



Is the Child's Behavior Normal?

Guidelines for Behavioral Screening

Norms for Good Behavior

Good behavior is very difficult to define in a precise manner. Right and wrong sometimes depends on the social, cultural and religious background of the child and the family. It is very common for the father to have a set of norms for “good” behavior which is quite different from that of the mother. Many disputes and quarrels in the family take place due to these differences in

norms. Parents need to sit together and sort out these differences before a common set of norms can be developed for the family.

Whether a behavior is good or bad also depends on the situation. For example, shouting and playing around is considered “good” behavior on a football ground: but the same would be considered “bad” behavior in a supermarket or a school auditorium. Dating may be considered a “good” behavior for an adolescent girl in Europe or America, but it may be considered a “bad” behavior by traditional families in India. Therefore social and cultural norms are to be kept in mind while assessing the behavior of children.

How to Detect Behavior Disorders in Children?

The generally accepted method for identifying behavioral problems in a group of children is “screening”. A number of screening tests are now available for the use of teachers and parents. But since parents are not used to such tests, a more practical method that I would suggest is to screen your child periodically through systematic observation of his/ her behavior. Although we see our children every day we hardly ever engage in such a systematic effort with the intention of detecting any changes in behavior or anything that is outside the normal limits. Observe the child at study, at play, while talking to his/her friends, while eating, while sitting alone, while drawing or painting etc. Keep a diary to note down your observations such as date, time, frequency, duration, intensity etc. By this method a lot of valuable information can help you do a behavioral screening at home.

Please note:

The Behavior Modification method alone may not be adequate for treating some of the symptoms listed above. More comprehensive psychiatric treatment including medications may be necessary in some cases.

Since it is not necessary nor practical to get expert opinion every time we have some doubts regarding the normality of



certain behavior, I will enlist some major criteria that parents and teachers may use for assessment of child behavior. These tests have been adapted by me, with appropriate additions and modifications, from the criteria developed by British psychologist Rutter (1975). We will call them Screening Tests for Identifying Behavioral Disorders.

TEST 1: Is this behavior OK for his/her age?

Some behaviors are quite normal for certain ages but not normal for another age level. For example, bed-wetting may be considered passable until age 4 or 5, at age 10 or 11 it is definitely not normal. Similarly, separation-anxiety (disturbance when being away from the mother) is normal and healthy for an infant, but unacceptable for an adolescent.

TEST 2: Is the behavior normal for a boy/girl?

Some behaviors may be normal for boys and not normal for girls and vice versa. But in most traits there is quite a lot of overlap.

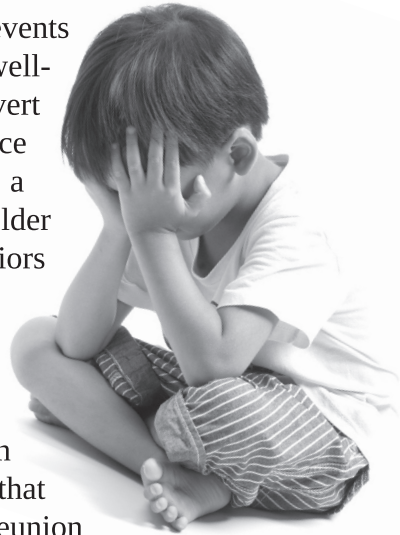
To decide sex appropriateness ask the following question; “Is the child’s social functioning affected or impaired by the presence of opposite sex traits?” If the answer is yes, then there is reason to classify it as NOT normal.

TEST 3: Does this behavior continue over a long period?

If a certain odd behavior like fear, a temper tantrum, or aggressiveness is observed, ask yourself whether such a behavior persists over a long period (several days or weeks). It is important to use this test because often the behavior may be due to a passing phase or some factor in the child’s environment which stimulates or maintains it. If the behavior persists on repeated observations, there is cause for concern.

TEST 4: Is this behavior due to some recent life events affecting the child?

Occasionally unusual behaviors manifest themselves as a result of certain life events to which the child is exposed. Some well-behaved and mature children may revert to immature behavior due to the influence of such life events. For example, when a new baby brother or sister is born, the older child may suddenly develop odd behaviors like thumb sucking, wanting a bottle or becoming more demanding and attention-seeking. Starting in a new school is a similar life-event which can be perturbing to the child. Separation from one or both parents are life events that frequently affect the children. Similarly, reunion with the biological parents after a long period of separation and foster-care is also a stressful life-event for the child. Parents need to be especially sensitive to such life-events so that they can understand and assess the children more accurately.



TEST 5: Is this behavior normal and acceptable for our culture, although not normal for another culture?

This is a test that is more relevant for teachers of multi-ethnic classes. In this case the parents' social and cultural identity is considered in the assessment. Before the teacher makes any conclusions about the child's behavior, he/she needs to ask the following question: "Is this behavior more or less normal in the child's culture and social setting, as opposed to not acceptable in my (the teacher's) cultural/social setting"? If the teacher cannot readily find an answer, more information has to be gathered before the assessment can be complete.

TEST 6: Does the child show any other behaviors that are not normal?

Is the present behavior the only symptom you notice? Or are there other signs and symptoms accompanying this behavior? What other behavioral problems have you noticed? If you notice several behavioral disturbances simultaneously in the child, there is more reason for concern.



TEST 7: How serious is the symptom or behavioral problem?

