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Oppositional-Defiant, Conduct and AnxietyDisorder - A Behavioural Study among the School Children

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ABSTRACT:

The investigator has collected responses from 374 school children from the fourth, fifth, and sixth grades children. Thirty children (8%) with ADHD were found to be problematic children and with behavioural issues. These children of ages 10, 11, and 12 who had 'oppositional defiant, conduct and anxiety disorder'. Just one to two percentage of girls in schools had behaviour difficulties related to 'oppositional defiant and conduct disorder, and anxiety problems while the boys were are more likely to suffer from these issues. The current study reveals that there is a significant difference between the two behaviour groups of ADHD children in their "Oppositional-Defiant, Conduct Disorder" and "Anxiety /depression." The boys are more consistent in both the problem of "Oppositional-Defiant & Conduct Disorder" and "Anxiety /depression," whereas the girl children have anxiety or depression behaviour disorder alone.The suggested measures are parental behaviour management therapy to the children and guidance and counselling to the problem behaviour children. These measures are essential onesto overcome the behavioural issues of the children in schools.

KEY WORDS: ADHD-Attention Deficit and Hyperactive Disorder, ODCD-Oppositional-Defiant & Conduct Disorder', Anxiety disorder (AD)**.**

INTRODUCTION

The children's behavioural issues when they have the most frequent neurobehavioral disorder is attention-deficit/hyperactivity disorder (ADHD). ADHD affects an estimated 4 % to 12% of school-aged children worldwide. Survey data derived from this population shows that 4–5% of college-aged students and

adults have ADHD. ADHD carries a high rate of comorbid psychiatric problems such as oppositional defiant disorder (ODD), conduct disorder, mood and anxiety disorders, and difficulties with personal relationships. The social and societal costs of untreated ADHD are significant, including academic and occupational problems. It also affects the underachievement and difficulties in personal relationships. Despite ADHD medication, the diagnosis and awareness of ADHD in children and adults have increased recently. The prevalence of ADHD varies with age. Research suggests that compared to preschool- and teenage-aged children, school-age children had a higher likelihood of receiving a diagnosis (Singh A, Yeh CJ et all, 2015)..

BEHAVIOUR PROBLEMS OF SCHOOL CHILDREN

Children with behaviour disorders behave in ways that resemble the following symptoms: they physically abuse others, intentionally destroy their property and belongings, react aggressively to others or to threats, and show little empathy or concern for their classmates' feelings, wishes, or well-being. They frequently accuse others of binding their own misbehaviours and are quick to report about their friends. According to the theory of behaviourism; behaviour is learned, students' behaviours are influenced by the standards and role models set by peers and significant adults in their lives, such as parents and teachers. Students in secondary schools that fit this personality typically struggle to modify their behaviour to fit changing situations, are frequently afflicted with negative emotions, and they exhibit behavioural issues like fighting with their classmates or parents(Mertens ECA,2021)

For the vast majority of pupils, classroom instructors are undoubtedly the most important people in the school. As a result, they can be extremely helpful in both proactively teaching and encouraging acceptable student behaviour and lowering the frequency of behaviour that is detrimental to learning. Taking on accountability for every student's behaviourthey givedaily exercise for learning to maintain the laws. The socioeconomic level, quality of pupils in the class, gender, parental education, type of school, and academic ability all have an impact on a student's behavioural issues and development (Mertens ECA,2021).

CLASS ROOM BEHAVIOUR OF THE ADHD CHILDREN

It is observed that certain classroom discourse practices proved supportive as far as student’s behaviour in classroom is concerned. It includes instruction, motivation, and organizing classroom time and activities. In the majority of schools surveyed general education classrooms are generally. The teacher-student and student-student relationships are positive, and teaching and learning go on without major disruption. Teachers in such classrooms recognize the importance of preventing significant behaviour problems and are effectively using fundamental prevention and motivational ways, engaging instruction, well-managed classrooms, and positive relationships with students.

