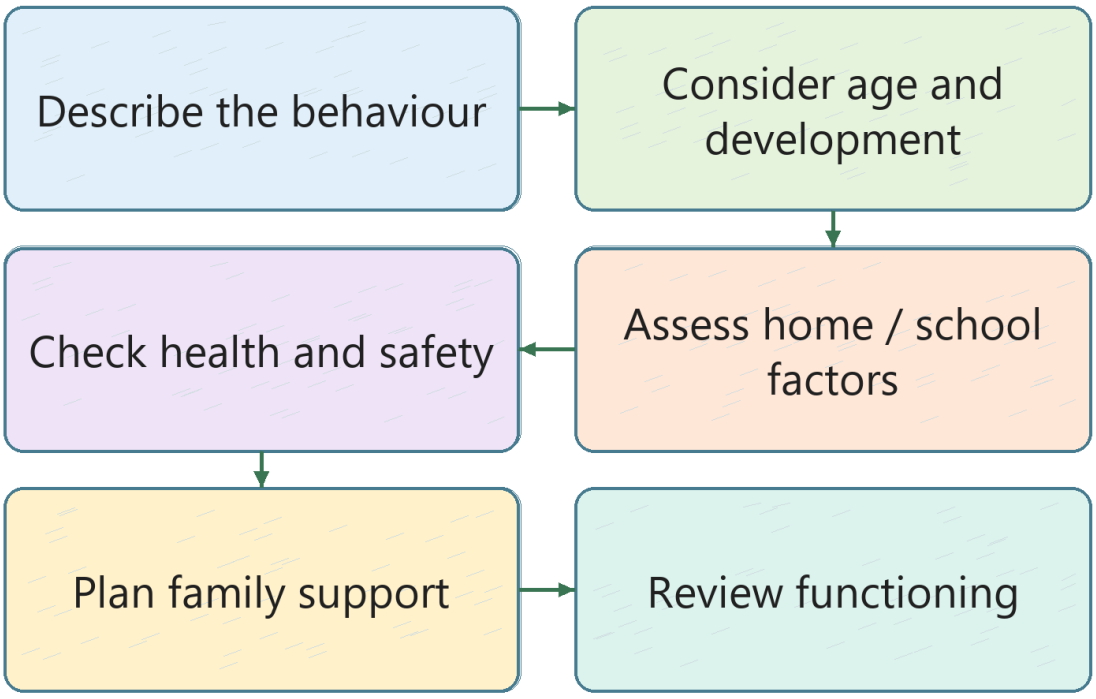
Child Health Nursing II — Unit 3: Behavioural and social problems in children

Behavioural and Social Problems in Children

Overview

- Behaviour is influenced by development, temperament, health, relationships, learning and the environment.
- A problem should be assessed by its severity, persistence and effect on the child and others rather than by adult inconvenience alone.
- Normal developmental behaviour, a medical condition, emotional distress and a psychiatric disorder can produce similar outward signs.
- Nursing care should support safety, development and family understanding without blame or humiliation.



Understanding a behavioural concern in context

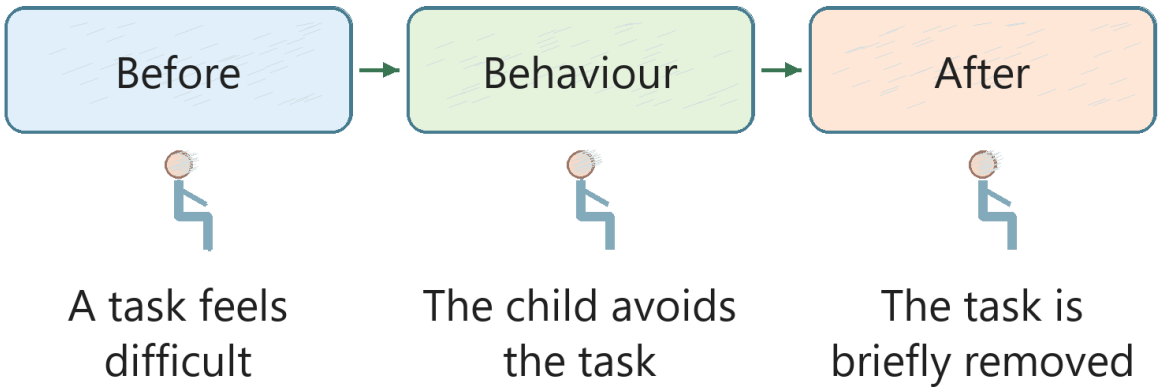
Assessment

- Ask about the behaviour's onset, frequency, triggers, consequences and occurrence at home, school and other settings.
- Review development, sleep, feeding, physical health, medicines, learning and recent changes or losses.
- Explore the child's strengths, communication, family stress, bullying and possible abuse or neglect.

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- Speak with the child in an age-appropriate way and obtain additional information from caregivers and teachers with appropriate consent.

