

IDENTIFICATION AND INTERVENTION OF
ADOLESCENTS WITH THE MANIFESTATION OF
CONDUCT DISORDER IN SCHOOL SETTING: A STUDY
OF THREE CASES
IN ARSI ZONE, SIRRE TOWN

By

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Addis Ababa University

June 2009

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ABSTRACT

The study investigated the manifestation of conduct disorder. It is Case Study of 3 adolescents, with the manifestation of conduct disorder in school setting. The purpose of the study is to investigate possible factors related to the manifestation of conduct disorder during the period of adolescence, and adapt intervention methods that could help to reduce the manifestations. The study used mainly qualitative method and to see the reliability of the questionnaire quantitative method was used. The participants who gave data in the research were: the individuals with the manifestation of conduct disorder, parents, teachers, peers. To obtain data about the adolescents with the manifestation of conduct disorder from their parents and family members' interview method was employed. To obtain data from their teachers and peers, questionnaire was employed. Observation method was used in order to investigate how the individuals in the study behave in different environmental contexts. The intervention package was 'Combined Treatment'' approach (It is multi-method intervention approach). The method included: helping the individuals to develop positive self - concept about themselves (humanistic approach), developing the individuals' interpersonal cognitive problem - solving skill, parents and family management training and facilitating school related factors. The possible factors related with the manifestation of conduct disorder were : the role of family and childhood experience, peer group influence, personal factors, school related factors, the individuals' faulty perception of reality and problems related with self - concept. Even if there is no clear cause - and - effect relationship exists between the interventions applied and the behavioral manifestations of the individuals, Post-treatment finding showed that the manifestation of conduct disorder has reduced on all the 3 individuals in the study.

TABLE OF CONTENT

	PAGE
ACKNOWLEDGEMENT	i
ABSTRACT.....	ii
LIST OF TABLES	vi
CHAPTER ONE	
INTRODUCTION	1
1. The problem and its approach.....	1
1.1 Background of the study.....	1
1.2 Statement of the problem.....	3
1.3 Significance of the study.....	5
1.4 Limitation of the study	6
1.5 Delimitation of the study	7
1.6 Operational definition of terms.....	7
1.7 Organization of the study.....	8
CHAPTER TWO	
LITERATURE REVIEW	
2.1 Concept of conduct disorder	9
2.1.1 Implications on conduct disorder.....	10
2.1.2 Violence and aggression in relation to conduct disorder	10
2.1.3 Accompanying disorders and symptoms of conduct disorder	11
2.2 Potential causes and related factors in the formation of conduct disorder.....	13
2.2.1 Biological causes	13
2.2.2 Environmental causes	15
2.2.3 The interaction between biological and environmental factors and behavioral difficulty.....	15
2.3 Childhood experience and the role of family the formation of conduct disorder..	15
2.3.1 Childhood experiences in relation to conduct disorder	15
2.3.2 Developmental aspects of conduct disorder in relation to psychosocial development.....	16
2.4 The role of family for developing the manifestations of conduct disorder.....	19

2.4.1 Unsatisfactory parental attitudes and practices	19
2.4.2 The major Points in Parent-child interactions in relation to conduct disorder.....	21
2.5 The role of peer group in the formation of conduct disorder.....	21
2.6 Personal factors (as temperament) in relation to conduct disorder.....	22
2.7 School related factors in developing disruptive behavior as conduct disorder	23
2.8 Assessment of Individuals with the manifestation of conduct disorder	25
2.9.1 Identification of emotional and behavioral disorder in relation to conduct disorder	25
2.9.2 The purpose of evaluation	26
2.9.3 Techniques used in the evaluation of individuals with the manifestation of conduct disorder	28
2.9 Theoretical approaches in intervention methods.	29
2.9.1 Humanistic approach.....	30
2.9.2 Interpersonal cognitive problem-solving skill approach.....	31
2.9.3 Parent and family management training.....	33
2.10. The purpose of intervention towards conduct disorder.....	34

CHAPTER THREE

RESEARCH METHOD

3.1 Research method.	35
3.2 Procedures of data collection.	36
3.3 Instrument for data collection.....	39
3.4 Validity and reliability of instrument.	43

