SOME ASPECTS OF THE PHENOMENOLOGY OF RISK BEHAVIOR AT PRESCHOOL AGE

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ABSTRACT

The theoretical discourse of this paper is the theory of risks for behavioral problems / adverse psychosocial development and the frame of the problem behavior classification. The aim is to theoretically analyze certain aspects of risks for behavioral problems at preschool age, the period of 3-6 years of age, through concept analysis, some known classifications and description of specific behaviors. The objective will be achieved by reviewing available literature and conducted research. According to the literature, the classification of risk behavior in the preschool period is unique considering the social conditions of its occurrence, and there is a need to deepen classification systems specific to this age. The dimensional classification offers a description of risk behavior manifesting as internalizing behaviors (e.g. fear of isolation, depression, anxiety) and externalizing behaviors (e.g. aggression, defiance and impulsivity). During the preschool years, social withdrawal and externalizing behaviors (e.g. nonparticipation in games) are common. In the conclusions, the authors emphasize that risk behavior can only be explained by factors related to risk behavior in early childhood and at preschool age. Also, it is necessary to develop new classifications that take into account the insights of constructivist and social-ecological development paradigm, i.e. the context in which the child grows.

Keywords: internalizing behaviors, classification, early and preschool education, externalizing behavior problems, prevention

The problem

Risk theory is the theory of preventing behavioral disorders, mental illnesses and addictions, and is recognized worldwide2,3. Risks encompass all circumstances and life conditions, as well as individual characteristics that contribute, or may contribute in the future, to the occurrence of the above mentioned adverse psychosocial and health outcomes in individuals, Pulkinen 2001. The preschool-age determines the risk behavior that can occur later in adolescence: genetic factors, family socialization, such as parental criminality, family discord and ineffective parenting, and social-cultural factors, for instance poverty, availability of guns, the quality of schools, and, finally, involvement in the drug market, which may serve to raise the level of crime in the community. Behaviors can be viewed on a continuum of risk, therefore McWhirter et al. 1993, distinguish minimal risk, remote risk, high risk, imminent risk, and at-risk category activities. They describe the gradation of increasingly difficult and progressively unforeseeable situations that do not pose a problem at this moment but could become a problem without adequate professional treatment, as well as activities that are recognized as likely to exacerbate the problem behavior. Considering the developmental age at which we are interested in, risks can be studied in three areas: (i) family characteristics (e.g. single parenthood, low socioeconomic status, family conflicts), (ii) academic achievement, and (iii) the personality of behavior itself, so that some forms of externalizing behavior, such as aggression, or of internalizing behavior, such as withdrawal, are considered elements of risk in preschool children. In this paper, the efforts are focused on the third area, i.e. recognizing the phenomenon of risk behavior at an early and preschool age. So, at preschool age, behavior is one of several possible subject matters to be studied, and so, there are many possibilities for prevention. There is no systematic approach to the prevention of behavioral disorders at preschool age in Croatia. Croatian research is scarce or outdated; therefore this paper is an attempt to arouse an interest in the topic. In Croatia, there is very little recent scientific literature on risks and risk behaviors in early childhood and at preschool age4,5,6,13,15; however, there is a shared implication in all of it that preschool age is an important period because of the possibility for timely action and prevention, or mitigation, of behavioral disorders, mental illnesses and addiction that can occur later. Considering the above, the aim of this review is to theoretically analyze certain aspects of risks for behavioral problems at preschool age through concept analysis, known classifications and description of specific behaviors, with the purpose of offering some theoretical ideas for a further study of behavioral disorder and mental illness prevention.