Changes or modifications to classroom settings or activities can frequently impact the frequency or intensity of troublesome behaviors. Teachers can proactively establish methods for both the entire class and individual students if they are aware of the behavioural hot spots in the classroom with regard to scheduling, setting, and instructional activities. It is clear that altering the seating arrangement, the order in which readings

were completed, or the pace at which they were completed. These techniques reduced the students' behavioural problems.

At times, teachers may find it extremely challenging to address a certain student's behavioural issue if they are not responding to proactive measures. The identification of the problematic behaviour appears and it needs to success of a behavioural intervention between a student and teacher. According to Barry S. Parsonson (2012),these motivating techniques can be utilized to create effective and efficient intervention plans that are tailored to each student's requirements within the framework of the classroom.

Behaviour issues in the classroom cause stress for both the instructor and the students, impede the flow of the lesson, and run counter to the processes and goals of learning. When students' attention is diverted from the academic work at hand to the distractions offered by disruptive behaviour, they also alter the dynamics of the classroom. The management and instructional strategies of the instructor, the curriculum and the abilities needed by students to access it, the scheduling of activities in a particular order, and a host of other issues.

It is important to keep in mind that children carry a wide range of worries, anxieties, responses, and behavioural patterns with them to school that have been formed, accepted, and encouraged outside of the actual classroom. Counselling session in the school for the improvement of positive mental health rather than the oppositional defiant disorder problem of the child. Consequently, focusing on a child as "the problem" could take one's focus away from closely examining classroom management (Johansen, Little & Akin-Little, 2011).

CONDUCT DISORDERS

One of the most prevalent types of psychopathologies in children and young people are behavioural disorders, sometimes referred to as conduct disorders. These problems are the most common cause of referrals to mental health services in educational institutions. Over the past ten years, behavioural issues have become far more common in secondary school classes in Pune, Tamilnadu, Noida (UP), Rajasthan in India. Their presence consequently seriously impairs the capacity of the educational systems to impart knowledge to students (IJE-CD).According to surveys, the prevalence of behavioural disorders in early children varies, with secondary school students experiencing a range of 2 to 6%. When a pupil exhibits a habitual and impactful pattern of behaviour that seriously disrupts other students, it is evident that they have a behavioural issue(Cheesman R, 2022)

DEFINITION OF CONDUCT DISORDER

A persistent pattern of intentional rule-breaking combined with aggressiveness against others is referred to as a conduct disorder. Similar to oppositional defiant disorder, conduct disorder is also a childhood disorder. When a youngster wilfully disobeys regulations and other people's rights, it is known as a conduct disorder (DSM-V).

CHARACTERISTICS OF CONDUCT DISORDER(CD)

The Conduct Disordercan still develop in the early stages of puberty, conduct disorders typically begin to manifest around the age of eleven. The signs of conduct disorder include lying, stealing, and violent outbursts directed at adults and other children. Conduct disorder (CD) is characterized by violent behaviour, starting fights, physically abusing victims, stealing their property, lying to get out of doing chores or obligations, and missing school without explanation

DEFINITION OF OPPOSITIONAL DEFIANT DISORDER (ODD)

A combative attitude and a generalized sense of unhappiness or agitation are features of oppositional defiant disorder. According to DSM-V, it is a disorder marked by identifiable, harmful behavioural patterns. ODD starts before the age of eight and doesn't end after the age of twelve. Oppositional defiant disorder is thought to be caused by a number of reasons, while its precise causes are unknown. A lack of structure in the home, genetic predispositions, and minor brain variations are a few of these variables.

CHARACTERISTICS OF OPPOSITIONAL DEFIANT DISORDER CHILDREN

The child deliberately disobeys and becomes easily upset. The youngster becomes combative with anyone in a position of authority (adults, instructors, outsiders), and they frequently show signs of rage and resentment. The youngster acts disruptively and makes noises. The youngster shows at least two instances of spite or retaliation in a six-month period and act disruptively and makes noises (MFMER, 2024).

