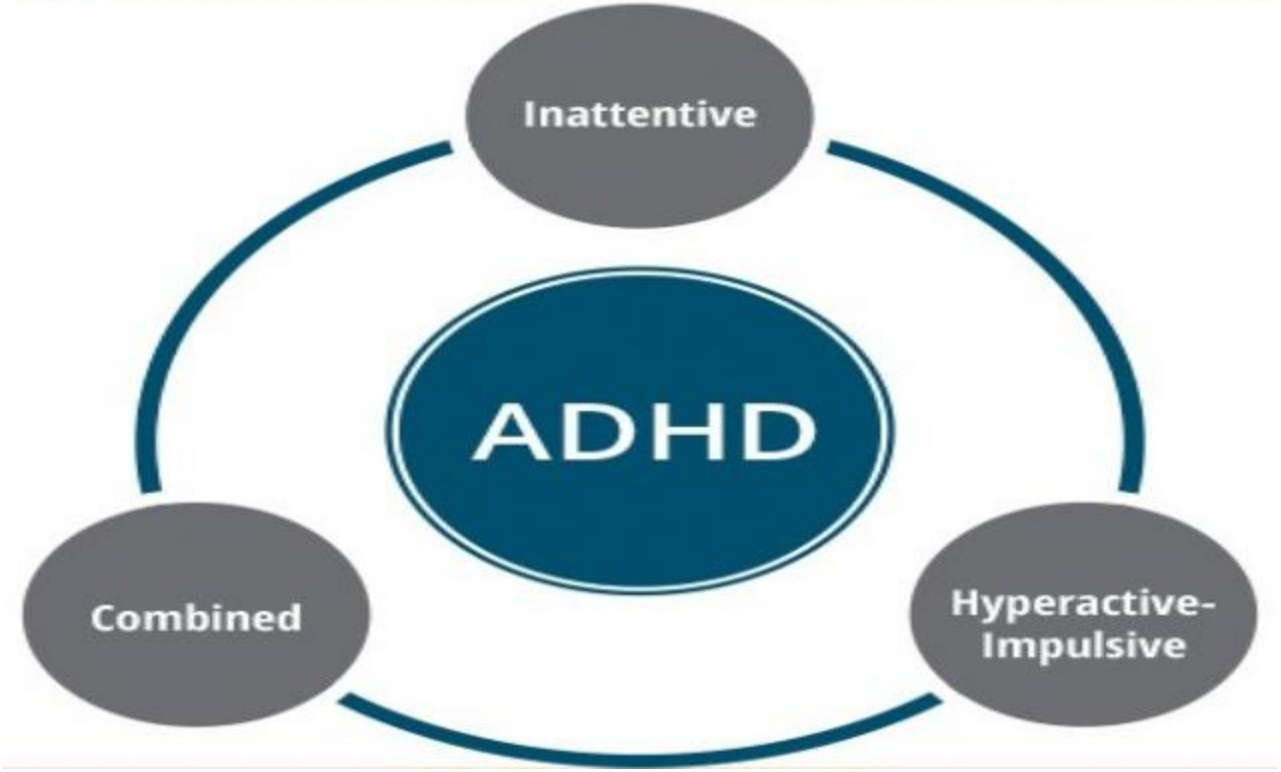
Signs & Symptoms

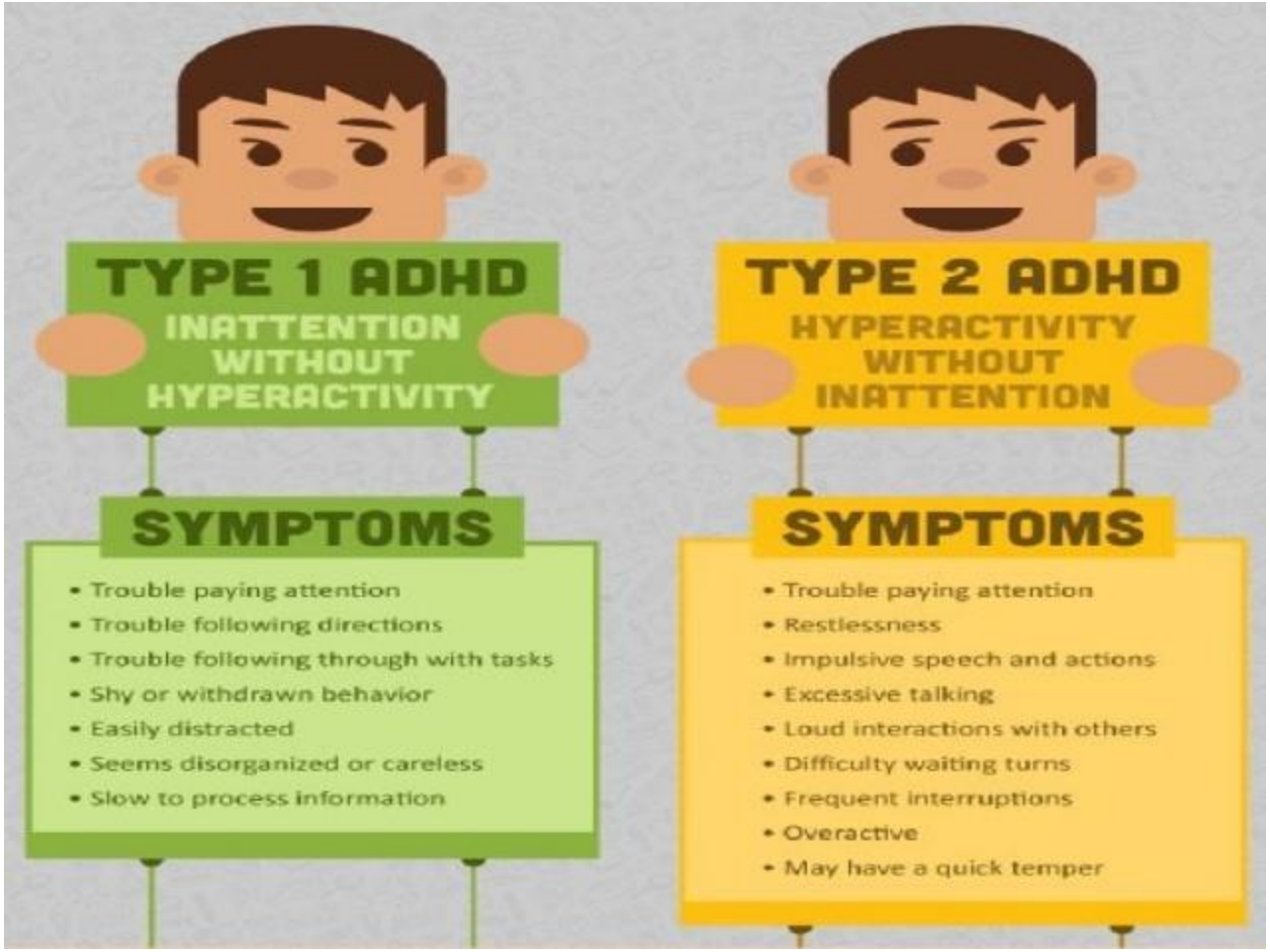


Inattention

- Failure to give close attention to detail and making careless mistakes
- Often loses things necessary for daily activities
- Difficulty in following instructions and failing to complete tasks
- Difficulty in organising tasks and activities
- Difficulty sustaining attention during activities and easily distracted
- Often does not listen when spoken to directly
- Often distracted by extraneous stimuli
- Avoidance of activities that demand sustained mental effort
- Forgetfulness in daily activities

TYPES




TYPE 1 ADHD
INATTENTION WITHOUT HYPERACTIVITY
SYMPTOMS
• Trouble paying attention
• Trouble following directions
• Trouble following through with tasks
• Shy or withdrawn behavior
• Easily distracted
• Seems disorganized or careless
• Slow to process information
TYPE 2 ADHD
HYPERACTIVITY WITHOUT INATTENTION
SYMPTOMS
• Trouble paying attention
• Restlessness
• Impulsive speech and actions
• Excessive talking
• Loud interactions with others
• Difficulty waiting turns
• Frequent interruptions
• Overactive
• May have a quick temper

TREATMENT

- Pharmacotherapy
  - CNS Stimulants: Dextroamphetamine, Methylphenidate, Pemoline.
  - TCA, Antipsychotics, SSRI and Clonidine.
- Psychological Therapies
  - Behavior modification techniques
  - Cognitive Behavior Therapy
  - Social Skills Training
  - Family Education.

1. HABIT DISORDERS

- Thumb sucking
- Nail biting
- Tics
- Enuresis
- Encopresis
- Stealing
- Telling lie


THUMB
SUCKING

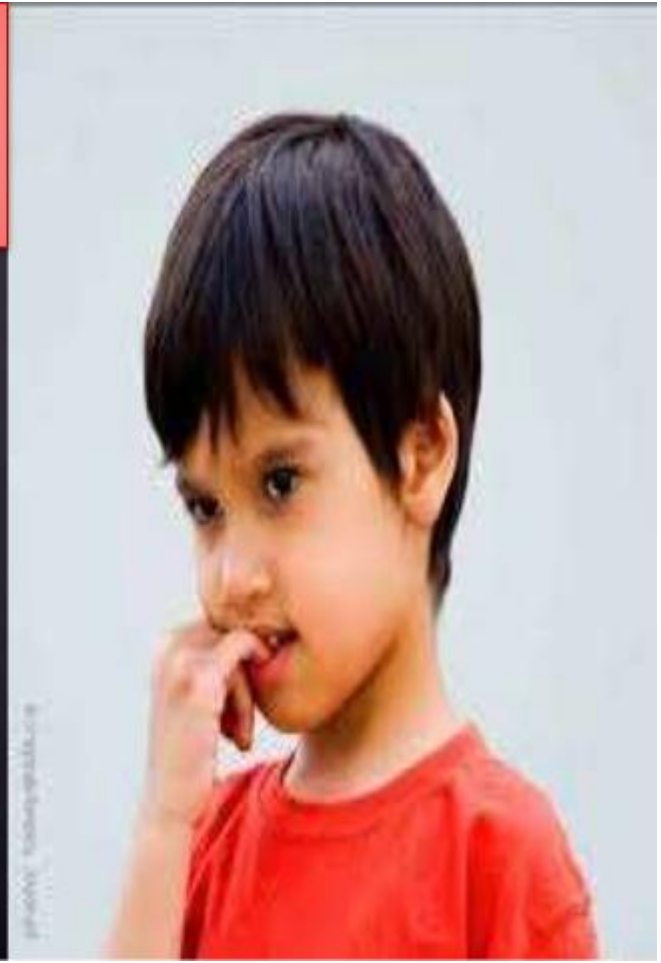
- Thumb sucking is a habit disorder due to feeling of insecurity and tension reducing activities
- Babies have a natural urge to suck. This urge usually decreases after 6 months of age. But many babies continue to suck their thumbs to soothe themselves.

CONT...

- Thumb sucking can become a habit in babies and young children who use it to comfort themselves when they feel hungry, afraid, restless, quiet, sleepy, or bored.
- It is normally in early infancy.
- It may interfere with the normal alignment of the teeth.

CAUSES	MANAGEMENT
-Emotional insecurity. -Feeling of isolation -Boredom -Stress	- Positive reinforcement(praise the child and provide small awards). - Identify the real issue and provide comfort. - Do not scold the child. - Offer gentle reminders.

NAIL BITING



Nail biting is bad oral habit especially in schoolage children beyond 4 years of age(5 to 7 years).

- It is a sign of tension and self punishment to cope with the hostile feeling toward parents.
- It may continue up to adolescence.
- The child may bite all 10 finger nails or any specific one.
-The bite may includes the cuticle or skin margins of nail bed or surrounding tissue.

Etiology

-Persistent nail biting may be indicative of emotional problem.

- Psychosomatic

Sign and symptom

- Rotation

- Alteration of incisal edge or incisor

- Inflammation of nail bud.


TIC
DISORDER

- Tic disorder are characterized by persistent presence of tics, which are abrupt, repetitive, involuntary movements and sounds that are purposeless.
- Tics are sudden non-rhythmic behaviours that are either motor or vocal for example knee bends, lip smacking, tongue thrusting, grimacing, eye blinking, throat clearing and so on.
- Tics are seen in transient tic disorder, chronic vocal or motor tic disorder and tourette's disorder.

CONTI...

- The age of onset of tic disorder is 2-15 years.
- In 75% cases of tourette's disorder, symptoms appear by the age of 11 years.
- Transient tic disorder occurs in approximately 4-24% of school children.
- Tourette's disorder is 3-4 times more common in males than females.