CHAPTER FOUR

PRESENTATION OF FINDING

4.1 Identification on each Case.....	45
4.1.1 Presentation of the individual's background and problems – case1	45
4.1.2 Manifestation of the individual's conduct disorder.....	50
4.2.1 Presentation of the individual's background and problems – case 2.....	53
4.2.2 Manifestation of the individual's conduct disorder	58

4.3.1 Presentation of background and problems - case 3.....	60
4.3.2 Manifestation of the individual's conduct disorder	64
4.4.1 Intervention applied and the findings.....	67
4.4.2 Prognosis and treatment planning	67
4.4.3 Intervention applied to each case.....	68
4.5 Post-treatment finding on each case.....	72
4.5.1 Post-treatment finding on - case 1	72
4.5.2 Post-treatment finding on - case 2.....	76
4.5.3 Post-treatment finding on - case 3	79

CHAPTER FIVE

DISCUSSION

5.1 What possible factors are related to the manifestation of conduct disorder.....	83
5.1.1 The role of family and childhood experience.....	84
5.1.2 Peer group Influence.....	85
5.1.3 Personal factors.....	86
5.1.4 School related factors.....	86
5.1.5 The individuals' faulty perception of reality.....	87
5.1.6 Problems related with self-concept	88
5.2 What Possible Solutions can be found to the individuals by intervening the manifestation of conduct disorder relation to this study.....	89

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary	92
6.2. Conclusions.....	93
6.3 Recommendations.....	94
Bibliography	96
Appendices.....	97
Appendix A: Interview to parents of the individual in the study.....	98
Appendix B: Questionnaire prepared to get data about individuals in the study.....	99
Appendix C: Semi-structured interview with the individuals in the study.....	100
Appendix D: Points of which the presentation is based on.....	101

LIST OF TABLE

Table 1: Number of teachers and peers who filled the questionnaire.....	41
Table 2: Tool for observation	43
Table 3: Findings from observation of case 1	51
Table 4: Responses by teachers and peer group members from the questionnaire (Appendix B) of Case 1.....	52
Table 5: Findings from observation of case 2	58
Table 6: Responses by teachers and peer group members from the questionnaire (Appendix B) of Case 2.....	59
Table 7: Findings from observation of case 3	65
Table 8: Responses by teachers and peer group members from the questionnaire (Appendix B) of Case 3.....	66
Table 9: Post –Treatment observations of case 1.....	76
Table 10: Post – Treatment observations of case 2.....	79
Table 11: Post – Treatment observations of case3.....	82

CHAPTER ONE

INTRODUCTION

1. The problem and its approach

This Chapter deals with background of the study, statement of the problem, significance of the study, limitation and delimitation of the study, the operational definition of terms and organization of the study.

1.1 Background of the study

Human nature requires social interaction; an individual can not live alone. He/She should interact with others as a social being for his/her survival.

When an individual lives with others, he/she is expected to show a socially appropriate behavior. Otherwise, he/she will have a problem living with the others. This will hinder his/her way to use his/her talent and potentialities as a unique personality.

The concept of conduct disorder is related to the behavioral disorder that an individual is manifesting. Knowing more about behavioral disorder can help to elaborate what conduct disorder is. There is no single definition of behavioral disorder accepted by professionals but they all agree on some basic points (Taylor and Sternberg 1989; Carwood, 1983 as cited in Tirrusew, 2000: 253).

1. Inappropriate behavior under normal circumstance
2. A general depression or unhappiness
3. Inability to maintain satisfactory interpersonal relations with others
4. Inability to learn which can not be explained by intellectual, sensory and health factors.

The individual with behavioral disorders will have one or more of the above manifestations that affects his/her interpersonal relations and educational performance

There are several reasons for lack of a clear definition (Tirrusew, 2000: 253).

1. There are measurement problems
2. There is no clear agreement about what constitute good mental health
3. Different theories of emotional disturbance use their own terminology and definitions
4. The expectations and norms for appropriate behavior are quite different across ethnic and cultural groups
5. Frequency is also a concern for all children to behave inappropriately at certain times.