ANXIETY DISORDERS CHILDREN

One in eight children suffer from anxiety disorders, which are common and curable diseases. A child may be unable to participate in school or social activities, make friends, or raise their hand in class if they suffer from an anxiety problem. Feelings of isolation, fear, and shame are typical. According to research, children with anxiety disorders are more likely to take drugs, perform poorly in school, and miss out on significant social events if they are not treated. Eating disorders, attention-deficit/hyperactivity disorder (ADHD), and depression frequently co-occur with anxiety disordersand are additional effect of the anxiety disorder.

Anxiety disorders often cause a child’s functioning to be disrupted at home or at school to the point where the youngster feels upset, uneasy, and begins to avoid situations or people. Similar to allergies and diabetes, experts believe that biological and environmental variables combine to develop anxiety disorders. Anxiety disorders can develop as a result of stressful events like relocating, starting school, or losing a parent or grandparent, but stress does not cause anxiety disorders. Although anxiety problems frequently run-in families, not all individuals with anxiety disorders pass it on to their offspring. An anxiety disorder diagnosis is not a sign of weakness or incompetent parenting, and neither one nor your one’s are at fault (ADAA).

ANXIETY DISORDERS AT SCHOOL

Academic success may be impacted by anxiety disorders. The first thing to do if your child is struggling academically or socially at school due to an anxiety problem is to discuss your concerns with the teacher, principal, or counsellor. The staff at the school will probably be able to identify some of your children's anxiety-related symptoms, but they might not understand that your child has an anxiety disorder or how to support them. Establish communication channels by using your child's diagnosis (ADAA).This can be addressed by the counsellor at school.

SIGIFICANCE OF THE STUDY

Anxiety and oppositional defiant disorder are associated in children diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD). The children's untreated behavioural problems give them everyday distress in both their home and school situations. It is possible that a large number of children are unaware of "what is happening in their minds" or what makes them excel or fail at home or at school. Teaching discipline does not ensure that every student will excel in their chosen field. One of the teacher's main responsibilities in the classroom is to help the student develop self-awareness and decision-making skills as separately with their school content.

Children with behavioural issues could not do as well in school, during creative projects, or in all required behaviours. AHDH is a neurological or mental illness that combines oppositional disorder, hyperactivity, impulsivity, anxiety, and attention deficit hyperactivity. Nevertheless, without the assistance of their family members and instructors, the childrenare unable to self-diagnose their psychological issues. Tiffany Field (2024)examined the literature to determine the prevalence rates of anxiety in children, finding that they ranged from 1% in China to 3% in the US and Canada to 17% in Turkey and 25% in Greece. Undoubtedly, 14% of school-aged youngsters in India struggle with behavioural issues.

Hence, the researcher hopes to find out "if the children have any behavioural issues such as oppositional defiant disorder, attention deficit disorder, or anxiety." There is a limit for any kind of treatment, but since children are the future leaders of our society, providing them with psychologically comforting therapy is best for their mental health. Every youngster has a duty to be useful and it is our duty as well. Therefore, the purpose of this study is to investigate the current stage of children's "oppositional-defiant, conduct and anxiety disorder" among the school children.

REVIEW OF STUDIES

The difficulties of instructing students with Opposition Defiant Disorder (ODD) in a few chosen schools in Makurdi City were examined by Aondoakaa and Okechukwu (2022). The research design used in the study was a cross-sectional survey. It was determined that students who suffer from Opposition Defiant Disorder (ODD) behave negatively when participating in class activities. Teachers who work with students withOppositional-Defiant(ODD)issues have a number of difficulties, but they can be overcome by using the management techniques that have been identified. It was advised that in order to decrease improper and

disruptive behaviors, parents, guardians, and family members should practice positive parenting techniques like constant, supportive supervision and discipline.

According to Tiffany Field's (2024) analysis of current research on anxiety in children, prevalence rates have varied widely, from 1% to 25% in majority of developed countries. This heterogeneity could be attributed to variations in the samples' age ranges or to various anxiety assessments (symptoms versus diagnoses). The development of bipolar disorder, difficulties in controlling social concerns, body image dissatisfaction, difficulty in managing heightened sensory and emotion processing, and other negative impacts of anxiety have received relatively little attention.