An observation sequence



Illustrative pattern: observe context and consequences without assuming intent or blaming the child

Observe what happens before, during and after a behaviour

General Management Principles

- Set clear, realistic expectations and use consistent, nonviolent responses.
- Reinforce desired behaviour and teach an alternative skill rather than only stopping an unwanted action.
- Address pain, constipation, sensory difficulty, sleep problems and unmet learning needs when present.
- Refer persistent impairment, developmental regression, severe aggression, psychosis or self-harm for specialist assessment.

Child Guidance Clinic

Definition

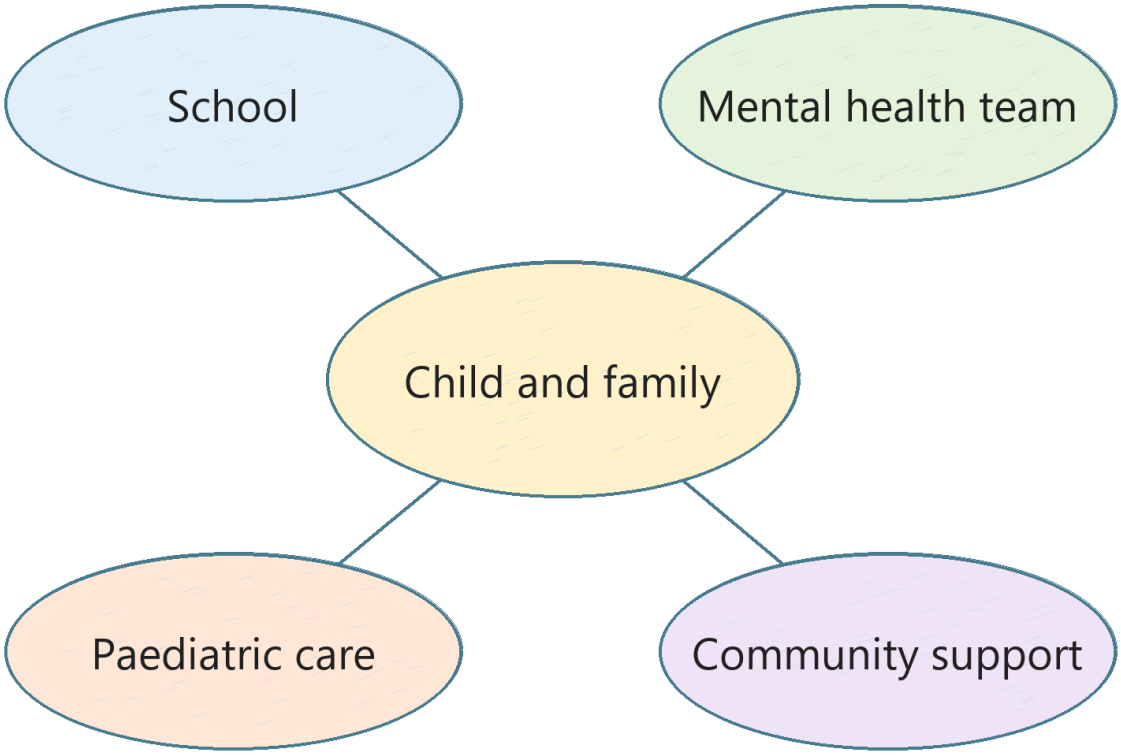
- A **child guidance clinic** is a multidisciplinary service that assesses and supports children with developmental, emotional, behavioural or family-related difficulties.

Purpose

- It aims to understand the child in context and coordinate care with the family and school.

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Team and Functions



The child guidance team links the child, family, school and services

1. **Child Mental Health Clinician**
   - The clinician assesses psychiatric and developmental conditions, risk and the need for psychological or medical treatment.
2. **Psychologist**
   - The psychologist assesses cognition, learning, emotion and behaviour and provides appropriate psychological interventions.
3. **Nurse**
   - The nurse gathers developmental and health information, builds rapport, monitors treatment and teaches practical care and coping skills.
4. **Social Worker**
   - The social worker assesses family and social needs and links the child with protection, welfare and community resources.
5. **Allied and Educational Professionals**
   - Speech, occupational, physiotherapy and educational professionals contribute according to the child's communication, movement and learning needs.