Conduct disorder is a destructive behavior that threatens the interpersonal relations of an individual with others. It's one of the categories in behavioral disorders as classified in Diagnostic and Statistical Manual (DSM-IV) by American Psychiatric Association (Wiener, 1999: 411).

The concept of conduct disorder, itself is so vast that it needs lots of research. Students with the manifestation of conduct disorder need to be helped to develop the ability to exercise voluntary control over their behavior and have efficient perception of reality. Adolescents with the manifestations of aggression toward people, destruction of property, deceitfulness and serious rule violations are not accepted by others. They are considered as maladjusted ones. Such adolescents are avoided and lose social value. They are given inadequate attention to their disordered behavior. Students with the manifestations of conduct disorder are considered as problem creators, not as individuals who need professional help. Teachers, in school situation, need to know about

the manifestations, the likely causes and the possible intervention methods disordered behavior as conduct disorder. Parents need to be trained about the manifestations and the likely causes and the possible intervention methods, and much research is needed to be done in teachers' and parents' awareness about the manifestations of conduct disorder and its intervention methods. One of the major factors for this is lack of awareness about the manifestation of conduct disorder among parents, teachers and students. And also the individuals with the manifestation of conduct disorder, parents and teachers need to have access to information, as well as promoting a climate to have communication between them.

It is with this in mind that the researcher attempt to assess the possible causes and possible solutions that can be found for the individuals by intervening the manifestations of conduct disorder.

1.2 Statement of the problem

From the end of childhood period to late teen's an individual physiology rapidly changes which is called the stage of puberty. During the period of adolescence the individual challenges new changes. These changes are physical, cognitive, emotional and social (Newman, 2003). The change has enormous implications for the individual's sexual, social, emotional, and vocational life.

During the transition from childhood to adulthood, the individual is expected to begin playing the role of adulthood, not to play the role of a child. The adolescence emerges into a wider, more varied social environment. The social relationships take on a new intensity and complexity. The individual will have to accommodate these new changes with the already existing one.

These changes are related with the individual psychological development-needs and abilities and societal expectations -social development (Newman, 2003: 40).

In this psychosocial development adolescence period is associated with sexual awakening, identity crisis, and hero worship. There is a new sense of self. The individual has to find his/her identity as to "who" he/she is and what he/she can achieve. The individual has to learn a lot what he/she can achieve. If the individual lacks the appropriate guide towards his/her adjustment he/she is likely to involve himself/herself in disordered behaviour.

Adjusted behavior of the student can facilitate teaching – learning process in the school situation. Learning can be seen as a process that extends the experience of an individual. Learning takes place in the family, in schools and in the society. To facilitate the learning and teaching process in the classrooms students are expected to manifest adjusted behavior, in schools. Teachers and school administrators should be properly trained about the impact in the manifestation of conduct disorder in school situation.

Parents are in a position to shape the behavior of their young and to socialize them. School and family as social institutions are expected to make competent, well-educated and adjusted citizens. Furthermore, helping students with the manifestations of conduct disorder to a deeper and more sound understanding about themselves and their environment is important.

The basic purpose of the study is to investigate possible factors related to the manifestations of conduct disorder during the period of adolescence, and adapt intervention methods that could help to reduce the manifestations. As conduct disorder is related with behavioral disorders, studying conduct disorder can contribute to the understanding of behavioral disorder. Much research is needed to be done in investigating the manifestation of conduct disorder and finding ways to reduce the manifestations, among the adolescence.

Parents, teachers and the individuals with the manifestation of conduct disorder may not know the causes and its intervention methods.

To conclude, the statement of the problem is:

Teachers, parents, the community and the individuals themselves are facing problem because of the individuals' manifestation of conduct disorder as aggression towards people, destruction of property, deceitfulness and as serious rule violations. Therefore the researcher investigates possible factors related to the manifestations of conduct disorder during the period of adolescence of three cases in Sirre town, Arsi zone.

1.3 Significance of the study

As it was said above adolescence is the period at which an individual face physical, social and psychological changes. The individual will have to accommodate these new changes with the already existing one. Many problems may arise during the change. One of the problems could be the manifestations of conduct disorder.

In school situation individuals with the manifestations of conduct disorder are not likely to get acceptance by others for their deceitful, destructive and aggressive behavior. Persistent conflict and isolation by others is likely to aggravate their disorder.

