Study of association between pre-test knowledge and selected demographic variables of Primary School Teachers regarding selected emotional and behavioural disorders of children.

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Abstract— *The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family—playing, singing, reading, and talking—are very important. Proper nutrition, exercise, and sleep also can make a big difference.*

Children's emotional and behavioural disorders are disorders that affect not only children's behaviour, emotions, moods, or thoughts, but can also affect the entire family as well. The established pattern of emotional or behavioral responses might adversely affect educational or developmental performance including intrapersonal, academic, vocational or social skills.

Keywords— children early age growth, children behavior, health care of children.

I. INTRODUCTION

Children are the real wealth of the nation. They are the builders of India and tomorrow provided their mind and intellect are harnessed in proper channels, they could prove to be worthy custodian of the big heritage (**Singhal P.K.,1991).**

The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family—playing, singing, reading, and talking—are very important. Proper nutrition, exercise, and sleep also can make a big difference.

In fact, a child's difficulty can be just the starting point for teachers worry and concern. Primary School Teachers might not know what to do to help their child or where to go for a help. Possibly, Primary School Teachers may worry because they don't even know if their child's problem is something they should be concerned about in the first place.

Childhood emotional and behavioral disorders should be assessed to help worried Primary School Teachers to better understand various ways that mental illness can affect children; what it looks like and how it can be helped.

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II. EMOTIONAL AND BEHAVIOR DISORDERS (EBD)

Emotional and Behavioral Disorders (EBD) are typically referred to when a child is experiencing emotional Disorders having behavioral issues. Emotional and Behavior Disorders, is also referred to as Emotional and Behavioral Disorders, Behavioral and Emotional Disorders, Mental and Behavioral Disorders, and Emotional Behavioral Disability, also abbreviated EBD. These terms are most often used in education and in reference to children. It is a category that is not precisely defined and about which specialists disagree. In the criteria for special education for children aged 3 to 12 years, "emotional disturbance" is one of the eligible disabilities.

Emotional and Behavioral Disorder (EBD) refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted age appropriate, ethnic or cultural norms that it adversely affects performance in such areas as self care, social relationships, personal adjustment, academic progress and classroom behavior or work adjustment **(Forness & Knitzer.,1992)**[7].

Federal government has defined the term emotionally disturbed. It is "a condition exhibiting one or more of the following characteristics over a long period of time and to a marked extent, which adversely affects educational performance:

- Inability to learn that cannot be explained by intellectual, sensory, or health factors
- Inability to build or maintain relationships with teachers and peers
- Inappropriate types of behaviors or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school Disorders (Hallahan, 2009)

There is no heading "Emotional and Behavior Disorders" in the DSM-IVR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revised), but there are a number of diagnoses in each that may often be considered to fit the Emotional and Behavior Disorders category. The International Classification of Diseases (currently ICD-10), on the other hand, has a section (F90-F98) called “Emotional and Behavioural Disorders” with onset usually occurring in childhood and adolescence."

2.1 EBD and ICD

Section F90-F98 of the ICD-10, which has the title mentioned above tying it to our topic, contains seven categories of disorders. Here they are, with clarifying examples of the subtopics:

- Hyperkinetic disorders, including Attention-deficit hyperactivity disorder (ADHD)
- Conduct disorders, including those confined to the family, those not so confined, and Oppositional Defiant Disorder (ODD)
- Mixed disorders of conduct and emotions, including Depressive Conduct Disorder
- Emotional disorders with onset specific to childhood, including separation anxiety disorder, sibling rivalry disorder, and social anxiety disorder
- Disorders of social functioning with onset specific to childhood and adolescence, including elective or selective mutism
- Tic disorders, including Tourette's Disorder
- Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence, including stuttering, pica, cluttering, thumb-sucking, and Attention Deficit Disorder without hyperactivity (ADD).

2.2 EBD and DSM-IVR

The DSM-IVR has a different organizational system for the most closely corresponding section, which it calls "Disorders usually first diagnosed in infancy, childhood, or adolescence." First, it includes learning disabilities that are clearly not emotional or behavioral disorders or disabilities, like autism and mental retardation. In addition, EBD disorders are not sorted out from other disabilities and placed in separate categories, as you will see in this summary of the seven categories that contain EBD disorders:

- Communication disorders including not only stuttering, but also expressive language disorder (which the ICD categorizes as a disorder of psychological development)
- Attention-deficit and disruptive behavior disorders, including ADHD, Conduct Disorder, and Oppositional Defiant Disorder (ODD)
- Feeding and eating disorders of infancy or early childhood, including pica
- Tic disorders, including Tourette's Disorder
- Elimination disorders
- Other disorders of infancy, childhood, or adolescence, including separation anxiety disorder and selective Mutism.