Definition of risk behavior at an early and preschool age

Preschool age is the period between 3 and 6 years of age, when the child psychosocially4 reaches one of two developmental stages, where it first develops a sense of autonomy and self-confidence and establishes boundaries with other people without rejection behaviors, and then develops initiative in studying and manipulating behavior in order to gain the experience of tolerance and encouragement. We do not deal here with the descriptions of behavior of the infant or toddler age because we are interested in the age when the child enters the phase of maturity, when it is consciously interested in reciprocal social relations. What happens with children at this age? In early childhood, the developmental stage of self-awareness in children5 is such that a child believes that thoughts and feelings are directly presented in appearance and behavior, and that someone else's "I" can be comprehended by simply observing that person's behavior and utterances. In terms of moral development8, a child of this age is in pre-conventional stage: children, at first, turn toward themselves and cannot consider different points of view, while morality is determined by authority; it is only later, with maturity, that they start to understand different points of view, and, in that sense, act according to the rules and in cooperation with peers, observing what they get in return. At this age, socializing with others is considered agreeing and compromising in order to derive a particular benefit that contributes to an emotional aspect is crucial and indispensable in understanding the behavior of a preschool-age child. However, some forms of behavior in children have characteristics that deviate from the norm and pose a threat, primarily to the child itself because they can interfere with its optimal development. In all age groups, behavioral problems encompass a range of behavior with different manifestations, characteristics, intensity, duration, complexity, and threats of danger and harm. They can develop from mild and less disruptive to more severe and more dangerous behavioral problems16. In a multidisciplinary and inter-sectoral approach, the concept of behavioral problems of children and youth is a collective term for all types of behavior of biological, psychological, pedagogical and social origin, which significantly diverge in a child/youth person from behavior appropriate to his/her age, situation, cultural and ethnic norms, and has harmful or dangerous effects on them and/or other individuals or social systems17,18.

Table 1. Levels of behavioral problems according to characteristics, intensity, duration, complexity, and threats of danger and harm (adapted from Koller-Trbović et al.18).

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<tr>
<th>Level of Risk Behavior</th>
<th>Description</th>
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<td>- risk behavior (related to internal, biological, and/or external, social risks)</td>
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<tr>
<td>- behavioral difficulties (if and when risks are not resolved)</td>
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<tr>
<td>- behavioral disorders (very harmful to the individual and/or society)</td>
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Levels are here identified in relation to the intensity and predictive ability of behavior, and include: (i) risk behavior, (ii) behavioral difficulties, and (iii) behavioral disorders. If we do not respond in a preventive and adequate way with an appropriate professional intervention at a lower level of behavioral problems, particularly at the level of behavioral difficulties, there is a tendency that these will develop into behavioral disorders, which are more difficult to eliminate and significantly more socially unacceptable and dangerous. Examples of adverse psychosocial outcomes are bullying, drug abuse, addiction and other forms of antisocial and antisocial behavior or conditions in adolescence and/or adulthood—all social pathology phenomena, which do not disappear on their own but call for professional help in order to be eliminated and/or mitigated19. Therefore, detecting behavioral problems at an early developmental age is essential in order to prevent subsequent adverse outcomes, in
other words, we are dealing with the timely detection of risks for adverse psychosocial development and risk behavior. The definition of behavioral problems in preschool children has to take into account the degree of the child's maturity and its developmental aspect; therefore we can only speak of the first level in the above presented comprehensive definition of the behavioral problems spectrum, i.e. about risk behavior. This should still not be classified as behavioral difficulties, and particularly not as behavioral disorders. Because of children's early age and functional development characteristics, as well as large educational opportunities, we cannot speak here of advanced levels, but only of the initial stage of adverse psychosocial development, which can be suppressed by proper intervention. Therefore it is terminologically justified to speak of risk behavior that, according to the theory of risk, should receive a prompt and high-quality professional preventive response from the environment. Naturally, as is noted by Burt et al., 1998, the idea of risk implies the probability, not the certainty, of undesirable behavior occurring in the future.26 We believe that if risk behavior in the preschool period is identified in a timely manner, it can be overcome with professional help, thereby neutralizing the risk. Therefore, when generally thinking of the tracking of behavioral problems at an early and preschool age, what we have in mind is risk behavior in the spectrum of behavioral problems (not behavioral difficulties or behavioral disorders). Risk behavior at this stage is an indication of problems whose causes, conditions and triggers have to be found, and which have to be overcome in order to provide positive conditions for a child's further development. We emphasize that, in addition to risk behavior, circumstances for adverse psychosocial development may also be considered a risk. At this age, they are closely interwoven by significant correlations and this deserves careful analysis in the future.

Some types of classifications in early childhood and at preschool age

It is stated in Emde et al. that a good classification system allows for a common language for all those working with behavioral problems.25 There are four main categories of behavioral disorders.

