A Study of a Sample of Egyptian Children presented to the Outpatient clinic for their Externalizing Behavior

By

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Abstract:

Externalizing behavior reflects that the child is negatively acting on the external environment. ***Aim*** This work is planned to assess the demographic and household conditions of externalizing children, detect psychiatric disorders among those children and their parents, objectively investigate children with abnormal externalizing scores and detect differences between those children and children with normal externalizing scores. ***Methods*** 35 children were assessed using Child behavior Checklist and MINI-KID, EEG study was also conducted. Both parents (n=70) were assessed using ICD10-symptom checklist for Mental disorders. ***Results*** 80% of children were having psychiatric disorders, 40% had significant EEG changes and 28.6% were objectively not externalizing. Only 71.4% were objectively externalizing, and only 31.4% were objectively aggressive and 31.4% delinquent. More than half of parents 57.1% carried a psychiatric disorder newly diagnosed during the study, the majority had personality disorder. 62.9% of the children were maltreated. Children having ADHD, EEG changes or experiencing interparental discord externalized comparatively more. ***Conclusion*** Externalizing children may be witnessing household inconvenience including psychiatrically disordered or abusive parents. The child might be suffering psychiatric disorders and/ or EEG changes. Such children and their parents need thorogh objective assessment. ***Key words:*** CBCL: Child Behavior Checklist. ADHD: Attention Deficit Hyperkinetic disorder. EEG: electroencephalography. PD: personality disorder. PTSD: Posttraumatic Stress disorder.

Introduction

The construct of externalizing behavior problems refers to a grouping of behavior problems that are manifested in children's outward behavior and reflects that the child is negatively acting on the external environment (Campbell et al, 2000;Eisenberg et al, 2001). In the research literature, these externalizing disorders consist of disruptive, hyperactive, and aggressive behaviors (Hinshaw, 1987). The recent concern with childhood externalizing behavior is justified because this behavioral problem is a major risk factor for later juvenile delinquency, adult crime, and violence (Betz, 1995; Farrington, 1989; Moffit, 1993). Thus, childhood externalizing behavior and juvenile delinquency are being increasingly viewed as a public health problem (Campbel et al, 1995)Although, both delinquency and aggression are central to the construct of externalizing behavior problems, psychosocial and environmental factors have been strongly implicated in the etiology of both. Some researchers have proposed that both delinquent and aggressive behaviors are learned (Heusmann, 1997; Shahinfar et al, 2001)

This study is concerned with studying children presented by their parents or referred to the outpatient clinic (OPC) for their 'externalizing behaviors'; namely aggression and delinquency. In this study, delinquency is specifically used to reflect the type of antisocial behaviors that are reflected in the Child Behavior Checklist (CBCL) (Achenbach,1991), such as lying, cheating, stealing, and committing antisocial acts with bad companions i.e. behavior that do not include violent acts.

Aim of the study

This work is planned to

1- Assess the demographic and household conditions of the so described externalizing children,

2- Explore any psychiatric disorders among those children and their parents

3- Objectively assess children descibed as externalizing and detect differences between children with abnormal externalizing scores and children with normal externalizing scores (if present).

Material

Children presented or referred over a period of 6 months to the OPC for their "externalizing behavior" and their escorting parents, were recruited for this