The main focus of this literature has been on predictors/risk factors, which include parental anxiety, distinct parenting philosophies (permissiveness, overprotectiveness, and harsh disciplinary style), and parent fearfulness, and negative emotionality have all been identified as child factors. Less social skills, problematic technology use, attention bias toward unfavourable stimuli, low academic achievement, difficulties in reading and spelling, and negative expectancies are some other child characteristics. The majority of the data, which show how common and severe anxiety is in children, comes from parent-report surveys, which have shown inconsistent results among populations.

Attention deficit hyperactivity disorder (ADHD) is one of the most prevalent mental illnesses identified in children under the age of twelve. Noha Eskander (2020) conducted research on this topic. It is typified by impulsive behaviour, hyperactivity, and inattention. Children and adolescents with ADHD have difficulties in their social, intellectual, and psychological domains. Children with ADHD have difficulty focusing in class and doing well. They struggle to communicate with their friends and have worse grades than their contemporaries. A pattern of agitated and irritated behaviour, argumentative and vengeful behaviour, and disruptive behaviour are the hallmarks of oppositional defiant disorder (ODD). Children with ODD have trouble making friends and face challenges in the classroom.

The study review's findings demonstrated the high degree of ODD and CD comorbidity. For boys, ODD is a reliable indicator of CD. Comorbid ODD and ADHD in children is a strong indicator of CD that manifests in adolescence. The co-occurrence of ODD and CD with ADHD symptom severity and is linked to a high level of psychosocial dysfunction. Children who have comorbid ODD and CD along with ADHD struggle in school, with peers, andtrouble with neighbours.

Pfiffner, Linda J., and Haack, Lauren M. (2014) opine that the most popular nonpharmacological methods for treating ADHD and related deficits are behaviour management programs. This review focuses on adjunctive therapies designed to extend effects across contexts and behavioural parent training interventions for school-age children in the home. These interventions' substance and underlying theoretical framework are explained. Numerous randomized clinical studies, systematic reviews, and meta-analyses providing evidence of the therapies' beneficial impacts on child compliance, ADHD symptoms and impairments, parent-child interactions, parenting, and parental stress are examples of the empirical support for these claims.

Amiri Mohsen (2023) made a study entitle ‘Impact of Parental Behaviour Training for Mothers of Children with ADHD on Reducing Aggression and Maladaptive Behaviour in their Children’. They found thatmillions of children worldwide suffer from Attention Deficit/Hyperactivity Disorder (ADHD), a common childhood illness. This research is important since externalizing problems and ADHD are two of the most prevalent childhood diseases. It is important to develop solutions that can help parents and kids deal with these difficulties. The project intends to improve mother’s ability to manage their children's behaviour problems and improve their ability to deal with ADHD symptoms by offering evidence-based behavioural training.

The sample comprised thirty mothers who were split into experimental and control groups after being chosen by convenience sampling. The Child Behaviour Checklist (2001), and the SNAP-IV (1994) were used to gather data. Regarding the experimental group, Barkley's Parent Training Program (1997) was utilized for their training. Empirical research has demonstrated that Barkley's Parent Training Program, a behavioural education initiative for parents, is successful in lowering behavioural issues in children with ADHD or oppositional defiant disorder (ODD).

According to the study, Barkley's Parent Training Program helped kids with ADHD exhibits fewer behavioural issues. In particular, it reduced their hostility and enhanced their behaviour at home. When compared to children in the control group, the program was especially successful among mothers who were part of the experimental group. It consequently caused a decline in aggressive behaviour and behavioural problems in childrenwith ADHD.

A study on "Attention-Deficit Hyperactivity Disorder in Children - Role of Behaviour Therapy and Parent Training Program" was carried out by Beena Johnson in 2014.