Some students at adolescence age with the manifestation of conduct disorder may not know why they behave that way, and the others who know that they have the behavioral disorder do not know how to get treatment or where to get treatment .

Teaching and learning process requires discipline from the student and to be able to abide by the school rules and regulations. Students manifesting conduct disorder are likely to face difficulty in adjusting themselves with the school rules and regulations. They are likely to have conflict with teachers, other students and the school administrators. Such individuals

need help, and they also need to be understood by teachers. Such individuals need help and understanding from their family.

Hence, the adolescent with such manifestations should get information about the problem. The outcome of the research could be beneficial to teachers, parents and the individuals with the manifestation of conduct disorder.

The study has the following importance:

1. The findings of the study will help the individuals with the manifestation of conduct disorder, teachers, parents and students to get knowledge about conduct disorder
2. The study may contribute to parents, teachers to develop intervention methods
3. The study may provide information for the ones who want to carry out study on identification and intervention of adolescents with the manifestation of conduct disorder in school setting.

1.4 Limitation of the study

There were limitations to the researcher in the process of intervening each individual's behavior to better adjustment.

Children and adolescents learn many of their attitudes and values from their parents and siblings, but the researcher has limitations to control how parents treat their teenagers. The influence of peer group has tremendous effect on the formation of the behavior of the adolescence for adjustment, but the researcher has limitations to control the interaction of the individuals with peers.

The treatment of teachers to the individuals may contribute to the manifestation of conduct disorder, but the researcher has limitations to control how teachers treat the individuals in the school.

1.5 Delimitation of the study

The scope of this study is focused to the investigation of the possible factors related with the manifestation of conduct disorder.

Adolescence is the period at which an individual begin to look for his/her identity. If he/she lacks the constructive guidance towards adjustment the individual is likely to face identity crises. Identity crises could possibly illicit disordered behavior one of which could be the manifestation of conduct disorder. This study is delimited to the period of adolescence. The age of the individuals is 17 years old.

The study encompasses the investigation of the issue in school setting in Arsi zone, Sirre town.

1.6 Operational definition of terms

A. Conduct Disorder

In conduct disorder the following 4 of behavioral criteria must have been manifested in the last 12 months and at least one in the past 6 months. (The researcher has taken the definition of conduct disorder from the Diagnostic and Statistical Manual (DSM-IV) by American Psychiatric Association – (Sarason, 2002: 448).

1. Aggression toward people including bullying, intimidating, use of weapons, physical cruelty forced sexual activity and aggression toward animals
2. Destruction of property
3. Deceitfulness or theft
4. Serious rule violations including school truancy before age 13, running away from home.

B. Inappropriate personal factors

These are the factors that predispose a person to behavioral and emotional difficulty, but may not in itself causes the difficulty (one example is temperamental characteristic).

C. Anti-Social behavior

Individuals with this disorder show an almost total disregard for the well being of others. They don't bother about rules and regulations. Behaviour like deliberate theft, lying, drug abuse and destroying of property could be manifested. They are often irritable and aggressive, highly impulsive, highly deceitful and show no remorse to others (Barons, 2001: 570)

D. Adolescence

Adolescence refers to the period of transition from childhood to adulthood. Its age limits are not clearly specified, but it extends roughly from age twelve to the late teens when physical growth is nearly complete. During this period the young person develops to sexual maturity, establishes his/her identity as an individual apart from his family, and faces the task of deciding how to earn a living (Hilgard and Atkinson, 1975: 91).

E. Intervention

In this research intervention means altering the manifestation of conduct disorder to the individuals for their better adjustment.

1.7 Organization of the study

The research paper is organized in six chapters. The first chapter contains introduction, the second chapter contains literature review, the third chapter contains the research method, the forth chapter contains presentation of findings, the fifth chapter contains discussion and the sixth chapter contains summery, conclusions and recommendations.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Concept of conduct disorder

According to the Diagnostic and Statistical Manual (DSM-IV) by American Psychiatric Association conduct disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or societal norms or rules are violated (Wiener, 1999: 412). Conduct disorder is in the category of aggressive behavior (Sarason, 2002: 448). This is to say that aggression is one of the major manifestations in conduct disorder. An individual with the manifestation of conduct disorder might disregard and violates societal norms or rules. The disorder can appear already before age 10 or some time in adolescence.