TYPES OF TIC DISORDER

1.Simple	2. complex
a) **Simple motor tics:** these are simple brief meaningless movements like eye blinking, facial grimacing, head jerks. These lasts for less than 1 sec. b) **Simple phonic tics:** these are meaningless sounds or noises like throat clearing, coughing, sniffing, barking or hissing	a) **Complex motor tics:** these tics involve slower, longer and more purposeful movements like sustained looks, facial gestures, biting, banging, whirling or twisting around or obscene gestures. b) **Complex phonic tics:** includes syllables, words, phrases and statements like "shut up" or "yes, you've done it.

CAUSES

- Emotional factors
- Biological, chemical and environmental factors.
- Due to structural and functional disability in brain
- Abnormal neurotransmitters
- When changes occurs in basal ganglia and interior cingulate cortex.

ENURESIS OR BED WETTING

DEFINITION

- Enuresis is a disorder of involuntary micturition in children who are beyond the age when normal bladder control should have been acquired.
- It is common during 4 years to 12 years age

PREVALENCE IN INDIA

-12.6% in Indian children is present

-Prevalence at age 5 years is 7% for males

And 3% for females.

-At age 10 years 35 for males and 2% for females

TYPES

Nocturnal enuresis

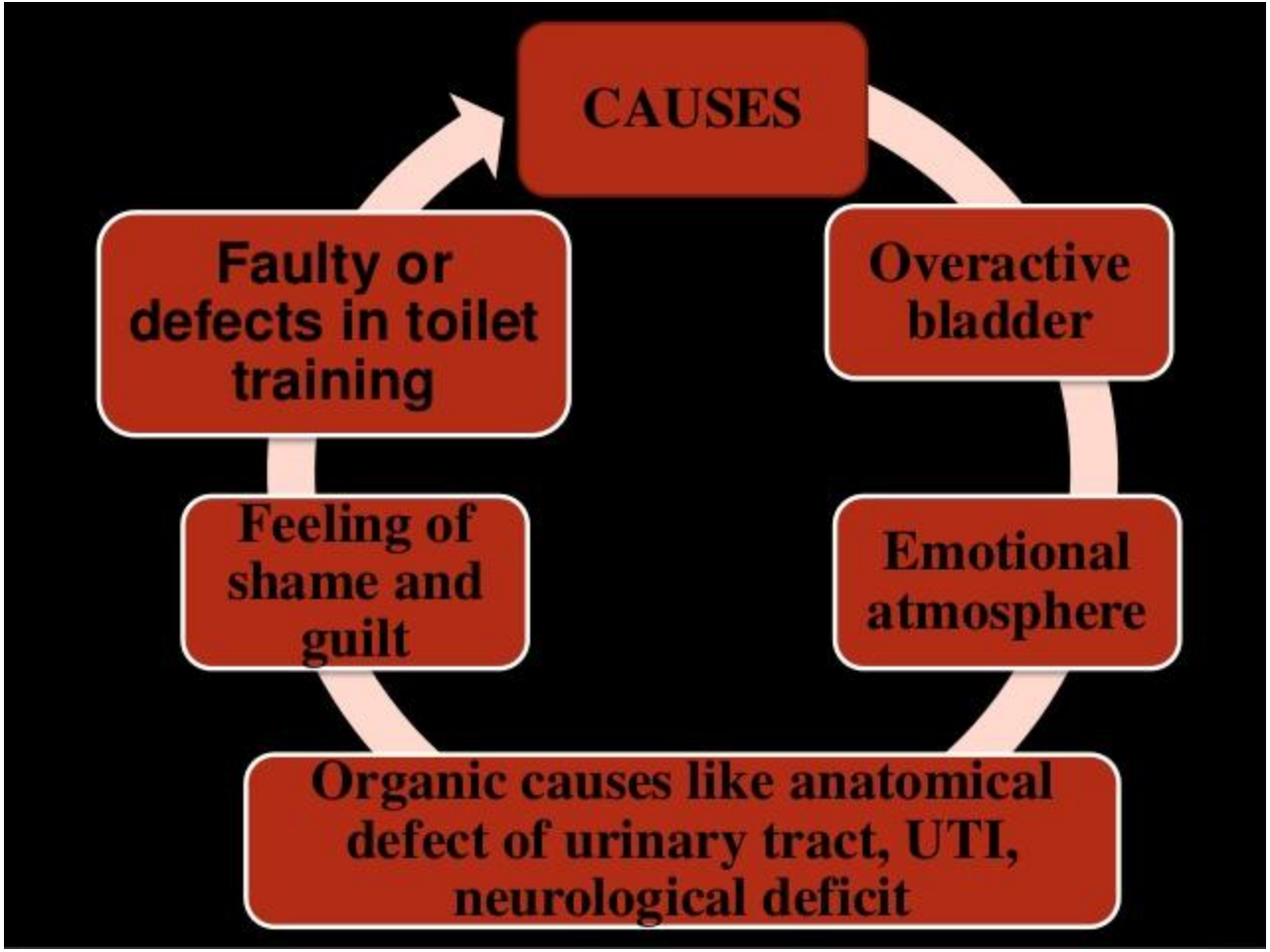
- Enuresis that occurs during sleep

Diurnal enuresis

- Enuresis that occurs during day time or when the child awake

Monosymptomatic or uncomplicated enuresis

- Enuresis without lower urinary tract symptoms other than nocturia and no history of bladder dysfunction


CAUSES
Overactive bladder
Emotional atmosphere
Organic causes like anatomical defect of urinary tract, UTI, neurological deficit
Feeling of shame and guilt
Faulty or defects in toilet training

ENCOPRESIS

DEFINITION

ENCOPRESIS refers to passage of feaces into inappropriate place at any age when bowel control should have been established

-Encopresis indicates a more serious emotional disturbances than enuresis and is less common(around 1% in school children)

CAUSES

-Anatomic abnormality

- Emotional disturbances

-Improper toilet training

-Stress in school activity

-Overprotection

- Fear related to toilet

-Poor parent child bonding

SIGN & SYMPTOMS

-Withhold defecation

-Distended abdomen

-Diarrhoea related to irritation of GI tract

- Tensed feeling

- Aggressiveness.

Let's Talk About

STEALING

What is stealing?

- **Stealing is the act of taking something that doesn’t belong to you without permission.**
- **When we hear the word “stealing,” we often think of someone breaking into our homes or shoplifters trying to smuggle high-priced products out of a store. We think of career criminals, or stealing for dishonest personal gain.**
- **While stealing can be dishonest criminal theft, it can also be the result of poor impulse control or addictive compulsive disorders.**
-

Causes of stealing

Kleptomania

- **Kleptomania, or compulsive stealing, is a common cause of theft that many forget about.**
- **This type of stealing is about a psychological compulsion instead of a desire to profit or gain something material or financial, as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.**
- **Kleptomania is a recurrent failure to resist the urge to steal.**
- **In most cases of kleptomania, the person steals things that they don't need.**
- **The items stolen are often of little to no value, and they could often easily afford the item if they had decided to pay.**
- **This is unlike most cases of criminal theft, where items are stolen either out of need or because they're very expensive or valuable.**

- **People with kleptomania feel strong urges to steal, with anxiety, tension, and arousal leading up to the theft and feeling pleasure and relief during the theft.**
- **Many kleptomaniacs also feel guilty or remorseful after the act of stealing is over, but are later unable to resist the urge.**
- **People with kleptomania also typically steal spontaneously and alone, while most criminal thefts are planned in advance and may involve another person.**
- **Unlike criminal theft, the items that people with kleptomania steal will rarely be used.**
- **They'll likely stash them away, throw them out, or give them to friends and family.**

Other causes of stealing

- **Many other factors besides kleptomania can cause a person to steal.**
- **Some people steal as a means to survive due to economic hardship.**
- **Others simply enjoy the rush of stealing, or steal to fill an emotional or physical void in their lives.**
- **Stealing may be caused by jealousy, low self-esteem, or peer-pressure.**
- **Social issues like feeling excluded or overlooked can also cause stealing.**
- **People may steal to prove their independence, to act out against family or friends, or because they don’t respect others or themselves.**

Risk factors that may cause kleptomania

Different factors can contribute to kleptomania. Genetics and biology may account for a portion of the root causes, which include:

- having other mental illnesses, including bipolar disorder, anxiety disorders, substance use disorders, or personality disorders (The link seems to be strongest with obsessive-compulsive disorder.)
- problems with low levels of serotonin, leading to an increase in impulsive behaviors
- relations with addictive disorders, since stealing can release the rush of dopamine that becomes addictive
- an imbalance in the brain's opioid system, which controls urges
- a family history of kleptomania or addiction
- being female, as two-thirds of people diagnosed with kleptomania are women
- head trauma, like concussions

Treatment for kleptomania

Kleptomania is extremely difficult to treat alone, so getting medical help is a necessity for most who experience it. Treatment typically involves a combination of psychotherapy and medications, which can address triggers and causes.

Cognitive behavioral therapy is most commonly used to treat kleptomania. With this type of treatment, your therapist will help you learn to stop detrimental behavior and address the cognition that causes them. In cognitive therapy, your therapist may use:

- **systematic desensitization, in which you practice relaxation techniques to learn to control the urges to steal**
- **covert sensitization, in which you imagine yourself stealing and then facing negative consequences like being arrested**

- **Medications may be prescribed to address related mood or mental health disorders, like depression or obsessive-compulsive disorder.**
- **Your doctor may prescribe a selective serotonin reuptake inhibitor or an addiction medication that balances opioids to balance the brain chemistry that causes the urges to steal.**
- **While kleptomania can’t be cured, it can be treated. Continual treatment and caution is required to avoid kleptomaniac relapses.**
- **If you’ve been doing well under treatment and start to experience urges to steal, make an appointment with your therapist or support group as soon as possible.**

LYING/ TELLING LIES

Definition

A lie is any deliberate deviation from the truth; it is a falsehood communicated with the intention to mislead or deceive.

What is a lie?

- "Anything which is not truth is lie".
- "Anything which is Opposite to truth".
- "Common wrong acts that we commit throughout our daily life".
- "The disease of saying something else which actually something else".

Description

Lies differ in type, incidence, magnitude and consequence, with many gradations of severity, from harmless exaggeration and embellishment of stories, to intentional and habitual deceit. Behavioral scientist Wendy Gamble identified four basic types of lies for a University of Arizona study in 2000:

- Prosocial: Lying to protect someone, to benefit or help others.
- Self-enhancement: Lying to save face, to avoid embarrassment, disapproval or punishment.
- Selfish: Lying to protect the self at the expense of another, and/or to conceal a misdeed.
- Antisocial: Lying to hurt someone else intentionally.

Reasons to Lie

- Theres are 6 main types of lying, these include.
  - Fear of harm: Protecting ourselves from harm
  - Fear of conflict: Avoiding an argument
  - Fear of punishment: Lying to not be scolded, for example about grades.
  - Fear of rejection: Lying to remain a friend or be popular
  - Fear of loss: Lying to keep something close
  - Altuistic Reasons: Lying to make our family or friends feel better.

- Lying is considered by most child development specialists to be a natural developmental occurrence in childhood.

- Though there is no empirical data about how children learn to lie, parental honesty is recognized as a primary influence on the development of truthfulness in children.

Facts

- People are both more honest and more deceptive with those they love.
- Lying is not a luxury, but it a necessity. Our relationships are held together by both telling the truth and lying.

Effects of Lies

- Feelings of betrayal when being lied to
- Lose trust in other person
- Damage relationships
- Lying about major parts of your relationship can have huge consequences

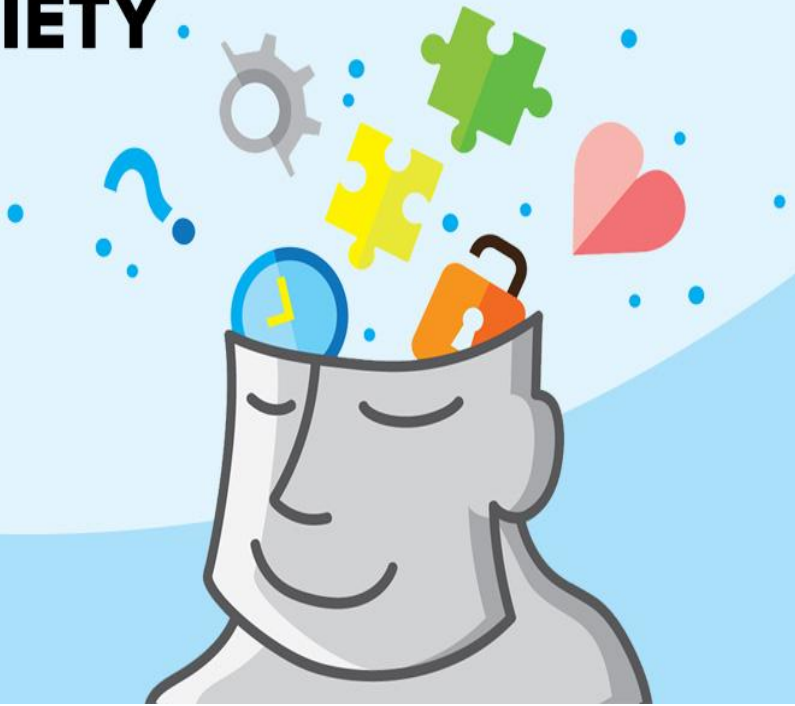
Tells in Lying

- Several different ways to tell if someone is lying whether it be gestures, tone of voice, or hidden emotions.