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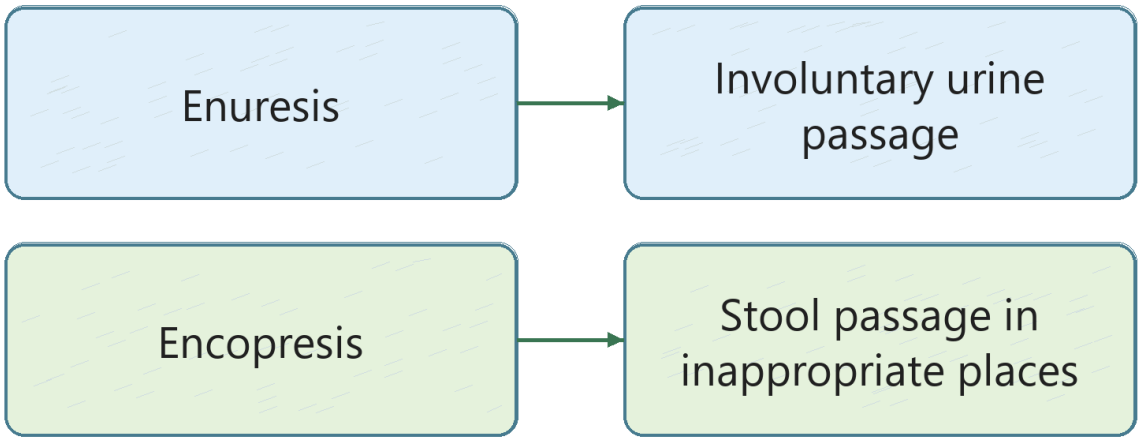
Clinic Process

- Begin with a clear reason for referral and a comprehensive child and family assessment.
- Develop shared goals and an individualized plan rather than applying the same behaviour programme to every child.
- Coordinate home and school strategies and review progress in functioning and wellbeing.
- Maintain confidentiality and explain safeguarding duties when the child may be at risk.

Enuresis

Definition

- **Enuresis** is repeated urinary wetting at an age when bladder control is expected, commonly assessed from about five years onward.
- Bedwetting is usually involuntary and should not be treated as laziness or deliberate misconduct.



Enuresis and encopresis

Types

1. Primary Enuresis

- Primary enuresis occurs when the child has not achieved a sustained period of dryness.

2. Secondary Enuresis

- Secondary enuresis is recurrence after at least six months of dryness and requires assessment for new medical or psychosocial factors.

Assessment

- Ask about daytime symptoms, constipation, urinary infection, excessive thirst, sleep, snoring and stressful events.

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- Investigate poor urinary stream, pain, new daytime wetting or features suggesting diabetes or other illness.
- Use a diary when helpful and assess the child's motivation and family capacity for treatment.

Management

- An enuresis alarm can support long-term improvement when the child and family can use it consistently.
- Prescribed desmopressin may help selected children, with strict instructions about overnight fluid restriction and when to withhold it during illness.
- The usual bedwetting instruction restricts fluid from one hour before until eight hours after the dose, using the prescriber's exact advice.
- Excess fluid during this period can cause water retention and dangerously low blood sodium, so the child and caregiver must understand the restriction before treatment starts.

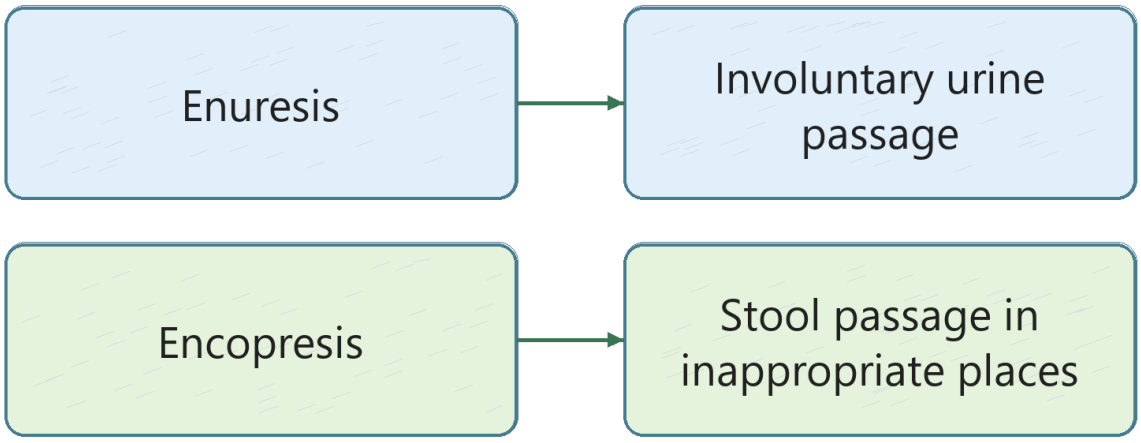
Nursing Care

- Encourage adequate daytime drinking, regular toileting and emptying the bladder before sleep.
- Treat constipation and reward participation in the plan rather than punishing wet nights.
- Protect privacy, provide practical bedding arrangements and review progress without criticism.

Encopresis

Definition

- **Encopresis** is repeated passage of stool in inappropriate places after bowel control is developmentally expected, usually from about four years of age.



Enuresis and encopresis

Mechanism

- A common cause is constipation with retained stool and overflow soiling, which the child may not be able to control.

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SEMESTERS I TO VII