

The Signs of Emotional Disturbance and Mood Swings among Early Childhood

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ABSTRACT

Several types of emotional and mood swings in children and adolescents, including disruptive, depression, anxiety, and pervasive developmental (autism) mood swings, are defined as either internalizing or externalizing difficulties. Temper tantrums, attention deficit, hyperactivity disorder, oppositional, defiant or conduct mood swings are the most prevalent mood swing difficulties in preschool and elementary school children. The typical Pediatrics clinic or Family Medicine/General Practitioner surgery has numerous desired features that make it excellent for offering successful mental health treatments to children and adolescents. The DSM-5 and ICD-10 are the internationally recognized standards for categorizing mental and behavioral mood swings in children and adults. The prevalence assessment of various childhood mood swings by age and gender is diverse and difficult to compare globally.

Objective:- This paper presents clinical data from a prospective epidemiological study that indicated the combination of childhood "soft" indicators and anxious behavior to be a substantial risk factor for adolescent emotional mood swings in the form of case vignettes. The original study used a neuropsychiatric evaluation of teenagers who had been tracked since childhood.

Results:- Over time, the at-risk participants demonstrate a consistent and particular pattern of motor impairments as well as anxiety, obsessive-compulsive, or depressed symptoms.

Discussion:- Their neurological and psychiatric abnormalities are in line with neuropsychiatric research that links motor system anomalies to emotional mood swings. Early childhood indications of emotional instability and mood swings have been discussed.

Keywords: soft signs, anxiety, depression, neurologic abnormalities

1. Introduction:

Along with the characteristics that distinguish autism, children with autism usually have problems related to emotional reactions and behaviors. Emotional, attention, activity, and thinking disturbances, as well as mood swings, are common in children with autism of all ages (Lainhart, 1999). It's unclear how common concomitant psychiatric mood swings contribute to these additional challenges [1,2]. It's critical to get an accurate and reliable diagnosis of concomitant psychiatric mood swings in children with autism. Comorbid mood swings can result in substantial clinical impairment and increased sickness burden for children with autism and their families. Emotional-obsessive-compulsive disorder (OCD), anxiety, depression, disruptive (oppositional defiance disorder (ODD), conduct disorder (CD), attention deficit hyperactivity disorder (ADHD), or developmental (speech/language delay, intellectual disability) mood swings, or pervasive (autistic spectrum) mood swings are all very common in childhood [1]. Emotional and behavioral difficulties (EBP) or mood swings (EBD) can be classed as "internalizing" (emotional mood swings like depression and anxiety) or "externalizing" (emotional mood swings like depression and anxiety) (disruptive behaviours such as ADHD and CD). Throughout this text, the terms "problems" and "mood swings" are used interchangeably. If the screening questions are positive, further questions concerning particular indications and symptoms are asked [3,4]. However, before asking whether the child has/had a certain symptom, interviewers are given questions to ask about the symptom's applicability to the child with autism. Before asking about feelings of shame and worthlessness, which are DSM symptoms of depression, the interviewer asks if the child with autism has ever shown an understanding of guilt or shown guilt in his or her life [5,6]. It's possible that a youngster with autism will not express feelings of guilt or worthlessness during a depressed episode because these emotions aren't part of his or her repertory. This scenario is reflected in coding options. The coding also specifies and operationalizes mood swing indications and symptoms. Mandatory probes are given for all indications and symptoms, along with additional questions that can be asked if further information is needed for coding [7,8].

2. Meaning of Challenging behaviors

"Challenging behavior" refers to any anomalous pattern of conduct that is above the expected norm for the age and stage of development. It is described as "culturally anomalous behavior (s) of such intensity, frequency, or length that the person's or others' physical safety is likely to be jeopardized, or behavior that is likely to severely restrict or

prevent access to and use of ordinary community facilities"[14]. Self-harm, physical or verbal aggressiveness, non-compliance, environmental disruption, improper vocalizations, and different stereotypes are examples.