2.3 Causes of EBD

The common causes of emotional behavior disorder tend to be biological disorders and diseases, which are usually caused by genetics, neurological, or biochemical factors, pathological family relationships, undesirable experiences at school, and negative cultural influences, like televised violence, terrorism, and drug and alcohol abuse.

2.4 Characteristics of EBD

E.B.D. can be classified by two broad categories: externalizing and internalizing behaviors. Externalizing behaviors are observable outwardly behaviors, such as hitting and yelling. These behaviors are usually negatively directed towards others. Alternatively, internalizing behaviors are the internal mental or emotional Disorders. Some indicators of internal Disorders are depression, anxiety, withdrawal, and fearfulness. Most E.B.D. children have an I.Q. that usually fall in the slow to mid intellectual range. Every few score fall in the above normal range.

2.5 Types of E.B.D

2.5.1 Attention Deficit Disorder (ADD)

Attention Deficit Disorder, abbreviated ADD, is a term that was formerly quite common. However, the disorder that it refers to has been reconceived as a subcategory of Attention-Deficit/Hyperactivity Disorder, abbreviated ADD.

The slash in the name *Attention-Deficit/Hyperactivity Disorder* is meant to convey that there are multiple types, either more characterized by the loss of attention or characterized by hyperactivity. One reason that people may be continuing to use the ADD tag is that without the slash, Attention-Deficit Hyperactivity Disorder makes it seem that hyperactivity is a central and essential component. So the use of the slash is important in showing a proper understanding of the disorder, acknowledging that hyperactivity is not a symptom of all of the manifestations.

Attention Deficit/Hyperactivity Disorder is now conceived of as comprising at least three distinguishable types referred to in the DSM-IV TR (*Diagnostic and Statistics Manual of Mental Disorders*, 4th Edition, Text Revision). They are:

- Combined subtype
- Predominantly hyperactive-impulsive subtype
- Predominantly inattentive subtype
- Attention-Deficit Hyperactivity Disorder NOS (Not Otherwise Specified)

To understand where ADD fits it, it is important to know that AD/HD has three key classes of symptoms: symptoms of inattention; symptoms of hyperactivity; and symptoms of impulsivity.

The combined subtype is the diagnosis given to people who have symptoms that fit into all three categories: hyperactive, impulsive, and inattentive. The predominantly hyperactive-impulsive subtype is the diagnosis given to people who have symptoms that fit in the hyperactivity and impulsivity categories. And the predominantly inattentive subtype is the diagnosis given to people who used to be diagnosed as having Attention Deficit Disorder, and they only exhibit symptoms in the area of inattention,

2.5.2 ADD Symptoms

Diagnosis of ADD can only be made by a health care professional, but it can be useful to have an idea of the symptoms in order to help tell whether behavior is developmentally appropriate or not. To diagnose ADD, a person must exhibit six of a set of 9 inattention symptoms for at least six months, and to an extent that is not developmentally appropriate and to a degree that functioning is impaired. The symptoms are (in paraphrased version):

1. Frequently fails to pay close attention to details or makes careless mistakes.
2. Frequently has trouble maintaining attention, whether doing tasks or playing.
3. Frequently seems not to listen when being directly addressed in speech.
4. Frequently fails to follow through, whether in completing schoolwork, finishing chores, or working, but not due to an attitude of defiance or a lack of understanding of what was required.
5. Frequently has trouble organizing undertakings.

6. When faced with tasks that require ongoing mental effort, either avoids them or shows dislike for them.
7. Frequently loses important items necessary to carry out assignments, tasks, etc.
8. Frequently is easily distracted.
9. Frequently forgetful in activities that occur every day.

III. ANXIETY DISORDER

Anxiety is one of the most common mental health concerns for children and adults, affecting upwards of 20% of children and adolescents over the lifespan. Anxious youth are often quiet and well behaved, and thus frequently go unnoticed by their parents, teachers, and coaches. Alternatively others can be disruptive and act out, being labeled as having attention deficit disorder or being a "bad" kid. Both scenarios result in youth failing to receive the help they desperately need. Sadly, untreated anxiety can lead to depression, missed opportunities in career and relationships, increased substance use, and a decreased quality of life.