Categorical approaches

The best-known categorical classifications are the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (abbreviated DSM-5), of the American Psychiatric Association, and the International Classification of Diseases and Related Health Problems, ICD-10 (World Health Organization).23 Grounded on research of large teams of scientists around the world, they provide the criteria for assessing behavioral problems on the basis of phenomenological description, and are constantly updated and reviewed. They refer to all age groups, however, early childhood problems have to be considered very carefully. In our opinion, these classifications are not fully satisfactory for two reasons. Starting from an interdisciplinary perspective of world diagnostics, we emphasize that the DSM classification and advocates a functional approach to assessing human behavior, which “is more of a person-in-environment perspective than classification schemes presupposing so-called mental disorders”. He suggests two major diagnostic criteria: (a) socially mediated access, and (b) socially mediated escape. “Under these two major categories, there are specific, motive conditions that set the stage for whatever behavior is functional in a given social context” Cipani.24 In addition, these categorical classifications — when we speak of childhood and adolescence — are not directly associated with neuro-developmental disabilities, such as difficulties in the autistic spectrum — cannot be easily applied to preschool developmental age and two life be no mention of diagnoses and children cannot be classified into any of the categories. Centered on early-childhood behavioral problems is the interesting — albeit, to the Caucasian population around the world — less well-known Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood, Revised Edition (DC: 0-3R)25, which resulted from the need to develop an appropriate classification system that would take into account the rapid pace of development in the early years, the importance of the child's early relationships, individual differences among children and the need for giving environment on children's health and development. This classification offers five axes, where, in each diagnostic evaluation, at least three symptoms have to be checked on a list that are present in at least two environments within the last two weeks (in relation to the moment of assessment). The areas of assessment are: 1. Clinical disorders (30 described behaviors from categories that are complementary to DSM), 2. Relationship classification, 3. Medical and developmental disorders and conditions, 4. Psychosocial stressors, and 5. Other effects on emotional and social functioning. According to Keenan et al. 2011, assessing children in early developmental age within the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood represents a major challenge.26 Although measurement instruments developed on the basis of the DSM-IV are useful in the process of diagnostic assessments, in this respect, have etiological and preventive importance. Taking this into consideration, we think that this classification is noteworthy for linking the phenomenological and etiological factors of risk behavior. However, it is not designed for preschoolers and we think it would be valuable to investigate the possibilities of this kind of approach to risk behavior at preschool age.

Approaches based on the two-dimensional classification

In Croatia, the most commonly used approach to understanding risk behavior in children of different ages, including preschool children, is the two-dimensional approach. According to Davidson and Neil, 1995, risk behavior in childhood and adolescence are referred to as emotional and behavioral disorders (EBD).27 In their classification, the authors distinguish between two groups of children who present with these problems: a) children exhibiting over-controlled behavior, such as childhood fears, social with, drug depression in childhood and adolescence, and b) under-controlled children, showing behavior excesses, among which are the attention deficit/hyperactivity disorder and conduct disorders. We find Achenbach's dimensional classification interesting because of the possibility of investigating problems in preschool age.28 Achenbach's classification of behavioral problems into internalizing and externalizing behavioral problems has been widely used in many studies in Croatia, as well as in clinical description of individual behavioral phenomena. Internalizing risk behaviors are behaviors that are over-controlled and directed toward oneself. Children with this form of disorder distance themselves from the world, withdraw, and feel lonely and uninterested in their environment.17 Internalizing problems are more difficult to notice and are less accessible to observation by the child's environment because they occur within the child; the child "lives in" it in ainner world develop in irregularly.17 Unlike externalizing behavioral problems, which directly threaten the child's environment as well, the case of internalizing problems is only the children that suffer. A child shows several negative emotions such as sadness, anger, shame, shyness, and lacks adequate ways of responding.29 There is also co morbidity, i.e. the simultaneous presence of more types of problems within a classification, occurring in a number of children,30,31, where the simultaneous presence of both internalizing and externalizing problems especially points to the need of taking preventive measures.29 It is known that internalizing and externalizing behavior problems in preschool children affect, i.e. interfere with, the child's development and progress. These can cause long-term effects, such as learning difficulties and school failure, difficulties in relationships with other people, mental health problems, addictions, and delinquent and antisocial behaviors.32 Risk behavior in preschool age, which underlies the always-present need to consider this group of problems in terms of prevention and early intervention. A very well-known classification in Croatia is Itai et al.33, according to which the following is distinguished: (a) disturbances in social development (aggressive behavior, intrusive behavior, defiance, lying, laziness, social withdrawal), (b) disturbances in emotional development (fear, fearfulness, tearfulness, depression, jealousy, anger) and (c) disruption of habits manifested in physical problems (elimination disorders, feeding and eating disorders, speech and motor skills disorders; stereotypical actions and unusual behavior). This classification has not been revised since it was published, although a revision is needed given the contemporary paradigm of understanding children's behavior that takes into account the social context.