- They can monitor if someone is lying through machines, for example a polygraph test.

MENTAL HEALTH CONDITIONS

SEPARATION ANXIETY DISORDER



PsychPoint

- **Separation anxiety disorder is a common disorder. It affects children between ages of 3 and 17. It is a condition that causes children to feel anxiety when separated from their parents.**
- **For children and babies younger than 3 years old, separation anxiety is a normal part of development. Children older than three years old should not feel distressed when separated from their parents. If significant anxiety continues after 3 years of age, it is considered a disorder.**

In toddlers younger than 3 years old, a mild to moderate amount of separation anxiety is natural. If the child does not grow out of the separation anxiety they may suffer from separation anxiety disorder. They may also suffer from separation anxiety disorder if separation anxiety resurfaces later on.

Separation anxiety makes normal life phases distressing for a child. Such life phases include:

- **Preschool or kindergarten**
- **Overnights at grandma's house**
- **Sleepovers**
- **Daycare**
- **Playdates**

Symptoms of Separation Anxiety Disorder

- **Separation anxiety disorder occurs when a child struggles to cope with being separated from their parents. The condition can carry through adolescence and into adulthood.**
- **The first step of treating separation anxiety disorder is to understand the symptoms. Symptoms will be present in children over 3 years old. Affected children will suffer from anxiety even at the thought of being separated from their parents.**

Symptoms of separation anxiety disorder include-

- **Panic attack when left in a place without their parents (preschool, daycare, etc.)**
- **Refusal to attend playdates or sleepovers without their parent present**
- **An intense fear of being away from parents**
- **Visible distress when anticipating being separated from parents**
- **Intense fears of losing a parent to death or accidents**
- **An intense fear of being kidnapped or taken away from parents**
- **Fear of being left at home without parents**
- **Nightmares, night terrors or upsetting fantasies about being separated from or losing parents**
- **Physical symptoms of stress when separated from parents (headaches, stomachaches, etc.)**

Causes of Separation Anxiety Disorder

- **There are several factors that may cause a child to suffer from separation anxiety disorder. Finding the central cause for the separation anxiety disorder can aid in therapy.**

- **Sometimes separation anxiety disorder stems from a single cause or event. Sometimes it occurs as a result of a number of circumstances.**

Factors that may cause a child to suffer from separation anxiety disorder include:

Grief or Illness in family.

- The illness and/or passing of a loved one can be very stressful on a child. Children do not fully understand what it means to have someone die. They also may struggle with understanding what it means to be ill.
- The concept of never again seeing someone who they used to see all the time is confusing and overwhelming for a child. This most often occurs when there is a primary member of the family involved. Primary family members can include pets, siblings and parents.

Genes and Family History. A major factor that may cause separation anxiety disorder in a child is having a genetic predisposition to suffer from anxiety. This means a child is at higher risk if one of their parents suffers from a type of anxiety disorder as well.

Major changes and life events. Big changes during childhood can cause affected people to suffer from separation anxiety. Changes can include:

- **Parents divorcing**
- **Moving**
- **Separation from parents**
- **Spending time away from home due to stressful circumstances**
- **Stress resulting from natural disasters**
- **History of trauma or abuse**

Treatment of Separation Anxiety Disorder

It is important to seek treatment if you believe your child is suffering from separation anxiety disorder. If left untreated, the condition can persist into adulthood.

Common forms of treatment that are effective in treating separation anxiety disorder include:

- **Talk therapy (Psychotherapy).**
- **Cognitive Behavioral Therapy (CBT).**
- **Family Therapy.**


child
neglect
emotion
worried
teenager
homeless
despair
internet
problems
upset
welfare
sorrow
depressed
loneliness
frightened
abandoned
poverty
cellphone
grief
childhood
sadness


child
ABUSE
abuse
STOP
stop
CHILD

4 INTRODUCTION

- Childhood should be a care-free time filled with love, and the joy of discovering new things and experiences.
- However, it is a dream for many children.
- Child abuse and neglect is an increasing social problem.
- The effects of child abuse and neglect are not limited to childhood but cascade throughout life, with significant consequences for victims (on all aspects of human functioning), their families, and society.

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- Child abuse : words or overt actions that cause harm, potential harm, or threat of harm to a child.

- Child neglect can be conceptualized in a broad sense as harmful acts of omission or the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm.

6 HISTORICAL PERSPECTIVE

- First documented and reported case of CA/CN occurred in 1871 with a child named, Mary Ellen.
- 1946: Medical discovery of child abuse was documented by Caffey on observing children with multiple bone fractures and children with trauma unsubstantiated by parents.
- 1962: Term 'Battered child syndrome' by Henry Kempe
- 1972: Kempe founded 'Kempe Centre'
- 1974: Child Abuse Prevention and Treatment Act
- 1978: Mclain: coined CAN: Child abuse and neglect

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DEFINITIONS

- **Stewart:** Defined child abuse as any interaction or lack of interaction between a care giver and a child resulting in non-accidental harm to the child's Physical or developmental state.
- **Selwyn et al:** Defined child abuse as the non accidental physical injury, minimal or fatal, inflicted upon children by person caring for them.
- **Cameron & widmer (2003)** Defined child abuse as those acts or omissions of care that deprive a child of the opportunity to fully develop his/her unique potential as a person either physically, socially or emotionally.

PREVALENCE

- 2006: US dept of Health and Human Services:
  - 65% of child maltreatment encompasses neglect
  - 16% involves physical abuse
  - 9% involves sexual abuse
  - 7% involves emotional abuse
  - >2% involves medical neglect
- Average age of identification of maltreatment victims: 7.4 years
- Infants -2 years : Most often victims of child neglect

PREVALENCE IN INDIA

- India has largest number of children in the world (375 million), nearly 40% of its population.
- 69% of Indian children are victims of physical, emotional, or sexual abuse.
- New Delhi, has an over 83% abuse rate.
- 89% of the crimes are committed by family members.
- Boys face more abuse (>72%) than girls (65%).
- More than 70% of cases go unreported and unshared even with parents/ family.

PREVALENCE

Summary report of 'Workshop on International Epidemiological Studies' : International Congress on Child Abuse and Neglect, Sept 2012

- 25-50% of children around the world suffer from physical abuse.
- 5-10% of boys and 20% of girls experience sexual abuse.

PREDISPOSING FACTORS

- PARENTAL CHARACTERISTICS
- CHILD CHARACTERISTICS
- ENVIRONMENTAL CHARACTERISTICS

Child Abuse

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PARENTAL CHARACTERISTICS

- Violence,
- Poverty,
- Parental history of abuse,
- Socially isolated,
- Low self esteem,
- Less adequate maternal functioning.

Child Abuse

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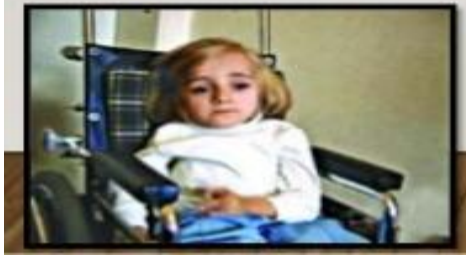
CHILD CHARACTERISTCS

- Unwanted or unplanned child
- No. of children in the family,
- Child's temperament,
- Position in the family,
- Additional physical needs if ill or disabled,
- Activity level or degree of sensitivity to parental nee



Child Abuse

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ENVIRONMENTAL CHARACTERISTICS

- Chronic stress,
- Problem of divorce,
- Poverty,
- Unemployment,
- Poor housing,
- Frequent relocation,
- Alcoholism,
- Drug addiction.

Child Abuse

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TYPES OF CHILD ABUSE

- **According to Stewart**
- Physical abuse
- Physical neglect
- Social abuse
- Emotional abuse.

TYPES OF CHILD ABUSE

- **According to Jesse et al (1994)**
- Physical abuse
- Emotional abuse
- sexual abuse
- Neglect

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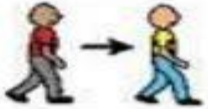
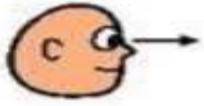
TYPES OF CHILD ABUSE

- **According to Shobha Tandon**
- Physical abuse – 31.8%
- Educational abuse – 26.3%
- Emotional abuse – 23.3%
- Sexual abuse – 6.8%
- Failure to thrive – 4.0%
- International drugging/poisoning (not specified)
- Munchausen's syndrome by proxy (not specified)

hit/slap 	bruise 	cut 	hurt 	sore 
beat 	choke 	kick 	burn 	pinch 
follow 	call names 	threaten 	pressure/ force 	drug 
hide 	look 	touch 	hold down 	trap 
fight 	attack 	intentional 	accidental 	

PHYSICAL NEGLECT

- This consists of failure to provide the necessities of adequate food, shelter, clothing, and medical and dental care. It may also include such general child –caring functions as supervision and protection.
  Physically neglected children tend to exhibit at least several of these characteristics.

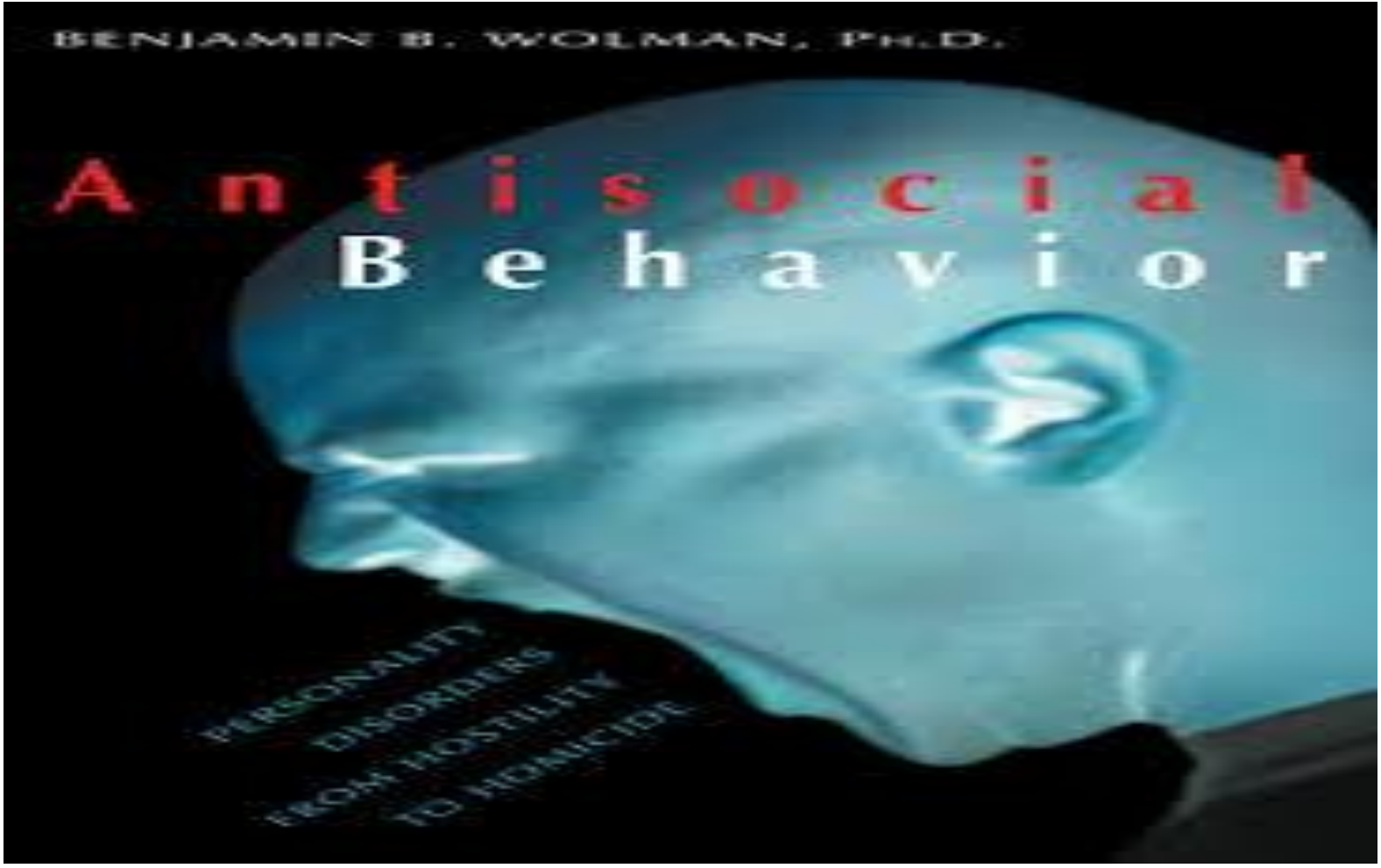
- **Neglect:** is an act of omission or the failure to provide food, shelter, clothing, health care, safety need, den
  supervision,
  (Tandon. S)

- **Neglected child:** is one who shows evidence of physical or mental health primarily due to failure on the part of the parent or caretakers to provide adequately for the child's needs. (Tandon. S)

- **Dental Neglect:** is willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection. (AAPD – 199

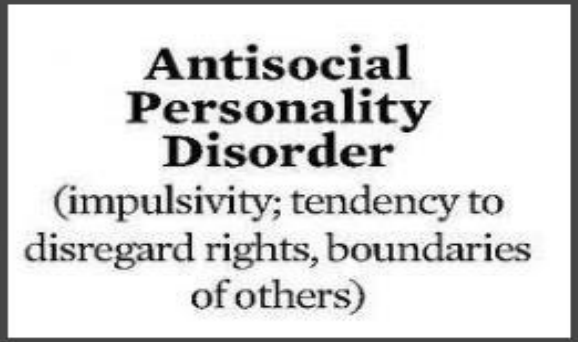
EMOTIONAL ABUSE AND NEGLECT

- These are more difficult to identify. Eventually, however, the consequences become evident.
- This type of maltreatment involves a destructive pattern of interactions between the child and the caregiver stemming from an attitude of rejection or acceptance by the child patient.
- Severe psychological disorders have been traced to excessively distorted parental attitudes.
- Emotional and behavioral problems are common among children whose parents abuse them emotionally.