Classifying the problem of conduct disorder leads to the existing body of knowledge from which we can draw to understand the individual and the family and choose an intervention strategy (Mash and Wolfe, 2002: 84). A classification system places a disorder within a system of conventional groupings based on important similarities in manifestations. However, diagnosis is not without criticism because it leads to the impact of labeling. If the labeling is inaccurate or false it has the negative effect. The negative effect of labeling an individual with a behavioral disorder is that it can lead to self – fulfilling prophecy i.e. false or inaccurate beliefs can result in a personal reality that corresponds with them (Newman 2003, p.270). The individual will continue to fulfill the inaccurate label he/she is attached to.

On the other hand classifying the problem can facilitate communication among professionals and provide more reorganization and understanding of the individual with conduct disorder. What we should understand, is that classification based on important similarities in manifestations is not simply a label that is attached to the individual with the disorder but it's a complex outcome of present knowledge about maladaptive behavior.

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Understanding about what characterize behavioral disorder helps to expand the view about conduct disorder.

2.1.1 Implications on conduct disorder

Conduct disorder is disordered behavior. Disordered behavioral formation is multiply determined. Thus, we have to look beyond the individual's current manifestations and consider developmental pathways and interacting events (Mash and Wolfe, 2002: 27)

There is no clear cause – and - effect relationship exists for each child and adolescent disorder. The following assumption needs to be considered (Cicchetti and Cohen, 1995 as cited in Mash and Wolfe, 2002: 11).

- The pathways leading to a particular behavioral disorder are numerous and interactive, as opposed to one dimensional and static (Cicchetti and Cohen, 1995 as cited in Mash and Wolfe, 2002: 11).
- Through the complex interactions of the factors like family influence, peer group influence, school related factors and personal factors we find that an individual may develop an emotional and behavioral disorder, and another may not (Zionts and Simpson, 2002).

2.1.2 Violence and aggression in relation to conduct disorder

Aggression is one of the major manifestations in conduct disorder it needs close attention by the family and school. Aggression is related in different spheres of the individual environment such as to his/her family, to the school, to peers, and to the individual himself/herself (Zionts and Simpson, 2002). Individuals with conduct disorder demonstrate aggressive and impulsive manifestations more frequently than others. This behavior is often manifested with little or no provocation. They often involve themselves in conflict and out burst. To these individuals aggression is a strong feeling that severely

interfere the relationship with others and also is abusive to objects in the environment (Zionts & Simpson, 2002).

2.1.3 Accompanying disorders and manifestations in conduct disorder

In addition to the Diagnostic and Statistical Manual (DSM-IV) definition of conduct disorder there is simultaneous occurrence of two or more disorders/on the same individual. The overlapping of two or more disorder with one individual is called co morbidity (Mash and Wolfe 2002:55) Referral for treatment in such cases is likely to be based on combined symptoms of all disorders (Mash and Wolfe, 2002).

Conduct disorder may be accompanied by one or more than one of the following disorders:

1. Attention Deficit / Hyperactive Disorder (AD/HD) and Conduct Disorder

AD/HD is a disorder of inattention and hyperactivity -impulsivity. Some of the symptoms are as follows according to (Mash and Wolfe, 2002: 101): often has difficulty organizing tasks and activates, often does not seem to listen when spoken to, often does not follow an instruction and fail to finish tasks and often easily disturbed by external stimuli.

There are several possible reasons for having more than one kind of behavioral disorder for one individual. These reasons are:

- A common factor such as impulsivity may lead to both, Attention Deficit Disorder/ Hyperactivity Disorder (AD/HD) and conduct disorder
- Attention Deficit Disorder/ Hyperactivity Disorder (AD/HD) may lead to an earlier age of onset of conduct disorder, which is a strong predictor of continuing problems (Robins, 1991 as cited in Mash and Wolfe, 2002).