Parents often say that from a very young age, they knew there was something different about their child, but did not immediately recognize it as an anxiety problem. Some waited for their child to "grow out of it", never expecting their child to become even more debilitated over time. Other parents viewed the anxious behaviours as normal as, they, too behaved in a similar way. As a result, parents of anxious children and teens are often confused about what to do, as well as frustrated, and overwhelmed.

those children who experience a specific list of anxious symptoms, more frequently and intensely than peers, are more likely to also experience significant disruption in their lives. This disruption can interrupt or even stop him or her from participating in a variety of typical childhood experiences such as:

- Attending school
- Joining social, athletic or recreational clubs
- Meeting age expected demands such as sleeping through the night, doing homework, and making friends.

It is normal to feel fearful, apprehensive, and/or anxious when facing particularly challenging, dangerous, or stressful situations. Groups of disorders referred to as anxiety disorders, and other disorders with anxiety in their name refer to conditions in which people feel fearful, apprehensive, physically tense, and/or anxious in a way that is out of proportion to what they are dealing with or in a way that is not helpful in coping with danger and stress, but disabling. Symptoms may include sweating, elevated blood pressure, palpitations, and headaches. The anxiety that is experienced may be continuous or occur in episodes, sometimes only upon the presence of some stimulus or some other onset trigger. in panic disorders, there may also be hyperventilation. Anxiety disorders cause extreme fear and worry, and changes in a child's behavior, sleep, eating, or mood.

Different anxiety disorders can affect kids and teens. They include:

3.1 Generalized anxiety disorder (GAD)

GAD causes kids to worry almost every day and over lots of things. Kids with GAD worry over things that most kids worry about, like homework, tests, or making mistakes.

3.2 Separation anxiety disorder (SAD)

It's normal for babies and very young kids to feel anxious the first times they are apart from their parent. When kids don't outgrow the fear of being apart from a parent, it's called separation anxiety disorder. Even as they get older, kids with SAD feel very anxious about being away from their parent or away from home.

3.3 Social phobia (social anxiety disorder)

With social phobia, kids to feel too afraid of what others will think or say. They are always afraid they might do or say something embarrassing. They worry they might sound or look weird. They don't like to be the center of attention. They don't want others to notice them, so they might avoid raising their hand in class. If they get called on in class, they may freeze or panic and can't answer. With social phobia, a class presentation or a group activity with classmates can cause extreme fear.

3.4 Selective Mutism (SM)

This extreme form of social phobia causes kids to be so afraid they don't talk. Kids and teens with SM *can* talk. And they do talk at home or with their closest people. But they refuse to talk at all at school, with friends, or in other places where they have this fear.

3.5 Specific phobia

It's normal for young kids to feel scared of the dark, monsters, big animals, or loud noises like thunder or fireworks. Most of the time, when kids feel afraid, adults can help them feel safe and calm again. But a phobia is a more intense, more extreme, and longer lasting fear of a specific thing. With a phobia, a child dreads the thing they fear and tries to avoid it. If they are near what they fear, they feel terrified and are hard to comfort.

3.5.1 Signs & Symptoms of Anxiety

A parent or teacher may see signs that a child or teen is anxious. For example, a kid might cling, miss school, or cry. They might act scared or upset, or refuse to talk or do things. Kids and teens with anxiety also feel symptoms that others can't see. It can make them feel afraid, worried, or nervous. It can affect their body too. They might feel shaky, jittery, or short of breath. They may feel "butterflies" in their stomach, a hot face, clammy hands, dry mouth, or a racing heart.

3.5.2 Causes of Anxiety Disorders

Several things play a role in causing the overactive "fight or flight" that happens with anxiety disorders. They include:

- **Genetics.** A child who has a family member with an anxiety disorder is more likely to have one too. Kids may inherit genes that make them prone to anxiety.
- **Brain chemistry.** Genes help direct the way brain chemicals (called neurotransmitters) work. If specific brain chemicals are in short supply, or not working well, it can cause anxiety.
- **Life situations.** Things that happen in a child's life can be stressful and difficult to cope with. Loss, serious illness, death of a loved one, violence, or abuse can lead some kids to become anxious.
- **Learned behaviors.** Growing up in a family where others are fearful or anxious also can "teach" a child to be afraid too.