BENJAMIN B. WOLMAN, PH.D.
Antisocial Behavior
PERSONALITY DISORDERS FROM HOSTILITY TO HOMICIDE

What is ASPD?

- Anti Social Personality Disorder is a condition characterized by the persistent disregard of others personal rights, and it often originates in one's childhood



Antisocial Personality Disorder

Antisocial personality disorder is a kind of chronic mental state in which a person's ability of thinking, understanding situations and relating to others is not functional and destructive.

People suffering with antisocial personality disorder typically have no regard for right and wrong and often disregard the rights, wishes and feelings of others.

Those who are suffering from antisocial personality disorder are most likely to antagonize, manipulate or treat others either very harshly or with callous indifference.

Sometimes they can violate the law, landing in frequent trouble, yet they show no guilt or remorse. Typically these symptoms make people with antisocial personality disorder unable to fulfill their responsibilities related to family, work or school.

Causes of Antisocial Personality Disorder

Personality can be defined as the combination of thoughts, emotions and behaviors that makes everyone unique. It's the way people view, understand and relate to the outside world, as well as how they see themselves. Personality can be formed at the time of childhood, shaped through an interaction of these factors:

- Genetics - These inherited tendencies are aspects of a person's personality that are passed on by parents, like shyness or having a positive outlook. This is sometimes called temperament.
- Environment - This tells about the surroundings a person grows up in, events that occurred, and relationships with family members and others.

There can be a link present between an early lack of empathy understanding the perspectives and problems of others, including other children and later onset of antisocial personality disorder. Identifying these personality problems early may help improve long-term outcomes.

Etiology

- Descriptions of the disorder can be traced back to early Greek literature by Theophrastus, a successor to Aristotle
- It was the prototypal personality disorder that was originally named *psychopath*

Symptoms

- Symptoms of ASPD include but are not limited to:
  - Lack of conformity to laws/committing crimes
  - Lying, deceitfulness, and conning for pleasure
  - Acting on impulses
  - Tendency towards anger, aggression, and irritable behaviors
  - Disregard for personal safety
  - Lack of guilt for wrong-doings

Diagnostic Criteria

- Glib and superficial
- Failure to conform with social norms or lawful behaviors
- Deceitfulness
- Impulsivity
- Reckless regard for others and self
- Inflated and arrogant

Similar Disorders

- Schizophrenia
- Manic Episode
- Narcissistic Personality Disorder
- Histrionic Personality Disorder
- Borderline Personality Disorders
- Paranoid Personality Disorder
- Adult Antisocial Behavior

Statistical Data on ASPD

- ASPD is the most heavily researched personality disorder
- Occurs most typically in males
- Symptoms generally begin at age 15
- Half of children who exhibit the symptoms become antisocial adults
- ASPD derives from biological and psychological strands
- Approximately 1% of people over age 18 suffer from this disorder

Prognosis

- People diagnosed with ASPD generally do not have a good prognosis:
  - Most of the diagnosed exhibit criminal behavior and are often jailed, which makes treatment difficult
  - People who show symptoms of ASPD generally view the world as having the problem, not themselves, so they rarely seek treatment

Famous People With ASPD

- O.J. Simpson was accused of murdering his wife and her alleged boyfriend. He was never proven guilty, and showed many signs of ASPD.

- Charles Manson was one of the most notorious serial killers in American History. Ironically he was never convicted of killing the seven people that died.

Famous People With ASPD

- Dennis Rader, the "BTK killer", was convicted of killing 10 people over a thirty year span and exhibited an extreme lack of Conscience that marks him as a sufferer of ASPD.

- Henry Lee Lucas, self confessed murder since the age of 13, admitted to stabbing, shooting, and mutilating some 360 women.

Treatments

- Therapy is the most prominent form of treatment for ASPD. The therapist tries to sway the patient to:
  - Become more optomistic
  - Use depression as a motivation to change
  - Emphasize remorse


Anxiety
disorder

ANXIETY

- A psychological and physiological state characterized by following components:-
  1. **Cognitive:** Processing of information, applying knowledge, and changing preferences
  2. **Somatic:** Voluntary control of body movements via skeletal muscles, and with sensory reception of external stimuli (e.g., touch, hearing, and sight)

3. **Emotional:** Mood, temperament, personality and disposition, and motivation
4. **Behavioral component:** Response of the system or organism to various stimuli or inputs, whether internal or external, conscious or subconscious, overt or covert, and voluntary or involuntary.

SYMPTOMS AND CLINICAL FEATURES

A. Physical symptoms:

- Heart palpitations
- Muscle weakness and tension
- Fatigue
- Nausea
- Chest pain
- Shortness of breath

- Stomach aches, or headaches.
- Increased blood pressure and heart rate
- Increased sweating
- Increased blood flow to the major muscle groups
- Immune and digestive system functions are inhibited (the *fight or flight* response).

B. External signs:

- Pale skin
- Sweating
- Trembling
- Pupillary dilation

C. Emotional symptoms:

- Feelings of apprehension or dread
- Trouble concentrating
- Feeling tense or jumpy
- Anticipating the worst
- Irritability
- Restlessness

- Feeling like your mind's gone blank
- Nightmares/bad dreams
- Obsessions about sensations
- Déjà vu
- A trapped in your mind feeling, and feeling like everything is scary.

- Can be a symptom of an underlying health issue such as:-
  - chronic obstructive pulmonary disease (COPD),
  - heart failure, or heart arrhythmia.

NEUROTRANSMITTER SYSTEMS

- Neurotransmitter systems involved in anxiety generation include the
  - GABA systems
  - Serotonergic
  - Adrenergic
  - Benzodiazepine (BZD)

CAUSES & ROLE OF RECEPTORS

1. **Biological**
   - Low levels of GABA, a neurotransmitter that reduces activity in the central nervous system, contribute to anxiety.
   - GABA exhibits excitatory actions like:
     - Mediating muscle activation at synapses between nerves and muscle cells
     - Stimulation of certain glands
   - A number of anxiolytics achieve their effect by modulating the GABA receptors.

II. AMYGDALA

- The amygdala is central to the processing of fear and anxiety, and its function may be disrupted in anxiety disorders.
- Sensory information enters the amgydala through the nuclei of the basolateral complex (consisting of lateral, basal, and accessory basal nuclei).
- The basolateral complex processes sensory related fear memories, and communicate their threat importance to memory and sensory processing elsewhere in the brain, such as the medial prefrontal cortex and sensory cortices.

III. ENVIRONMENTAL FACTORS

- Life stresses such as financial worries or chronic physical illness.
- Also common among older people who have dementia.
- On the other hand, anxiety disorder is sometimes misdiagnosed among older adults when doctors misinterpret symptoms of a physical ailment (for instance, racing heartbeat due to cardiac arrhythmia) as signs of anxiety.

- Use of and withdrawal from addictive substances, including alcohol, caffeine, and nicotine.

ANXIETY DISORDERS

1. **Generalized Anxiety Disorder:** An ongoing state of excessive anxiety lacking any clear reason or focus
2. **Panic Disorders :** Sudden attacks of overwhelming fear occur in association with marked somatic symptoms, such as sweating, tachycardia, chest pains, trembling and choking.

3. **Phobias:** Strong fears of specific objects or situations, e.g. snakes, open spaces, flying, social interactions
4. **Post-traumatic stress disorder:** Anxiety triggered by recall of past stressful experiences
5. **Obsessive compulsive disorder:** Compulsive ritualistic behavior driven by irrational anxiety, e.g. fear of contamination.

GENERALIZED ANXIETY DISORDERS

- An ongoing state of excessive anxiety lacking any clear reason or focus.
- Characterized by excessive, uncontrollable and often irrational worry about everyday things that is disproportionate to the actual source of worry.

- Interferes with daily functioning, as individuals suffering GAD typically anticipate disaster, and are overly concerned about everyday matters such as:-
  - Health issues
  - Money
  - Death
  - Family problems
  - Friend problems
  - Relationship problems or
  - Work difficulties

PHYSICAL SYMPTOMS:

- Fatigue
- Fidgeting
- Headaches
- Nausea
- Numbness in hands and feet
- Muscle tension
- Muscle aches
- Difficulty swallowing
- Bouts of difficulty breathing
- Difficulty concentrating
- Trembling
- Twitching
- Irritability
- Agitation
- Sweating
- Restlessness
- Insomnia
- Hot flashes, and rashes and
- Inability to fully control the anxiety

CAUSES:

- Genetic predisposition and environmental factors.
- Parents can model anxious behaviours to their children.
- Stressful early life events such as early parental death.
- Chronic experiences of fear and learned helplessness may cause greater chronic cortisol activation and increased sympathetic tone.
- Traumatic experiences and abnormal prenatal hormonal exposures may also play a role the cause of this disorder.

TREATMENT

- Cognitive Behavioural Therapy
- Alpha-adrenergic agonist: Clonidine
- Beta blockers (Propranolol): These may inhibit the formation of traumatic memories by blocking adrenaline's effects on the amygdala.
- Glucocorticoids: Corticosterone
- Buspirone
- Benzodiazepines
- SSRIs

DEPRESSION

What is Depression?

- Everyone occasionally feels blue or sad. But these feelings are usually short-lived and pass within a couple of days. When you have depression, it interferes with daily life and causes pain for both you and those who care about you. Depression is a common but serious illness.

DEFINITION

- Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.

- Depression is the leading cause of disability as measured and the 4th leading contributor to the global burden of disease (DALYs) in 2000. By the year 2020, depression is projected to reach 2nd place of the ranking of DALYs calculated for all ages, both sexes. Today, depression is already the 2nd cause of DALYs in the age category 15-44 years for both sexes combined.

PREVALENECE

- Depression occurs in persons of all genders, ages, and backgrounds.
- Facts
- Depression is common, affecting about 121 million people worldwide.
- Depression is among the leading causes of disability worldwide.
- Depression can be reliably diagnosed and treated in primary care.
- Fewer than 25 % of those affected have access to effective treatments.

What are the different forms of depression?

There are several forms of depressive disorders.

1. **Major depressive disorder, or major depression**
2. **Dysthymic disorder, or dysthymia**
3. **Minor depression**
   - **Psychotic depression,**
   - **Postpartum depression**
   - **Seasonal affective disorder (SAD)**
4. **Bipolar disorder**

Signs And Symptoms Of Depression

- ✓ Persistent sad, anxious, or "empty" feelings
- ✓ Feelings of hopelessness or pessimism
- ✓ Feelings of guilt, worthlessness, or helplessness
- ✓ Irritability, restlessness
- ✓ Loss of interest in activities or hobbies once pleasurable, including sex
- ✓ Fatigue and decreased energy

S&S Cont....

- ✓ Difficulty concentrating, remembering details, and making decisions
- ✓ Insomnia, early-morning wakefulness, or excessive sleeping
- ✓ Overeating, or appetite loss
- ✓ Thoughts of suicide, suicide attempts
- ✓ Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

WHAT ILLNESSES OFTEN CO-EXIST WITH DEPRESSION?