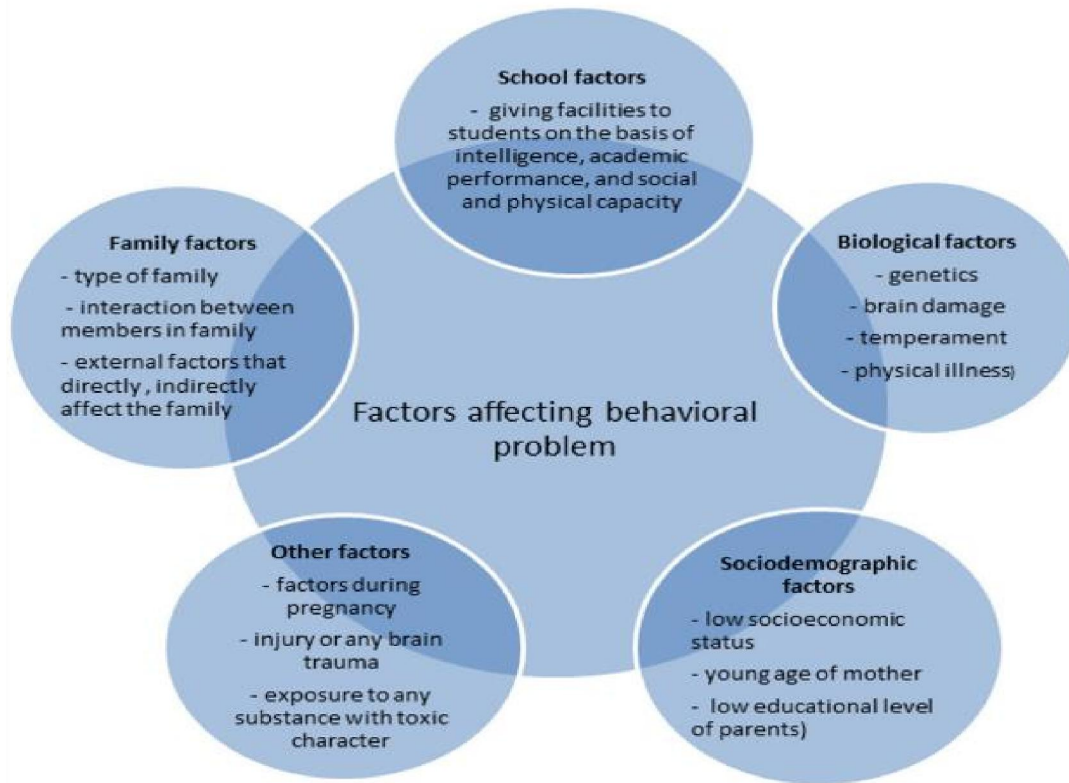


Figure 1. Behavioral problems in children

3. Disruptive behaviour problems

Attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder are examples of disruptive behavior problems (DBP) (CD). They are the most common EBPs among CYP. Recent research suggests that DBPs should be considered a multidimensional phenotype rather than a collection of subgroups[20]. ADHD is the most common neurobehavioral disorder in children and adolescents, with incidence rates in developed nations ranging from 5% to 12%[21]. ADHD is defined by abnormally high levels of hyperactivity, impulsivity, and inattention for the child's age and development[12]. The term "ADHD" is not used in the ICD-10[13], but rather "hyperkinetic disorder," which is equal to severe ADHD. The DSM-5 divides the illness into three subtypes: mainly hyperactive/impulsive, mostly inattentive, and mixed. Figure 2 depicts issues with disruptive conduct.