3.5.3 Diagnosis of Anxiety Disorders

Anxiety disorders can be diagnosed by a trained therapist. They talk with you and your child, ask questions, and listen carefully. They'll ask how and when the child's anxiety and fears happen most. That helps them diagnose the specific anxiety disorder the child has. A child or teen with symptoms of anxiety should also have a regular health checkup. This helps make sure no other health problem is causing the symptoms.

3.5.4 Treatment of Anxiety Disorders

Most often, anxiety disorders are treated with **cognitive behavioral therapy (CBT)**. This is a type of talk therapy that helps families, kids, and teens learn to manage worry, fear, and anxiety. CBT teaches kids that what they think and do affects how they feel. In CBT, kids learn that when they avoid what they fear, the fear stays strong. They learn that when they face a fear, the fear gets weak and goes away. The types of treatment used vary with the specific type of anxiety disorder involved. In general, psychotherapy, including cognitive-behavioral therapy (CBT) and interpersonal therapy, as well as medications, including antidepressants are used as many as 60 percent of people with an anxiety disorder are also depressed, often in combination. When substance abuse is the cause of the anxiety, treatment for the abuse or addiction that leads to anxiety is, obviously, a key element of the treatment.

3.5.5 In CBT

- Parents learn how to best respond when a child is anxious. They learn how to help kids face fears.
- Kids learn coping skills so they can face fear and worry less.

  The therapist helps kids practice, and gives support and praise as they try. Over time, kids learn to face fears and feel better. They learn to get used to situations they're afraid of. They feel proud of what they've learned. And without so many worries, they can focus on other things — like school, activities, and fun. Sometimes, medicines are also used to help treat anxiety.

If your child has an anxiety disorder, here are some ways you can help:

- Find a trained therapist and take your child to all the therapy appointments.
- Talk often with the therapist, and ask how you can best help your child.
- Help your child face fears. Ask the therapist how you can help your child practice at home. Praise your child for efforts to cope with fears and worry.
- Help kids talk about feelings. Listen, and let them know you understand, love, and accept them. A caring relationship with you helps your child build inner strengths.
- Encourage your child to take small steps forward. Don't let your child give up or avoid what they're afraid of. Help them take small positive steps forward.
- Be patient. It takes a while for therapy to work and for kids to feel better.

IV. CONDUCT DISORDER

Conduct disorder is a serious behavioral and emotional disorder that can occur in children and teens. A child with this disorder may display a pattern of disruptive and violent behavior and have problems following rules.

It is not uncommon for children and teens to have behavior-related problems at some time during their development. However, the behavior is considered to be a conduct disorder when it is long-lasting and when it violates the rights of others, goes against accepted norms of behavior and disrupts the child's or family's everyday life.

4.1 Causes of Conduct Disorder

The exact cause of conduct disorder is not known, but it is believed that a combination of biological, genetic, environmental, psychological, and social factors play a role.

- **Biological:** Some studies suggest that defects or injuries to certain areas of the brain can lead to behavior disorders. Conduct disorder has been linked to particular brain regions involved in regulating behavior, impulse control, and emotion. Conduct disorder symptoms may occur if nerve cell circuits along these brain regions do not work properly. Further, many children and teens with conduct disorder also have other mental illnesses, such as attention-deficit/hyperactivity disorder (ADHD), learning disorders, depression, substance abuse, or an anxiety disorder, which may contribute to the symptoms of conduct disorder.
- **Genetics:** Many children and teens with conduct disorder have close family members with mental illnesses, including mood disorders, anxiety disorders, substance use disorders and personality disorders. This suggests that a vulnerability to conduct disorder may be at least partially inherited.
- **Environmental:** Factors such as a dysfunctional family life, childhood abuse, traumatic experiences, a family history of substance abuse, and inconsistent discipline by parents may contribute to the development of conduct disorder.
- **Psychological**: Some experts believe that conduct disorders can reflect problems with moral awareness (notably, lack of guilt and remorse) and deficits in cognitive processing.
- **Social:** Low socioeconomic status and not being accepted by their peers appear to be risk factors for the development of conduct disorder.