ADHD is one of the most common behavioural disorders in children. It is characterized by inappropriately high levels of impulsivity/hyperactivity and/or developmental inattention. These fundamental symptoms lead to significant damage in both the home and the classroom. Initiatives for parent education and behaviour therapy are examples of evidence-based treatments for ADHD. Early intervention for ADHD children's behaviour has shown the greatest requirement for parent training in behaviour control.

A study titled "Assessing Impulsive Behaviour in Children: A Longitudinal Exploration of the overlap between Impulsive Behaviour and Hyperactivity" was carried out in 2004 by Nyberg, L., Bohlin, G., and Hage Kull, B.

Between the ages of 4 and 8–9, a developmental study was performed on 91 children (46 boys and 45 girls) in a longitudinal normal sample to investigate the connection between hyperactivity and impulsive behaviour in kids. Due to the overlap between impulsive behaviour as measured by the Matthews Youth Test for Health (MYTH) questionnaire and hyperactivity as measured by questionnaires, which was noted in multiple studies, an attempt was made to measure impulsive behaviour differently from hyperactivity using behavioural observations.Predictions were made about the individual stability of the events and measures.

While there is ongoing dispute on the prevalence of impulsive behaviour in early life, the results indicate that the relevant hyperactivity measures have shown significant stability over time.

Attention-Deficit/Hyperactivity Disorder was the subject of research by Anna Maria Wilms et al. Measuring ADHD might be difficult because it is a behavioural disorder. At least 3% of children in the US have ADHD, according to studies on behaviour disorders; usual quotes range from 5% to 8%. Geographical location, patient demographic, and diagnostic criteria all affect the prevalence of ADHD. Boys are diagnosed 2.5 times more frequently than girls, with 2.9% of females and 9.2% of men reported to exhibit behaviors consistent with the diagnosis. The condition is thought to be lifelong in certain people. In their teenage years and adulthood, 60–80% of teenagers who received an ADHD diagnosis as children continue to match the criteria for the disease.

Studies have not consistently demonstrated a connection between socioeconomic status, race, or ethnicity, and the prevalence of ADHD. Physiological and environmental variables, however, may increase the likelihood of ADHD. Examples of environmental impacts include early lead exposure and alcohol and cigarette consumption during pregnancy. Biological factors, such as intrauterine growth restriction, preterm birth, and low birthweight, significantly enhance the risk of attention, Oppositional Defiant disorder, and anxiety disorder.

METHOD OF STUDY

The Quantitative Survey Method was used by the investigator to collect the data from the school children in Puducherry region with prior approval of the Directorate of School Education, Govt.of Puducherry to identify and scrutinize the ADHD children in schools.

TOOLS USED IN THE STUDY

The researcher collected data from ADHD pupils at Puducherry's school using the Vanderbilt-Diagnostic and Statistical Manual-IV for Attention Deficit and Hyperactive Children (ADHD -DSM- IV Criteria) -Teacher's Rating Scale. One of the schools that collaborated to gather the data for this study from the children at Puducherry.Four subtypes of the tool were identified: inattention, hyperactivity/impulsivity, combination hyperactivity/impulsivity, and inattention. These two sections focus exclusively on the children's neuro-developmental issues. The other two factors are research on the children's "Oppositional Defiant & Conduct disorder (ODCD), anxiety, or depression." This section includes the children's "Academic and Classroom Behaviour problems." This tool satisfies the Cronbach alpha reliability (0.96), the sample reliability of the second part 17 items were also established by the researcher is 0.89 under split half method. This tool fulfilled content and face validity.