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<th>Table 2. Classification of risk behavior in preschool children. (Itai et al. 1993)</th>
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<td><strong>Type of problem</strong></td>
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<tr>
<td>disturbances in social development</td>
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<tr>
<td>disturbances in emotional development</td>
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<tr>
<td>disruption of habits manifested in physical problems</td>
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In our opinion, classification systems that are suitable for the assessment of risk behaviors in preschool children are subject to the requirements of constructivist and social-ecological development paradigm, i.e. the context in which the child grows. In this sense, we would recommend that future scientific efforts in Croatia focus on developing classifications that observe not only the child's behavior but also the system of the child's social-ecological environment, such as the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood.

Examples of forms of risk behavior in early childhood and at preschool age according to the two-dimensional classification

In this last part we will present some specific phenomena of risk behavior in preschool children according to the two-dimensional classification of internalizing and externalizing risk behaviors. As far as internalizing risk behaviors are concerned, we will present short descriptions of fearfulness, social withdrawal, and anxiety, which are not internalizing behaviors but will be exemplified by repeated descriptions of aggressive behavior, oppositional defiant disorder and impulsive behavior.

Internalizing risk behaviors

Fearfulness is normal in preschool childhood because most children are afraid of the dark, of being alone, of unknown persons. If fearfulness increases over time and is not associated with a specific cause or with the object of fear, then it is considered a behavioral problem. According to Bouillet and Uzelac, recognizable signs in the child are anxiety, pallor, excessive sweating, tension, confusion, rigidity, and indecision, which may or may not be caused by real circumstances occurring naturally. At preschool age, a fearful child is afraid to start an activity, to accept responsibility when given a task that requires responsibility, to show its skills and competencies and to express its own opinion, and is therefore often indecisive. Fearfulness can develop in children who are suddenly placed in an unfamiliar environment, separated from persons they know, while they have not mastered the ability to develop and gain enough social experience. Along with the notion of fearfulness, there is also the notion of fear, which can occur in children in different forms: Babić et al. listed phobias, separation anxiety, anxiety, and fear of separation, while Foller-Podobnik adds social phobias. According to Paulus et al., in the population of children between 4 and 7 years of age in the United States, there were 22% of children with anxiety, of which 7% had a diagnosis of 10.7% with social phobia, 9.8% with specific phobias and 3.4% of children with depression/generalized anxiety. The prevalence of most types of anxiety was higher in girls except for separation anxiety, which affected boys more often. Despondency is a personality trait that is present throughout the lives of adult patients with depression and may occur at any age; approximately 15% of preschool children. According to Hautzinger, depression is a mental disorder characterized by mood swings, lack of joy, apathy, lethargy, loss of interest and a number of physical ailments. Along with these features of depression, there are also anxiety and restless, disturbed appetite, body weight loss or gain, lack of energy, sleep disturbances, pain, difficulties is concentration and suicidal thoughts. Depressed children are sometimes overactive and aggressive; in adolescence, depression is manifested as negative, antisocial behavior and a sense of not being understood. The individual rarely shows all symptoms of depression at the same time. Social withdrawal in a preschool child indicates a distinct lack of social relationships. The child exhibits shyness, low self-esteem, dissatisfaction, unhappiness, social anxiety, depression, withdrawal, aggression, depression, pessimism, hostility toward others, anger, introversion, and is not likely to establish and maintain social relations easily. Withdrawn children are calm, quiet, shy, reluctant to socialize with other children, prone to fantasy and unresearchable, and are often obedient, giving the impression of a so-called exemplary child. Playing with other children, a withdrawn child feels dissatisfied, is likely to leave the game early and has no permanent friends. Withdrawal is associated with fearfulness, and reflects the child's insecurity and lack of trust in others. Therefore, often chooses to play alone or with older persons. Withdrawal can also be associated with the depressive cognitive style. Preschool teachers expressed more negative views in response to child aggression as compared to social withdrawal.