- ✓ Post-traumatic stress disorder (PTSD)
- ✓ Obsessive-compulsive disorder
- ✓ Panic disorder
- ✓ social phobia
- ✓ Generalized anxiety disorder
- ✓ Depression also may occur with other serious medical illnesses such as heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson's disease

CAUSES OF DEPRESSION

1. Genetic or Hereditary
2. Biological / Biochemical / Medication
3. Dietary
4. Environmental
5. Socio Cultural Factors / Situations / Relationships / Personality

DIAGNOSIS

- History Collection
- Mental Status Examination
- ICD – 10 Criteria

Management

- **Antidepressants** primarily work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine.

PSYCHOTHERAPY

- **Cognitive - behavioral therapy (CBT)**

CBT helps people with depression restructure negative thought patterns.

- **Interpersonal therapy (IPT)**

IPT helps people understand and work through troubled relationships that may cause their depression

ELECTROCONVULSIVE THERAPY

- **For cases in which medication and/or psychotherapy does not help relieve a person's treatment-resistant depression, electroconvulsive therapy (ECT) may be useful.**


SUICIDE

INTRODUCTION

Every year more than 800 000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind.

INTRODUCTION

Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions.

DEFINITION OF SUICIDE

Originally, the word suicide, founded on Latin language

'sui' (oneself) and 'caedes' (killing)

suicide constitutes all cases of death directly or indirectly resulting from act of a person who is aware of the consequences of the behavior.

"SUICIDE IS A PERMANENT SOLUTION TO A TEMPORARY PROBLEM."

If this is so obvious, then why is suicide so distressingly common?

PREVALENCE OF SUICIDE

- Over 800 000 people die due to suicide every year.
- Stigma surrounding suicide leads to underreporting of data
- 75% of global suicides occur in low- and middle-income countries.
- Ingestion of pesticide, hanging and firearms are the most common methods of suicide globally.

World Health Organization

- Reviewed September 2016

WHAT FACTORS AFFECT SUICIDE RATES?

-- SEX

- Men are "better" at suicide than women. Four times as men complete suicide, but women make more attempts.
- Male suicide attempts are more lethal because men typically use a gun or an equally fatal method.
- Women most often attempt a drug overdose, so there's a better chance of help.

-- AGE

- Suicide rates increase with advancing age. More than half of all suicide victims are over 45 years old.

- In fact, suicide is more common among 15- to 24-year-olds.

-- MARITAL STATUS

Marital status is also related to suicide rates. Married individuals have lower rates than divorced, widowed, or single persons.

-- HEALTH FACTORS

Mental health conditions

- Depression
- Bipolar (manic-depressive) disorder
- Schizophrenia
- Borderline or antisocial personality disorder
- Anxiety disorders
- Substance abuse disorders

Serious or chronic health condition and/or pain

PSYCHOLOGICAL FACTORS

- **Hopelessness**

is one of the strongest predictors for suicidal behavior.

- aggression and impulsivity, lack of reasons for living
- Feeling of worthless and helpless
- An extremely negative self-image
- cognitive rigidity (dichotomous)

(all-or-nothing thinking)

- poor problem-solving capabilities

-- ENVIRONMENTAL FACTORS

- Stressful life events which may include a death, divorce, or job loss
- Prolonged stress
- Access to lethal means including firearms and drugs
- Exposure to another person's suicide
- Isolation and lack of social support

-- HISTORICAL FACTORS

Previous suicide attempts

A history of a suicide attempt is a major risk factor for both repeated nonfatal suicidal behavior and suicide.

Family history of suicide attempts

FORMS OF SUICIDE

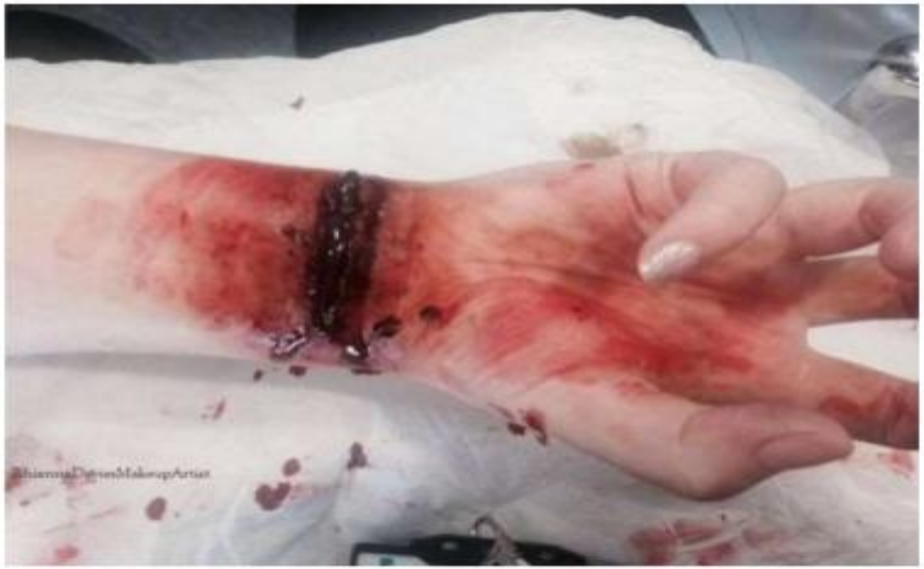
1- depressive (planned).

2- impulsive .

3- away of attracting attention.

MODES OF SUICIDE

BLEEDING
WRIST CUTTING



DROWNING

SUFFOCATION

one is more likely to commit suicide through gas inhalation than attempting to prevent breathing all together. Inert gases such as helium, nitrogen, and argon, or toxic gases such as carbon monoxide are commonly used in suicides by suffocation due to their ability to quickly render a person unconscious, and may cause death within minutes.

ELECTROCUTION

JUMPING FROM HEIGHT

FIREARMS

POISON

DRUG OVERDOSE

SUICIDE WARNING SIGNS

-- SUICIDE WARNING SIGNS

Talk

- Direct statements (I will end my life)
- I can't go on," "Nothing matters anymore," "I wish I were dead"
- Being a burden to others
- Experiencing unbearable pain
- Having no reason to live

-- SUICIDE WARNING SIGNS

Behavior

- Looking for a way to kill themselves
- Acting recklessly
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away his own possessions

-- SUICIDE WARNING SIGNS

Mood

- Depression
- Loss of interest
- Irritability
- Humiliation
- Anxiety
- Fear

PREVENTION

PREVENTION

Universal prevention strategies include:

- generally improving the quality of people's lives thereby reducing stress
- decreasing the availability of lethal means, such as control of guns.
- Selective strategies include in schools and institutions so that depressed and suicidal individuals can be identified and treated before they harm themselves
- focusing on high-risk groups those already diagnosed as depressed
- Assert religious and cultural believes that discourage it.

QUESTIONS

2 MARK

1. Differentiate Normality and abnormality.

2. What is ODD?

3.ADHD

4.Which are the risk factors of anxiety?

5.Write any 4 symptoms of behavioural problems.

6. Define behavioural problems.

5 MARKS

1.Causes of behavioural problems

2.Nature of behaviour problem

3.Explain habit disorder

4.Methods to prevent child abuse and suicide

5.What is ASB, its cause & treatment

6.Conduct Disorders

7.Separation anxiety disorder

15 MARKS

1.Disorders of child and adolescence

2.Conduct disorders & habit disorders

OTHER BEHAVIOR PROBLEMS

TYPES OF BEHAVIOURAL DISORDERS OR PROBLEMS

Behaviour disorders can be classified as:

1. HABIT DISORDERS
2. SPEECH DISORDERS
3. EATING DISORDERS
4. SLEEP DISORDERS
5. PERSONALITY DISORDERS
6. SEXUAL PROBLEMS
7. ANXIETY DISORDERS

1. HABIT DISORDERS

- Thumb sucking
- Nail biting
- Tics
- Enuresis
- Encopresis
- Stealing
- Telling lie

2. SPEECH DISORDERS

- Stammering /stuttering
- Cluttering
- Delayed speech
- Dyslalia

3. EATING DISORDERS

- Pica
- Anorexia nervosa
- Bulimia nervosa

4. SLEEP DISORDERS

- Sleep walking(Somnambulism)
- Sleep talking(somniloquy)
- Night mares and night terrors

5. PERSONALITY DISORDER

- Juvenile delinquency
- Temper tantrums
- Shyness

6. SEXUAL DISORDERS

- MASTURBATION

6.ANXIETY DISORDERS

- School phobia or school refusal
- Truancy
- Repeated failure
- Absenteeism

BREATH HOLDING SPELL

-Breath holding spells are brief periods of children stop breathing up to 1 minute. These spells often cause a child to pass out.
- Breath holding spells usually occurs when young child is angry, frustrated, in pain, or afraid.
- It is most common in toddlers. And more common in 2 months old and up to 2 years old.
- It occurs between 6 month to 6 years of age


PICA

- The term PICA derived from latin word "magpie" refers to eating of substances other than food. E.g. Earth, dust, clay, sand, flakes of paint, plaster from wall, fabrics, ice etc..
- PICA is characterized by an appetite for substances largely non-nutritive(such as clay or chalk) and the habit must persist for more than one month, at an age when eating such objects is considered developmentally inappropriate.

CONT..

- PICA as a manifestation of inclination for mouthing and tasting in the absence of any associated problem may be taken as normal until two years of age.
- This pattern of eating should last for at least 1 month to be diagnosed as PICA

TYPES

1. **Amylophagia:** consumption of starch.
2. **Coprophagy:** consumption of animal feces.
3. **Geophagy:** consumption of soil, clay or chalk.
4. **Hyalophagia:** consumption of glass
5. **Pagophagia:** pathological consumption of ice
6. **Trichophagia:** consumption of hair or wool
7. **Urophagia:** consumption of urine.

CAUSES

- Associated with mental retardation
- Iron deficiency and vitamin deficiency
- Mineral deficiency
- Maternal deprivation
- Family issues
- Parental neglect
- Poverty
- Malnutrition with worm infestation

ANOREXIA NERVOSA

DEFINITION

- **ANOREXIA NERVOSA** is characterized by voluntary refusal to eat, significant weight loss, an intense fear of becoming overweight and a pronounced disturbance of body image.
- The individual with anorexia nervosa may restrict food intake or engage in binge eating followed by self-induced vomiting or misuse of laxatives or diuretics.
- Incidence of anorexia nervosa is seen in about 5% of adolescent females and 5-10% of all males. The disorder starts by the age of 10-19 years.

CAUSES

1. Biological theory suggests that anorexic individuals suffers a disturbance in levels of neurotransmitters in brain.
2. Psychodynamic theory suggests that deficits in ego development may predispose young children to anorexia.
3. Family system theory suggests that anorexia nervosa is caused by intra familial conflicts and dysfunctional family.


BULIMIA
NERVOSA

DEFINITION

- BULIMIA NERVOSA is a disorder of binge eating, where the individual consumes the large amount of food with lack of control followed by various compensatory behaviours(like self induced vomiting) to control weight.
- Incidence of bulimia nervosa is higher than anorexia nervosa.
- Bulimia occurs in about 1-1.5% females with lower rates in males.
- The disorder is seen in age group of 15-30 years.