Common deviations like nail-biting or being shy have less significance than serious symptoms like total withdrawal from friends, not being able to stand before a group of people, or excessive crying spells. An untrained teacher/ parent, may find it difficult to use this criterion and judge the severity of the symptom. In case you have any doubts about a behavior or symptom, do not hesitate to call an expert.

TEST 8: Does this behavioral problem affect the child’s normal functioning within society?

How severe is the disturbance? Does it affect the child’s personal or social functioning? For example, is the child’s hyperactivity so severe that he is not able to attend class or stay put for one hour though a lecture. Is the child so frightened of closed spaces that he/she cannot go to the toilet without anyone accompanying him/ her ? These questions will help the parents make a better assessment of the problem.

TEST 9: Has there been a big change in the child’s behavior recently?

Does the present behavior indicate a marked or sudden deviation from the usual behavior of the child? For example, if a child who has been quite happy and sociable suddenly begins to show social withdrawal and sadness, this is not normal for that child. But before making a decision, apply the criteria of persistence, life-events, etc.

TEST 10: Is the problem behavior present only in certain specific situations?

Does this behavior occur only in certain situations or in the presence of certain persons? For example, does the child manifest temper tantrums only when the mother is present. Or is it the same in the presence of anyone else? Does the child become aggressive only in school or only at home? The answers to these questions will shed more light on the dynamics of the behavior itself. If the behavior is manifest in all settings, a more fundamental abnormality may be suspected.

These are some general guidelines for parents and teachers to differentiate normal behavior from “problematic” behavior. I have developed the following questionnaire to help you with diagnostic assessment:

Box (half tone)

The child has a strong, uncontrolled fear of some object, animal, person or situation



Behavioral Screening for assessing the Child's Mental Health Status (© Dr George Kaliaden)

- ✓ Check () the items that are true of the child; leave the items that are not true or not applicable.
- 1 The child frequently disturbs the class; he/she is defiant
- 2 The child is frequently defiant towards parents or teachers
- 3 The child has a specific academic problem that cannot be resolved
- 4 The child has a habit of biting his/her finger-nails
- 5 The child is often angry and resentful
- 6 The child overeats (uncontrolled eating behavior), or eats too little
- 7 The child is too shy; he/she avoids interacting with people unless he/she is sure of being loved by them
- 8 The child has repeated headache, stomach ache, vomiting etc. that cannot be explained by medical experts
- 9 The child shows excessive fear (even nightmares) about being separated from his/her parents

- 10 The child/ adolescent has run away from home overnight more than once
- 11 The child repeats certain activities in a rigid manner, like a ritual
- 12 The child is too religious or moralistic for his/her age
- 13 The adolescent has expressed the intention of or has attempted suicide at least once
- 14 The child behaves with contempt or revenge toward people
- 16 The child is easily frightened and is generally afraid of things
- 17..... The child has difficulty waiting for his/her turn in games or group situations
- 18 The child is always in a dream world: is unable to concentrate on his/her studies
- 19 The child tells lies frequently to avoid punishment
- 20 The child has a speech problem; for example stammering
- 21 The child/adolescent has stolen things more than once
- 22 The child has no close friends or confidants except his/her own relatives
- 23 The child has a twitch of the face or body that is easily noticeable
- 24 The child's sleeping pattern has recently changed quite a lot; sleeps too less or much more than before
- 25 The child often shifts from one incomplete activity to another
- 26 The child is frequently aggressive towards other children
- 27 The child is very restless in class or at home; cannot sit quietly for even small periods of time

- 28 The child remains sad or moody; often cries or becomes depressed
- 29 The child worries too much; is too tense most of the time
- 30 The child has a highly illogical thought pattern, talks without sequence or connection
- 31 The child actively defies authority and opposes rules
- 32 The child has a strong, uncontrolled fear of some object, animal, person or situation
- 33 The child remains socially withdrawn; likes to go into his/her own “shell”
- 34 The child avoids family guests and familiar people; is afraid to talk to them
- 35 The child is extremely happy and elated at times, but becomes sad and depressed in a few minutes.

Instructions on scoring and interpretation:

Note: Only a trained and experienced mental health professional can make an accurate diagnosis of psychological disorders. Therefore, if you have access to a trained clinical psychologist/psychiatrist or counselor you may show this (marked) answer sheet to seek help /clinical advice. If you do not have access to any mental health professional you may use the following rule of thumb for scoring /interpretation.

1. After filling out the Behavioral Screening Questionnaire, find out the total number of items that are true of your child.
2. If you have marked any one of the “Red Alert” numbers 8, 10, 11, 13, 23, 30 or 35, you certainly need to seek professional advice immediately.
3. For other items, if three or less items are true of your child, you may begin the Behavior Modification process now and review the extent of change after 3 or 4 months.

4. If four or more items are marked true, you may need to seek professional (diagnostic) help before applying the Behavior Modification techniques presented in this book.

Problems that can be subjected to the Behavior Modification (BM) approach are primarily behaviors which have some type of learning history. These are behaviors that have developed due to “wrong” or inadequate parenting or training methods. Such behaviors may be effectively corrected by the BM procedure.

Parts Two and Three of this book will give a more complete account on learning and “unlearning” of behaviors, and the scientific methods of facilitating these processes.

But before going into the details of learning theory and behavior modification, we will evaluate the effect of punishment which unfortunately, is the primary treatment that most parents apply for almost all behavioral problems. It is widely used (and abused) by parents in their efforts to improve children’s behavior. Let us review this method (punishment) before suggesting better and more scientific parenting strategies.