4.2 Symptoms of Conduct Disorder

Symptoms of conduct disorder vary depending on the age of the child and whether the disorder is mild, moderate, or severe. In general, symptoms of conduct disorder fall into four general categories:

- **Aggressive behavior:** These are behaviors that threaten or cause physical harm and may include fighting, bullying, being cruel to others or animals, using weapons, and forcing another into sexual activity.
- **Destructive behavior:** This involves intentional destruction of property such as arson (deliberate fire-setting) and vandalism (harming another person's property).

- **Deceitful behavior:** This may include repeated lying, shoplifting, or breaking into homes or cars in order to steal.
- **Violation of rules:** This involves going against accepted rules of society or engaging in behavior that is not appropriate for the person's age. These behaviors may include running away, skipping school, playing pranks, or being sexually active at a very young age.

In addition, many children with conduct disorder are irritable, have low self-esteem, and tend to throw frequent temper tantrums. Some may abuse drugs and alcohol. Children with conduct disorder often are unable to appreciate how their behavior can hurt others and generally have little guilt or remorse about hurting others.

4.3 Prevalence of Conduct Disorder

It is estimated that 2%-16% of children in the U.S. have conduct disorder. It is more common in boys than in girls and most often occurs in late childhood or the early teen years.

4.4 Diagnosis of Conduct Disorder

As with adults, mental illnesses in children are diagnosed based on signs and symptoms that suggest a particular problem. If symptoms of conduct disorder are present, the doctor may begin an evaluation by performing complete medical and psychiatric histories. A physical exam and laboratory tests (for example, neuroimaging studies, blood tests) may be appropriate if there is concern that a physical illness might be causing the symptoms. The doctor will also look for signs of other disorders that often occur along with conduct disorder, such as ADHD and depression.

If the doctor cannot find a physical cause for the symptoms, he or she will likely refer the child to a child and adolescent psychiatrist or psychologist, mental health professionals who are specially trained to diagnose and treat mental illnesses in children and teens. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a child for a mental disorder. The doctor bases his or her diagnosis on reports of the child's symptoms and his or her observation of the child's attitudes and behavior. The doctor will often rely on reports from the child's parents, teachers, and other adults because children may withhold information or otherwise have trouble explaining their problems or understanding their symptoms.

4.5 Treatment of Conduct Disorder

Treatment for conduct disorder is based on many factors, including the child's age, the severity of symptoms, as well as the child's ability to participate in and tolerate specific therapies. Treatment usually consists of a combination of the following:

- **Psychotherapy:** Psychotherapy (a type of counseling) is aimed at helping the child learn to express and control anger in more appropriate ways. A type of therapy called cognitive-behavioral therapy aims to reshape the child's thinking (cognition) to improve problem solving skills, anger management, moral reasoning skills, and impulse control. Family therapy may be used to help improve family interactions and communication among family members. A specialized therapy technique called parent management training (PMT) teaches parents ways to positively alter their child's behavior in the home.
- **Medication** : Although there is no medication formally approved to treat conduct disorder, various drugs may be used (off label) to treat some of its distressing symptoms (impulsivity, aggression), as well as any other mental illnesses that may be present, such as ADHD or major depression.

4.6 Outlook for Children with Conduct Disorder

If your child is displaying symptoms of conduct disorder, it is very important that you seek help from a qualified doctor. A child or teen with conduct disorder is at risk for developing other mental disorders as an adult if left untreated. These include antisocial and other personality disorders, mood or anxiety disorders, and substance use disorders.

Children with conduct disorder are also at risk for school-related problems, such as failing or dropping out, substance abuse, legal problems, injuries to self or others due to violent behavior, sexually transmitted diseases, and suicide. Treatment outcomes can vary greatly, but early intervention may help to reduce the risk for incarcerations, mood disorders, and the development of other comorbidities such as substance abuse.

4.7 Prevention of Conduct Disorder

Although it may not be possible to prevent conduct disorder, recognizing and acting on symptoms when they appear can minimize distress to the child and family, and prevent many of the problems associated with the condition. In addition,

providing a nurturing, supportive, and consistent home environment with a balance of love and discipline may help reduce symptoms and prevent episodes of disturbing behavior.

V. CONCLUSION

The main aim of the study was to evaluate the knowledge regarding the selected Emotional and Behavioral Disorder of children among their Primary School Teachers. 158 Primary School Teachers were selected by convenient sampling techniques. A Plan Teaching Programme was made which included all information about selected Emotional and Behavioral Disorder of children. This helped the Primary School Teachers to gain more knowledge about identifying and management of Emotional and Behavioral Disorder of children.

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