SAMPLE AND SAMPLING TECHNIQUES

The sample of 30 children (25 Boys and 05Girls) in Puducherry, India studying at fifth and sixth grade who had anxiety, depression, or oppositional defiant and conduct disorder (ODCD) was chosen from among 374 pupils studied 3rd, 4th, 5th and 6th std. The researchers used simple random sampling techniques. The

children's behavioural issues were identified using the "Attention Deficit and Hyperactive Disorder (ADHD)-DSM-IV Criteria" Teacher Rating Scale (APA, 2000). Regarding the children's "Oppositional Defiant & Conduct Disorder (ODCD), anxiety or depression" the second partof the tool has seventeen items.The scoring procedure of the scale is given below in Table-1

Table-1

NICHQ-VANDERBILT(VB) -ADHD-TEACHER'S RATING DSM-IV-Criteria - SCORING PROCEDURE

Types of ADHD	Item No. / (Total)	Scoring Procedure to fit in to the ADHD / ADHD sub types	Range of Scores
Oppositional-Defiant & Conduct Disorder	19-28 (10 Items)	Requires three or more counted behaviours from the questions 19-28 in the rating of 'Often and 'Very Often'	≥6-30
Anxiety or Depression	29-35 (7 Items)	Requires three or more counted behaviours from the questions 29-35 in the rating of 'Often and 'Very Often'	≥6-21

According to the recommendations provided by the American Academy of Paediatrics (AAP) and the National Institute for Children's Healthcare Quality (NICH), a total of 17 items from the VB-ADHD-DSM-IV Criteria tool were employed. The study was restricted to examining the children's problem behaviour related to "Oppositional Defiant & Conduct disorder (ODCD), Anxiety or Depression" (Table-1).

OBJECTIVES:

1) To study the 'Oppositional-Defiant & Conduct Disorder' among the School children with Attention Deficit and Hyperactive Disorder (ADHD).
2) To Study the 'Anxiety or Depression' among the children with Attention Deficit and Hyperactive Disorder (ADHD).

HYPOTHESES:

1) There exists no significant difference between "Oppositional-Defiant & Conduct Disorder" and "Anxiety or Depression' "among the School children with Attention Deficit and Hyperactive Disorder (ADHD).
2) The ADHD Boys and Girls do notdiffer significantly in their problem behaviours of "Oppositional-Defiant & Conduct Disorder" and "Anxiety or Depression'

ANALYSIS AND RESULTS:

The present study used the t- test to test the above said two hypotheses. The given data arrived was by the differential analyses of two different group of sample size

TABLE-2

Behaviour Problems of ADHD Children	N	Mean	SD	t	p
Oppositional-Defiant & Conduct Disorder	30	13.17	3.75	3.29	0.002 (S)
Anxiety or Depression	20	9.70	3.16		

TABLE-3

Behaviour Problems of ADHD Children	Gender	N	Mean	SD	t	p
Oppositional-Defiant & Conduct Disorder	Boys	25	12.76	3.61	1.29	0.248 (NS)
	Girls	5	15.20	3.89		
Anxiety or Depression	Boys	16	9.31	3.49	1.55	0.196 (NS)
	Girls	4	11.25	4.19		

The findings of the present study demonstrate that there is a substantial difference in the two behavioural groups of ADHD children's "Oppositional-Defiant & Conduct Disorder" and "Anxiety / depression." The findings also indicate that among children with ADHD, there is no difference between boys and girls in terms of "Oppositional-Defiant & Conduct Disorder" or "Anxiety / Depression."

CONCLUSION

Thirty children (8%) with ADHD were found to be problematic children and with behavioural issues. These children of ages 10, 11, and 12 who had ‘oppositional defiant, conduct and anxiety disorder’. Just one to two percentage of girls in schools had behaviour difficulties related to ‘oppositional defiant and conduct disorder, and anxiety problems while the boys were are more likely to suffer from these issues. The current study reveals that there is a significant difference between the two behaviour groups of ADHD children in their "Oppositional-Defiant, Conduct Disorder" and "Anxiety /depression." The boys are more consistent in both the problem of "Oppositional-Defiant & Conduct Disorder" and "Anxiety /depression," whereas the girl children have anxiety or depression behaviour disorder alone. The suggested measures are parental behaviour management therapy to the children and guidance and counselling to the problem behaviour children. These measures are essential ones to overcome the behavioural issues of the children in schools.

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