DEFINITION

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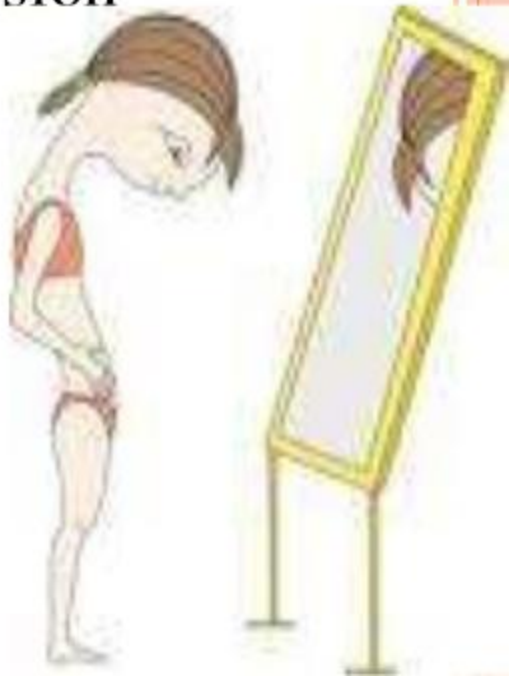
CAUSES

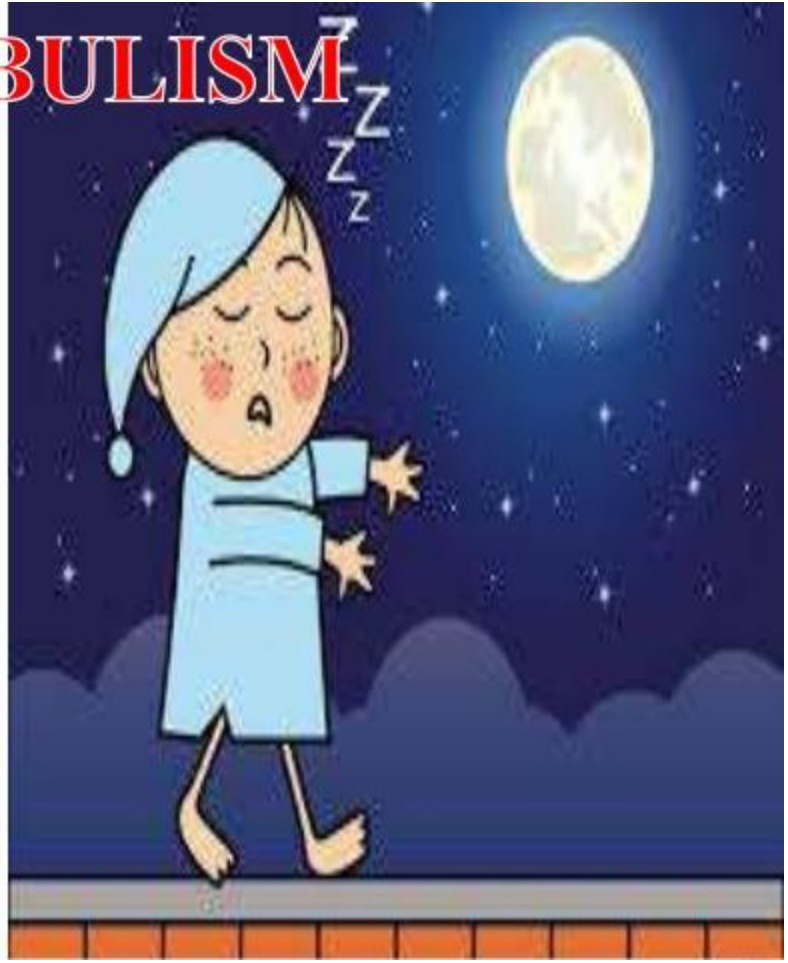
- Family history of depression
- Substance abuse
- Eating disorders
- Sports career in which require low body weight



CLINICAL FEATURES

- Intense fear of getting fat.
- Binge eating stops when abdominal discomfort occurs.
- After binge eating adolescents feel out of control, depressed, guilt and anxious.
- Self induced vomiting and misuse of laxatives and diuretics is also seen , due to which the person loses the ability to experience hunger.
- Fasting or excessive exercise to prevent weight gain.

SOMNAMBULISM



- This is a common sleep disorder.
- This is also called sleep walking.
- In this condition, children are aware of the environment during the episode but are indifferent to it.
- When these children once awake they will forget everything about episode.
- Now a days in India several families are suffering fro somnambulism
- It occurs about 5-8% of children.

Sleep talking (somniloquy)

- This is a sleep disorder, in which child talks during sleep.
- These children talk irregularly and give the gaps same like conversations.
- Parents when observe they feels that child is talking with somebody.
- Child gives good facial expression also.

CAUSES

- Children who are having incomplete talk during the day time by the influence of parents.
- Stress and anxiety.
- Children who are having the conflicts with siblings and school mates.
- Children who sleep after the listening of story , any TV serials.
- Children who have more feeling of home sickness.

Night mares and Night terrors

NIGHT MARES

- In this disorder, child awakens due to a frightening bad dream and child conscious about surroundings. Night mares associated with dreams.

MANAGEMENT

- Child should have light diet in dinner and pleasant scene and stories at bed time.
- comforted the child and reassured him physically and verbally.
- Sitting at the bed side until the child feel secure and is ready to go back to sleep.

NIGHT TERRORS

- In this disorder, child awakens during sleep, sits up with screaming and terrified to recognize the surrounding and after sometime child sleeps again at his/her bed.
- The terror may last 12-20 minutes.

MANAGEMENT

- Assure the child that there is nothing wrong.
- Parent must stay calm.
- Assure child's safety.
- Night terrors gradually decrease in frequency and intensity and usually resolves by adolescent.


TEETH GRINDING
(BRUXISM)

TEETH GRINDING

It is involuntary activity. This is a common problem of children during sleep. In this problem child grinds teeth during sleep. It occurs among school going children.

CAUSES

- Due to disturbances of dreams
- Due to tension and aggression
- Meningitis and encephalitis
- Mental retarted children may have grinding

MASTURBATION

- Masturbation is the stimulation and manipulation of one's own genitals in order to experience erotic feelings and possibly leads to orgasm.
- Masturbation is common in both sexes in the pre-school years and in early adolescence.
- The child experience pleasurable sensation which leads to repetition of the behaviour.
- The child may obtain pleasure by genital stimulation, rubbing of thighs against each other, or by rhythmic swaying movement.

CAUSES

- Conflict of feelings of child against parents.
- In the toddler this activity is increased in intensity and in frequency.
- Preschool children behave sexually with parents and other adults by rubbing their bodies against them and by seeking close intimate body contact.

CONT…

- The male children due to the visibility and structure of genitalia, they learn that rubbing of this part of the body is pleasurable, and they engage in masturbation.
- At the time of bathing and diaper changing,

parents often handle their infants genitals.

These pleasing sensations are registered by the infants.

SPEEECH PROBLEMS

- STUTTERING AND STAMMERING
- CLUTTERING
- DELAYED SPEECH
- DYSLALIA

LANGUAGE DEVELOPMENT OF CHILD

AGE OF CHILD	MILESTONES
1 month	- Turns head to sound
3 months	- Cooing sound
6 months	- Monosyllables word(ma, la, pa)
9 months	- Bisyllables words(mama, baba, papa)
10 months	- Does not make any response name.

CONT...

12 months(1 year)	- Two to five words with meaning.
15 months	- Does not respond to or understand “no, no” , “bye, bye” etc.
18 months	- Ten words with meaning, does not have vocabulary up to 10 words.
24 months	- Simple sentence, does not use 2 word phrases.

CONT...

30 months	- Has speech that is not intelligible to any family member.
36 months	- Telling a story.
42 months	- Fails to produce final consonent (i.e. “da” for dog)
After 4 years	- Is noticeably dysfluent(stutter)
After 7 years	- Has any speech sound error.
At any age	- Has noticeable hypernasality, has monotone voice, inappropriate pitch.

SLUTTERING AND STAMMERING

- Stammering is also known as sluttering. It is a speech disorder in which the flow is disrupted by involuntary repetitions and prolongation of sounds, words or syllables. Also there is involuntary silent pause or blocks.
- Sluttering and stammering is a fluency disorders begin between the age of 2-5 years probably due to inability to adjust with environment and emotional stress.

CAUSES

- **Developmental factors:** if the child has cleft lip, cleft palate or tongue tie, the speech is affected. There may be central nervous system impairment which may affect the speech.
- **Neurogenic Sluttering:** A stroke or brain injury may affect the signals between brain, speech nerves and muscles, that lead to sluttering
- **Psychological factors:** stress and embarrassment.

CONT...

Other causes are:

- Due to physical weakness or fatigue.
- Most common in children who cannot cope their self with emotional and environmental stress.
- Due to neurotic attitude of mother.
- More common in left handed children who are forced by the parents to use right hand.
- It can occur due to conflict between parents and child expectations

CLUTTERING

- Cluttering is characterized by unclear and hurried speech in which words tumble over each other. There are awkward movements of hands, feet and body.
- These children have erratic and poorly organized personality and behaviour pattern.
- They need psychotherapy.

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.

DYSLALIA

- Dyslalia is the most common disorder of difficulty in articulation.
- It can be caused by abnormality of teeth, jaw or palate or due to emotional deprivation
- Treatment of the structural and speech therapy should be done adequately.

CONT..

- In absence of structural problems , the responsible emotional disorders or factors should be ruled out.
- The child needs counselling.
- The parents should be informed about the modification of family environment and correction of deprivation

JUVENILE DELINQUENCY

- Juvenile delinquency is an antisocial behaviour, in which a child or adolescent purposefully and repeatedly does illegal activities.

CONT..

- A juvenile is a person under age of 18 years.
- The children act 1960 in India defines a delinquent as " a child who has committed an offence such as theft, sexual assault, murder, burglary or inflicting injuries, running away from home etc.
- Teachers call them incorrigible and beyond correction. The psychiatrist and psychologist call them 'emotionally disturbed' while judiciary has one term for the 'DELINQUENTS'

PRESENTATION OF ANTISOCIAL PROBLEMS IN CHILDREN

The common forms of presentation of Juvenile delinquency are:

1.Constant disobedience

2. Truancy from school

3.Sexual assault.

4. Destructiveness

5. Gambling

6. Cruelty

CONT..

7. Running away from school.
8. Fights
9. Ungovernable behaviour
10. Mixing with antisocial gang.
11. Murder
12.Lying
13.Stealing
14.Fire setting
15. Drug and alcohol intake with dependence

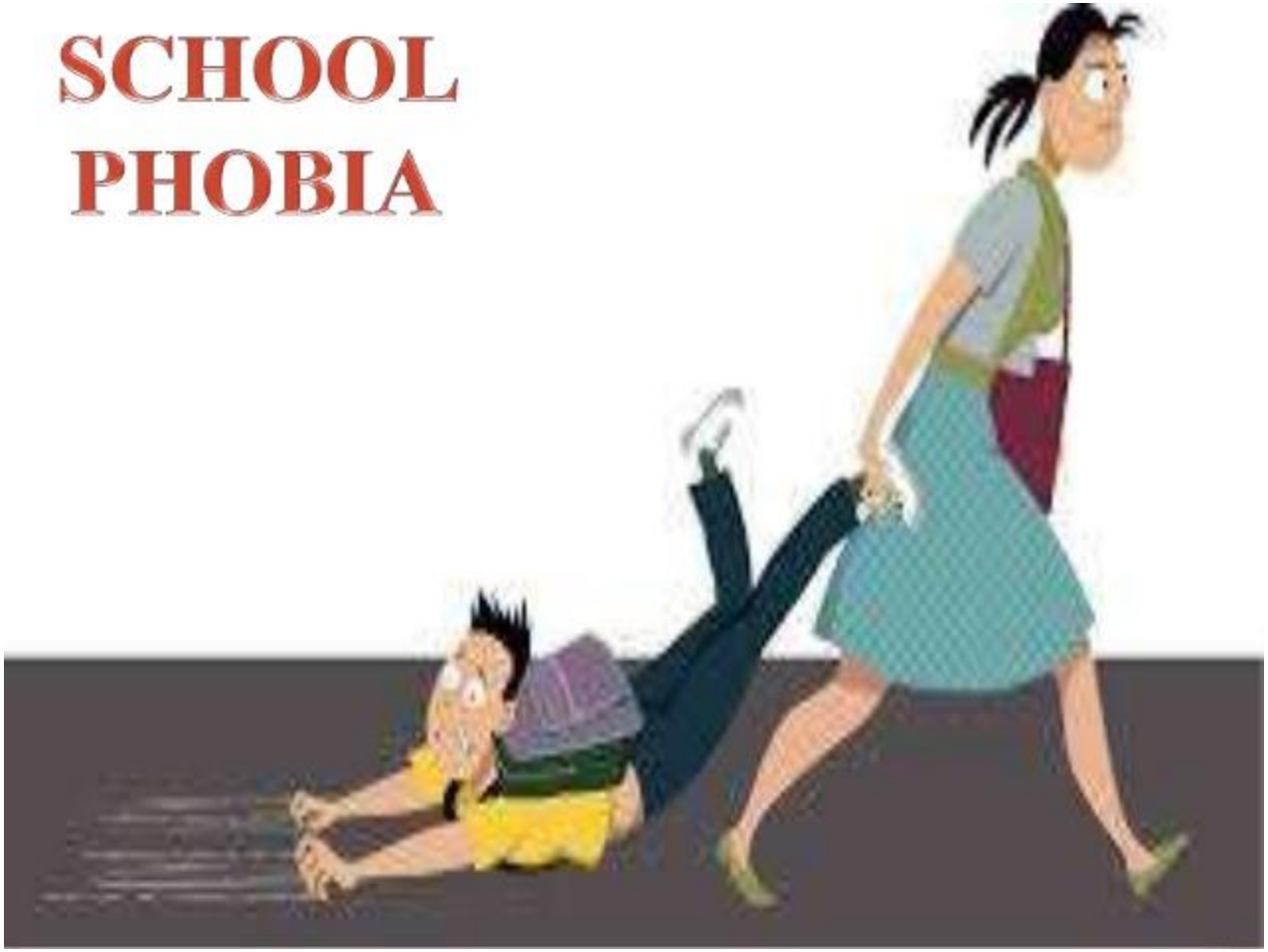
CONTRIBUTING FACTORS ARE

- Rapid urbanization and industrialization.
- Social change and changing life style.
- Influence of mass media.
- Lack of educational opportunities and recreational facilities

CONT..