Externalizing risk behaviors

Aggressive behavior in children encompasses a wide range of behaviors with the common feature of willful damage or injury to other persons or things and the intent to do harm, while the ways of achieving it are fighting, physical, psychological, and social; according to Haug-Schnabel, aggressive episodes in this age group occur in kindergarten three to four times in an hour and are usually very short, averaging 24 seconds. Aggressive behavior always has a cause, which is important to know and understand, and which does not always have to be the same. Aggressive behavior is often motivated by anger, which at preschool age is most often caused by frustration in feeding, sleeping, receiving attention, having one's initiative thwarted and in sharing items with others. Classification of invariant defiant behavior has been described in the DSM categorical classification. According to Babić et al., it is generally a regular stage in the development of a child, occurring most often with the awareness of oneself, i.e. the formation of the "I" (self concept) and is manifested as the tendency to resist the demands of adults or other children. Vokad and Schultz refer to the early-childhood oppositional behavior that occurs around the age of three as a normal phenomenon in the development of children's willpower. However, if such behavior lasts for a long time, it often turns into risk behavior, and is then considered as the post common of all risk behaviors at this age. Zepeleta et al. determine the incidence of defiant behavior in preschool children between 4.4% and 9.5%. Kolléck 1967. argues that defiance or disobedience can manifest itself openly or covertly, as well as occasionally or permanently. The overt manifestation is reflected in the insolent, stubborn, rude, fighting behavior, while the covert one is exhibited through irritation, stoning and night terror. Impulsivity behaviors are manifested in categorical classifications as part of the ADHD syndrome. The prevalence of the ADHD syndrome in school children is between 3% and 7% worldwide, according to the analysis by Bartošczi 13; however, it has not been estimated for preschool children. It is precisely impulsivity that is highlighted in a lot of research as a key predictive component of the hyperactivity-impulsivity-inattention triad. A child who is overly impulsive, i.e. who exhibits impulsive behavior, responds in a way that is, in relation to its age, different or less adaptive with regard to objects or social relations. It cannot wait its turn, often is impatient, suddenly stops the game, cannot persist long in an activity even when it is interested in it, and itself-controlling in frustrating situations is reduced. These situations often make the child uncomfortable in relations with peers and with care giving adults. The child often receives negative feedback, which can lead to poor self-image and can form the basis for future negative identity development. It is also very important to notice this behavior at preschool age and seek professional intervention.

In conclusion

We have tried to present a theoretical overview of risk behavior in childhood and at preschool age based on the knowledge of risk in the prevention science. This is not a complete overview of the field but only our interdisciplinary view on the contemporary understanding of certain elements of preschool problem behavior prevention in Croatia.

The following has been found:

(A) In the preschool years, the period between 3 and 6 years of age, we can observe risk behavior, not behavioral difficulties or behavioral disorders. In the framework of the theory of risk, it is important to timely notice risk behavior at preschool age and to provide the child with an adequate response in order to overcome this problem behavior.

(B) There are categorical assessments of risk behaviors in childhood that are functionally adapted to take into consideration the environment in which the child grows, and dimensional classifications for assessing the behavior of preschool children that are focused on recognizing outward-oriented behavior and inward-directed behavior. It is necessary to develop classifications that take into account the insights of the constructivist and social-ecological development paradigm, i.e. the context in which the child is grown.

(C) Since the knowledge of phenomenology is one of the prerequisites for a successful prevention of adverse psychosocial development, this paper has paid special attention to the analysis of various manifest forms of risk behavior.

We hope that this review will be useful in the further study of the psychology and classifications of preschool risk behavior, but also, for educators in early and preschool education. In the future, this review should be supplemented with an analysis of the known etiological factors of the emergence and progression of behavioral problems, which would complement the analysis with this other important segment in order to achieve the full understanding of behavioral problems.

"This work has been fully supported by the University of Rijeka under the project number 13.10.22.03."
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