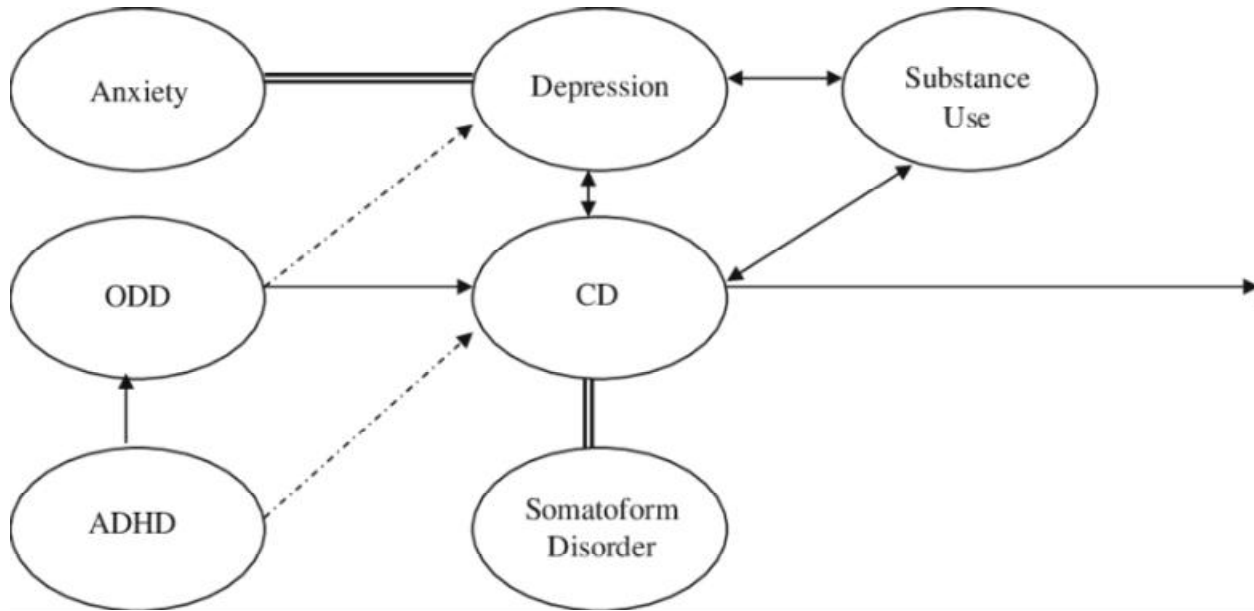


Figure 2: Disruptive behavior problems

4. Emotional problems

Panic disorder, generalized anxiety disorder (GAD), separation anxiety, social phobia, specific phobias, OCD, and sadness are examples of mood fluctuations in later childhood. Anxiety, mild to strong, is a common emotional response to a variety of stressful life situations. When anxiety is disproportionately severe in comparison to the harshness of the triggering conditions, causing abnormal disturbance of daily activities, it is considered a disorder. Panic disorder is defined by panic attacks that are not provoked by external factors. GAD is characterized by generalized concern that affects numerous aspects of one's life. Fear of actual or prospective separation from a caregiver characterizes separation anxiety disorder. Social anxiety disorder (also known as social phobia) is defined by a fear of being judged poorly by others in social circumstances. Summary of popular mood swings modification strategies for the management of childhood emotional and mood swings condition is shown in Table 1.

Table 1 : Summary of common mood swings modification strategies for management of childhood emotional and mood swings disorder

Method	Description	Ref.
ABA	Uses principles of learning theory to bring about meaningful and positive change in behaviour, to help individuals build a variety of skills (e.g., communication, social skills, self-control, and self-monitoring) and help generalize these skills to other situations	[121,123]
Discrete trial training	A one-to-one instructional approach based on ABA to teach skills in small, incremental steps in a systematic, controlled fashion, documenting stepwise clearly identified antecedent and consequence (e.g., reinforcement in the form of praise or tangible rewards) for desired behaviours	[84]
Functional communication training	Combines ABA procedures with communicative functions of maladaptive behaviour to teach alternative responses and eliminate problem behaviours	[124]
Pivotal response treatment	A play-based, child-initiated behavioural treatment, designed to teach language, decrease disruptive behaviours, and increase social, communication and academic skills, building on a child's initiative and interests	[122]
Positive behaviour support	Uses ABA principles with person-centred values to foster skills that replace challenging behaviours with positive reinforcement of appropriate words and actions. PBS can be used to support children and adults with autism and problem behaviours	[124]
Self-management	Uses interventions to help individuals learn to independently regulate, monitor and record their behaviours in a variety of contexts, and reward themselves for using appropriate behaviours. It's been found effective for ADHD and ASD children	[127]
Time delay	It gradually decreases the use of prompts during instruction over time. It can be used with individuals regardless of cognitive level or expressive communication abilities	[84]
Incidental teaching	Utilizes naturally occurring teaching opportunities to reinforce desirable communication behaviour	[128]
Anger management	Various strategies can be used to teach children how to recognise the signs of their growing frustration and learn a range of coping skills designed to defuse their anger and aggressive behaviour, teach them alternative ways to express anger, including relaxation techniques and stress management skills	

ABA: Applied behaviour analysis; ADHD: Attention deficit hyperactivity disorder; ASD: Autistic spectrum disorder.

5. COMPLICATIONS OF CHILDHOOD BEHAVIOURAL AND EMOTIONAL DISORDERS

If untreated, EBDs in childhood can have detrimental short- and long-term consequences for an individual's personal, educational, family, and professional lives. CD has been associated to not finishing high school, low academic performance, bad interpersonal interactions, including family dissolution and divorce, and long-term unemployment. DBPs in parents have been connected to their children's mistreatment, raising their chances of having CD. Children who present with hyperactivity-inattention behaviors have a better educational success than those who present with aggression or oppositional behavior.

6. Conclusion:

The development of a semi-structured psychiatric interview for use in children with autism is described. High prevalence of lifetime comorbid psychiatric disorders were discovered in a group of children and adolescents who were not selected for psychiatric disorders. Our findings show that children with autism may exhibit a wide range of problematic behaviors and emotions for a variety of reasons. The presence of secondary mood swings (or a medical disease) overlaid on the autism should be considered in the "differential diagnosis" of mood swings or mood swings in a kid with autism. In a child with autism, a qualitative or quantitative shift from baseline in current emotions and behaviors, as well as new emotions and behaviors, may signal the advent of another illness. Although there is no cure for autism, there are therapies available for many of the co-morbid psychiatric problems that affect children with autism. The lack of detailed descriptions of childhood behaviors was one of the study's limitations. Future research should aim to replicate prior findings while also broadening descriptions of early psychiatric status in children with subtle indications. Exploring familial patterns of soft symptoms and psychiatric problems may be beneficial. The research was carried out in a racially homogeneous and largely impoverished population. However, no direct or indirect associations between social-environmental factors and either soft symptoms or anxiety were found. As a result, the findings are likely to apply to different groups.

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