- Unsatisfactory conditions at school.
- Poor economy.
- Unhealthy student teacher relationship
- Lack of discipline.

SCHOOL PHOBIA



SCHOOL PHOBIA

- It is refusal to go to school or to stay in school, without any attempts to conceal.
- School phobia is an emotional disorder of the children who are afraid to leave the parents, especially mothers.
- School phobia is also called school refusal.
- It is a symptom of crisis situation of developmental stages and 'cry for help', which needs special attention.

PREVALENCE OF SCHOOL PHOBIA

- **School refusal** was seen in 3.6% of **children**. 77.8% of the **children** had a psychiatric diagnosis, most common being depression (26.7%), followed by **anxiety** (17.7%).
- Both sexes are equally affected.
- The incidence peak during three periods of school life:
  - Age 5 and 6
  - Age 11 and 12
  - Age 14 to 16.

CAUSES

- Individual factors: withdrawl.
- Separation anxiety.
- Family factors.
- Factors specific to school.
- Psychiatric disorders like depression, phobic anxiety or other psychiatric conditions.


SHYNESS

SHYNESS leading to complete withdrawl is considered as a behaviour problem.

CAUSES OF SHYNESS:

- Genetic inheritance.
- Environmental causes like lack of exposure, cultural norms and society etc.

Pervasive Developmental Disorders

- **Autistic Disorder**
- Rett's Disorder
- Childhood Disintegrative Disorder
- **Asperger's Disorder**
- Pervasive Developmental Disorder NOS

Autistic Disorder Criteria

- Social interaction
- Communication
- Restricted Repetitive and Stereotyped Patterns of Behavior
- Display of abnormal functioning in social interaction, language, or imaginative play by age 3
- What about Autistic Savants?

Asperger’s Disorder Impaired Social Interactions

- Restricted, repetitive, and stereotyped behavior patterns
- NO impairment in communication

Autistic and Asperger's Disorder

Theoretical Perspectives

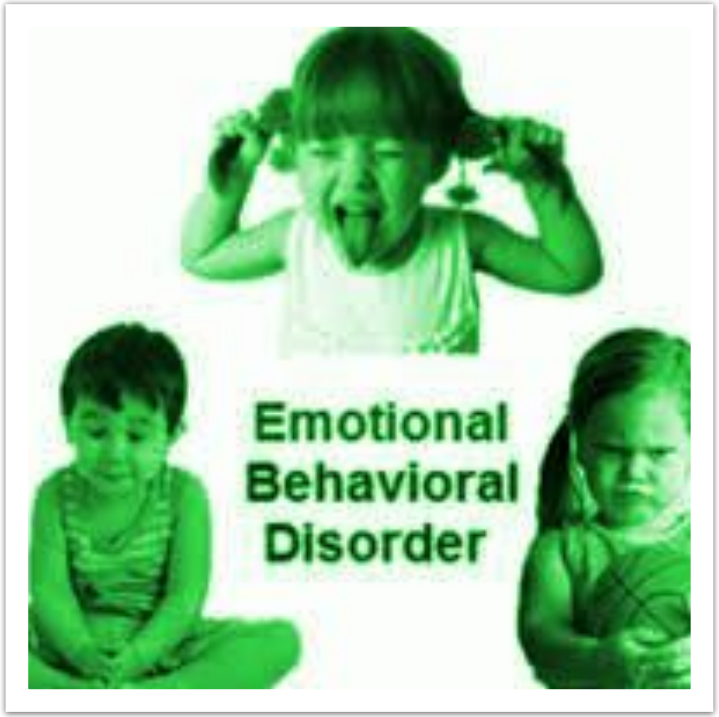
Most likely due to brain abnormalities and/or exposure to toxins prior to birth

Some evidence of genetic link

Treatments

Behavioral Treatments

Social Skills training



WHAT ARE THE TYPES OF BEHAVIORAL DISORDERS?

According to Behavior Disorder.org, behavioral disorders may be broken down into a few types, which include:

Anxiety disorders
Disruptive behavioral disorders
Dissociative disorders
Emotional disorders

OBSESSIVE-COMPULSIVE DISORDER (OCD)

OCD is characterized by fears and irrational thoughts that lead to obsessions, which, in turn, cause compulsions, according to the Mayo Clinic.

If you have OCD, you engage in compulsive, repetitive behavior despite realizing the negative consequences of — or even the unreasonable nature of your actions.

Performing these repetitive acts does nothing more than relieve stress temporarily.

If you or a loved one is experiencing any of these behavioral disorders, it is important to get help as soon as possible, because these conditions can affect quality of life to such a degree that they may lead to self-harm.

SENSORY PROCESSING DISORDER (SPD)

- Children with sensory processing disorder can be disruptive in the classroom because they are unable to keep pace with daily lessons.

- They might walk around or talk at inappropriate times, and their special needs divert the teacher’s attention from the set program.

- Children with this disorder find it difficult to organize and make sense of the sensory information that their brain receives from the world around them.

- Normal activities can seem confusing and overwhelming to them.

I have Sensory Processing Disorder

I don't like to brush my teeth

I can be sensitive to loud sounds

I don't like to brush, wash or cut my hair

I don't like bright lights

I like to smell people and objects sometimes

Some smells really bother me

I don't like tags on my clothes

I am a picky eater

I don't like to wear clothes

I can be clumsy and fall over things sometimes

I enjoy being squeezed, I like pressure

I have poor gross motor skills

I don't want my hands dirty

I have poor fine motor skills

Sometimes I don't like to be touched

I get overstimulated and meltdown

I like wearing the same clothes

I get fearful and anxious sometimes

I lose my balance

I overreact to minor scrapes and cuts

I crave fast spinning

I cling to adults I trust

Poor body awareness

I sometimes walk on my toes

SPDPS

- They often have problems learning and prefer not to play with classmates during recess.

- Behavior problems at school interfere with lessons and disturb other students.

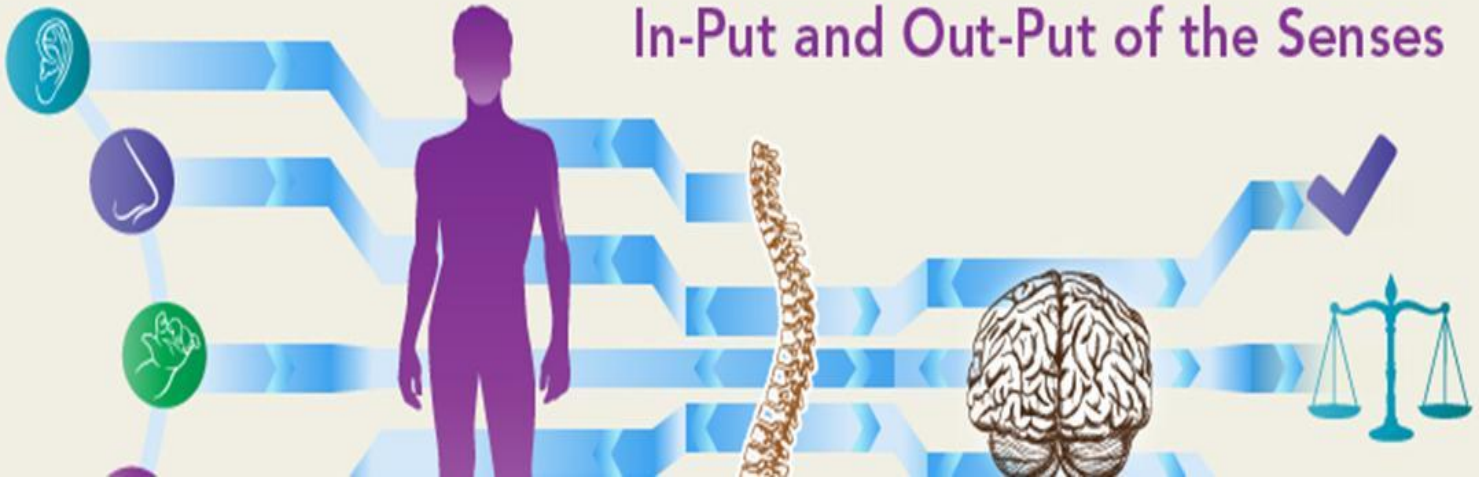
- These problems often overwhelm teachers, particularly novices, and some consider them the most difficult aspect of a teacher’s work day.

- Children who exhibit behavior problems invariably require

What Is SPD

Sensory Integration or **Sensory Processing Disorder** (SPD) is when there is a dysfunction in the way the nervous system receives messages from the senses and turns them into responses. Whether you are eating chicken nuggets, sitting in class listening to the teacher or coloring with a crayon, your successful completion of the activity requires processing sensation or sensory feedback.

In-Put and Out-Put of the Senses



AGGRESSIVE STUDENTS

- Aggressive behavior is a serious problem and is disruptive to a supportive and safe learning environment.
- Physical aggression can be violent, even between young students, and both pupils might get hurt.
- Aggression between students in the classroom or playground disrupts all other activities and negatively affects teachers and other students.
- Apart from the initial disruption, the after-effects of physical fighting remain with sensitive pupils & interfere with their school day.

- Behavior problems at school interfere with lessons and disturb other students.

- These problems often overwhelm teachers, particularly novices, and some consider them the most difficult aspect of a teacher’s work day.

- Children who exhibit behavior problems invariably require extra attention, which places strain on teachers and slows the pace at which lessons are offered and completed.

INAPPROPRIATE LANGUAGE

- Although fairly commonplace in the classroom, inappropriate language does not belong in school and is offensive to many students and teachers.
- Students may use foul language to impress their classmates or to get the attention of their teacher.
- Some students use inappropriate language to express frustration or anger, while others use this type of language because it is normal in their home environment.
- In all cases, teachers should dissuade students from swearing in either the classroom or on the playground.

- Behavior problems at school interfere with lessons and disturb other students.

- These problems often overwhelm teachers, particularly novices, and some consider them the most difficult aspect of a teacher’s work day.

- Children who exhibit behavior problems invariably require extra attention, which places strain on teachers and slows the pace at which lessons are offered and completed.

INATTENTIVE STUDENTS

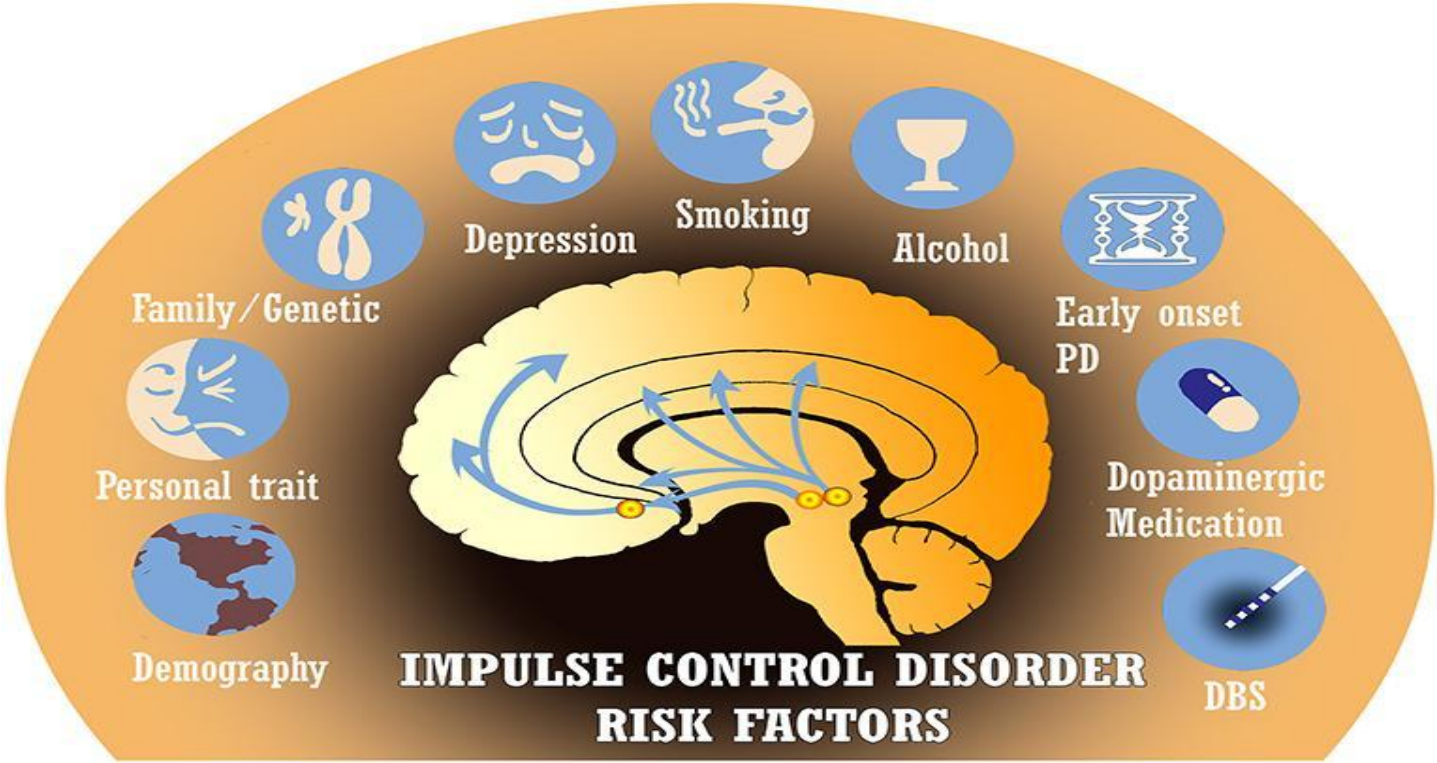
- Inattentive students tend to fall behind their classmates unless appropriate steps are taken.
- In certain cases, students may suffer from attention deficit hyperactivity disorder, which causes them to have difficulty controlling their behavior.
- These students experience difficulty in organizing school work and sustaining attention.
- They struggle with starting projects, and even simple school tasks can overwhelm them.
- These children often require extra attention from teachers, so normal school lessons take longer to complete, and students without learning or other behavior problems become bored and frustrated.

DISRUPTIVE BEHAVIOR

- Students who behave disruptively by bullying other students, talking during lectures or by requiring the teacher to interrupt lessons to discipline them can have a negative effect on an entire classroom.

- Disruptive students can lower the test scores and academic achievement of an entire classroom. Teachers who have disruptive students in their classrooms may have to spend additional time on behavioral management, reducing the time they spend teaching.

IMPULSE CONTROL



- Impulse control can be one of the most significant factors in predicting academic success.
- Students with poor impulse control have more difficulty motivating themselves to study, do homework and listen in class.
- This can decrease their ability to excel academically, even when they perform well on IQ and achievement tests.
- Wang and Aamodt emphasize that rule-setting can play a critical role in helping children develop impulse control.
- Another impulse control technique deals with frustration tolerance which is when children get frustrated with a learning obstacle and lack impulse control in dealing with that frustration point.
- When teachers have to deal with a student that is in the midst of a frustration outburst, the rest of the class is not receiving the teacher's attention.

VIOLENCE

- Violence in children includes a range of behaviors, including threats, bullying, harm to animals, aggression toward others, explosive temper tantrums and armed assault.

- Children who show a pattern of such behavior are often diagnosed with a psychiatric illness known as conduct disorder.

- The causes of violent behavior and of conduct disorder is difficult to pin down.

- According to the American Academy of Child & Adolescent Psychiatry “Numerous research studies have concluded that a complex interaction or combination of factors leads to an increased risk of violent behavior in children and adolescents.”

ONLINE DISENGAGEMENT

- The recent development of online coursework has wrought some unintended consequences in the classroom.

- Behavioral disengagement, such as ceasing to participate in an online classroom activity, can be associated with lower academic performance in both the short- and long-term.

- Disengaged students in online learning environments who "game the system" – or bypass online learning activities by clicking through exercises – tend to have worse academic outcomes than both engaged and off-task students.

Module 5

School Counselling

School counselling

Introduction

A school counselor is a counselor and an educator who works in elementary,middle,and high schools to provide academic,career,and college access, and personal/social competencies to K-12 students.The interventions used include developmental school counseling curriculum lessons and annual planning for every student,as well as group and individual counseling.

Role of school counsellors

School counselors provide a comprehensive school counseling programme that improves,

*student achievement.

*enhance the academic career and personal/social development of all students.

*the comprehensive school counseling programme is delivered through classroom lessons,individual student planning sessions, and individual and group counseling.

*school counselors collaborate with parents,teachers,administrators and other school staff to promote student success.

Roles continue…….

*school counselors provide leadership and advocacy to promote equity access to opportunities and rigorous educational experiences for all students.

*Help students make the transition to different grade levels.

*Help the student explore career options.

Qualifications of school counselors

School counselors are certified or licensed professionals who possess a Master's degree or Higher in school counseling and are uniquely qualified to address the developmental needs of all students.

Professional school counselors

They are required by most public school systems to have taken advanced degree coursework in the following topics,

*Professional school Human growth and development.

*Counseling theory.

*Individual counseling.

*Group counseling.

*Social and cultural foundations.

continue...

*Testing / appraisal.

*Research and programme evaluation.

*Professional orientation.

*Career development.

*Supervised practicum.

*Supervised internship.

Functions of a school counselor

1. The counselor needs to be highly trained and educated for the position.

2. Continuous inservice education is necessary.

3. Career education and curriculum.

4. Effective communication skills.

5. Group counseling procedures.

6. Learners becoming increasingly capable of understanding the self.

7. Evaluation procedures to determine quality in the counseling program.

continue…..

8. Assistance given to actual and potential dropouts.

9. Aid provide to students failing in school.

10. Post-high school information provide to students and

11. Help given to high school dropouts who can work in the direction of completing General Educational development(GED) requirements.

Special skills and problems in school counseling

Skills of a school counselor :-

School counselors often have little time to tend to hundreds or thousands of students, but the impact that they can have makes the profession one of the most rewarding for those willing to pursue it.The important traits are as follows ;

1. **Be a good listener :**

A school counselor should be able to listen to their students, parents,and other faculty members….Firstly they listen to them and ask questions later.If you need clarification on something, always speak up but be sure to add details that let the person know you heard what they said in the first place.

continue…….

2. Be able to access :

Assess a student's successes and shortcomings when it comes to making college choices, where to apply, and helping them to narrow down what can be daunting list of choices.

3. Be an excellent communicator :

Being able to communicate ideas, thoughts, and feelings verbally is a trait that can never go unsung as a school counselor.

4. **Appreciate diversity** :-Students come from all types of families,and helping students learn to accept and embrace their own diversity in a school setting is a critical trait.

continue…...

5.Be friendly :- School counselors must be warm and approachable to their students, and also to parents and faculty members.

6. Be authoritative :- Based on the situation counselor must cross the boundary from friend to professional.

7. Be well rounded :- A school counselor will often have a wide range of interests outside of work, and you never know when one of these interests will resonate with a student and prompt a connection that gets your student to open up to you.

8. Be able to coordinate :- Counselors serve as coordinators for many school programmes and activities.

continue...

9. Have good evaluation skills :-Counselors spend a lot of their time evaluating test scores or administering tests to students.It is the job of their guidance counselor to offer the many shades of grey in between and explore all opportunities available to their students, regardless of test scores.

10. Have a sense of humour :- Being able to see things with a side of laughter is a crucial trait for any school counselor, and goes a long way toward making your days brighter.

Problems in school counselling

1.Mental health issues :-

2. Stress :-

3.Bullying :-

4.Suicide :-

5.Gender issues :-

6.Inequity :-

7. Immigration.

8) planning.

9)Balance.

10)Burnout.

Exceptional students

An exceptional student is one who *deviates from the normal child* in mental, physical, emotional and social characteristics to an extent that he requires special educational services. He may far above or extremely below from the average

Counselling to Exceptional Children

There are several cases of counselling which required a trained and experienced counsellor to the following types of problems of the students:

1. The Physically Handicapped, Sickly and Sensory Defective Child
2. The Gifted Child
3. The Scholastically Handicapped Child
4. The Shy or Isolated Child
5. The ‘Inferior’ Child
6. The Poverty-Stricken Child
7. Children with Unfavourable Parent and Child Relationships
8. Classroom Maladjusted child

What is Special Education Counseling?

Special education counseling is a specialization of school counseling that is concerned with the success of special needs students. The essential purpose of special education counseling is to ensure that special needs students and their families have access to the appropriate supports and interventions in order to facilitate improved achievement in a school environment

Why special education counselling?

- to achieve their highest potential in the areas of academics, personal and social growth, and career development.
- by working with students with social, emotional, behavioral, and physical disabilities in a variety of settings
- including in one-on-one counseling, group counseling, in special education classrooms, as well as in regular education classrooms.

The American School Counselor Association (ASCA) provides the *top five activities* performed by school counselors for special-needs students:

1. Providing individual counseling
2. Meeting with administrators about programs and services
3. Using problem solving and conflict resolution with special-needs students when appropriate
4. Scheduling classes and programs
5. Offering career preparation and education.

Roles and responsibilities for school counselors regarding special-needs students.

- to ensure they receive every service possible on their road to success directly and indirectly.
- raise awareness among teachers and staff so they understand students' disabilities and can better educate them
- find appropriate professional development programs in which teachers can learn skills and techniques in lesson planning and instruction for these students.

DELINQUENCY AMONG STUDENTS

DEFINITION

Delinquency may be defined as anti-social behaviour (Hadfield's definition}

THE CHILDREN ACT 1960 defines

“Delinquent as a child who has committed an offence”

Delinquency is not merely “juvenile crime”

Includes all deviations from normal youthful behaviour.

Types of delinquency

There are two types of delinquencies.

Overt and Covert Delinquency.

Overt Delinquency refers to violent offences such as attacking someone with or without a weapon, threatening, murder, and rape.

Covert Delinquency refers to non-aggressive acts such as shoplifting; pick pocketing, arson, vandalism and selling drugs.

Overt aggressive and more serious offences are more common in early delinquents. They are characterized by problems more from their childhood.

Causes of Delinquency

Biological causes

Social causes

Other causes

Biological causes

Hereditary Defects

- Feeble Mindedness
- Physical Defects

Glandular Imbalance

Social causes

Broken Family

eg: death of parents, separation of parents, step mother, disturbed home conditions

Poverty

Peer pressure

Physical abuse at home

Other causes

Absence of recreation

Cinemas and television

Urbanisation and Industrialisation

Slum dwelling

Substance abuse

Modern way of Life

Preventive measures

In general the office of juvenile justice and delinquency prevention reccommends following types of school and community programs be employed.

- Classroom and behavior management programs
- Social competence curriculum
- Conflict resolution and violation prevention curriculums
- Bullying prevention programs

- After school recreation programs
- Mentoring programs
- Comprehensive community interventions
- School organisation programs

What Family can do

Well adjusted family

Meet needs of children

Get training to know the childs behaviour

Teach child to live in reality

Create recreational trips, family get togethers

Role of Heads and Teachers in school counselling programmes

Ethical role of Principal

The head is expected to develop a faith in the worth whileness in the couselling programme. This requires a time-bound drawing up of plan of guidance service, keeping in view the conditions and resources available in the school.

Administrative role of principal

Understanding; He helps the members of the staff concentrate their attention on the problems, needs and characteristics of the students.

Facilities; He arranges for the facilities and the teaching schedule of the counselor and the non-teaching duties of the counselor so that adequate time, space and acceptance are provided to him.

Leadership; He has the responsibility for providing constructive leadership in developing better guidance service.

Appointments; He recommends to the authorities the employing of competent counselor.

Specific tasks; He assigns specific tasks to the members of the faculty regarding guidance programme.

Shared responsibility; He has the responsibility of helping the members of the staff, to understand the importance of the ‘shared responsibility’ for pupil growth.

In-service training; He arranges in-service training facilities to the teachers and cousellors to acquire greater skill and security.

Organising counselling

Committee role of principal

Providing funds for the session

Infrastructure facilities organised

Organising the committees of Staff and Students

Recruiting the counsellors

Analyse whether the programme is effective

Role of Teacher

*understanding the child.

*Developing the personality of the child.

*Providing occupational information

*Providing health and social guidance.

*He should not be rigid in his method of approach. He should approach the problem from various angles and should be willing to change the method if he finds appropriate to do so.

*He should have patience. He should listen patiently to what the students says. Patient hearing will create confidence in the student.

*He should give due credit and recommendation for the work done by the pupils.

*He should show equanimity when mistakes are made by the students. He should not show surprise at any behavior.

*He should have adequate up-to-date knowledge of educational and vocational areas.

2 Marks Questions

1. Define Delinquency?
2. Mention any two causes of delinquency?
3. Define school counselling ?
4. What is special education counselling?

5 Marks Questions

1. What are the role of family society and school while dealing with delinquent child?

2. What are the basic skills required for a good counselor ?

3.What are the problems in school counseling ?

4. What are the roles and responsibilities of a special education counselor?

15 Marks Questions

1 . Define school counseling ? Discuss the role and functions of school counselors?

2.Define special education counselling. What are the roles and responsibilities of a special education counselor?