Adolescents with the manifestation conduct disorder and AD/HD differ with respect to parental characteristics. Conduct disorder by itself and conduct disorder with AD/HD are associated with high rates of parental antisocial personality disorder like parents manifesting aggressive verbal attack (insult) or they do have physical attack to each other in

front of their children and a parental history of aggressive behavior where as AD/HD by itself is not (Hinshaw, 1987 as cited in Mash and Wolfe, 2002).

Individuals with both conduct disorder and AD/HD usually display more severe behavioral, academic and social difficulties than individuals with one of these disorders (Hinshaw, Lahey and Hart, 1993; Moffitt, 1990; Robers, 1990 as cited in Mash and Wolfe, 2002).

2. Depression and anxiety

Depression and anxiety occur much more frequently than expected in youngsters with conduct disorder (Hops, Lewinsohn, Andrews and Roberts, 1990; Zoecolillo, 1992 as cited in Mash and Wolfe 2002: 141). The cause may be the persistent rejection by others for the difficult behavior of the individuals with the manifestations conduct problems.

3. Oppositional - defiant disorder

Oppositional defiant manifestation is a disorder displayed by negativistic, hostile and defiant behavior. The manifestations are as follows according to (Wiener, 1999:460): often actively refuses to comply with adults' requests or rules, often deliberately annoys people, often easily annoys by others and often angry and resentful.

4. Drug abuse

Drug abuse could be an accompanying disorder in relation to conduct disorder and also conduct problems during childhood are a risk factor for adult substance abuse and this relationship is mediated by drug use and delinquency during early and late adolescence period (Zionts and Simpson, 2002). Illicit drug use is associated with adolescent antisocial activities, and with immediate dangers such as accidents, violence, school dropout, family difficulties.

2.2 Potential causes and related factors in the formation conduct disorder

There is no clear cause and effect - relationship for the formation of disruptive behavior, as conduct disorder. However, there are potential causes and related factors that are likely to lead towards maladjusted behavior, as conduct disorder. These causes and factors have relationship with disruptive environmental conditions.

Although we can not automatically conclude that disruptive environmental conditions will always result in individuals with problems we can not dismiss their potential influence. These conditions are biological and environmental. The environmental conditions are related with childhood experiences, with the role of the family, peer group influence and school related factors. The individual with manifestations of this disorder violate sometimes societal norms, family expectations and the personal or property of others (Mc. Mahon and Estes, 1997 as cited in Mash and Wolfe, 2002: 129).

The known potential causes of emotional and behavioral disturbances are divided in to two general categories (Ziont and Simpson, 2002). These are:

- A. Biological – physical, medical, genetic factors
- B. Environmental – experiences of day to day life in family, in school, peer group members and in the society.

2.2.1 Biological causes of emotional and behavioral disorder

Some behavioral and emotional problems are thought to be the result of biological influences. Biological influences include genetic influences, neurological impairment (brain damage), nutrition and physical state of health.

1. Genetic influences

Although the manifestations of conduct disorder aren't inherited, biologically based trait, such as a difficult temperament or impulsivity, may predispose children to develop these patterns of behavior (Mash and Wolfe, 2002:147). This is to say that individual with highly impulsive and restless temperament is often likely to be reactive and aggressive even to minor stimuli.

2. Neurological impairment or brain damage

A cause of some type of emotional and behavioral disorders is also found in neurological syndrome. Brain damage can lead to difficult behavior. The causes of brain damage could be from toxic chemicals, disease, brain concussion and birth trauma (as lacking oxygen during birth). When this happen the individual brain is not able to function mental activities properly. Such incident could be the cause of disordered behavior.

3. Nutrition

Malnutrition is associated with learning problems and in some instances with emotional problems. Adolescents who suffer from empty stomach possess neither the concentration and strength nor the motivation to do well in school to learn and display socially appropriate behavior.

4. Physical health

Children and adolescents with severe, long-term health problems and physical handicaps may suffer from physical pain, social isolation and emotional problems. However health problems and physical handicaps do cause additional stress and in some instances are thought to result in emotional conflicts.

2.2.2 Environmental causes

The root cause for the behavioral disorder of adolescents goes back to the period of childhood. It is apparent that the values, attitudes, experiences and expectations to which children are exposed affect their behavior. Environment includes the child's experiences at home with parents and family members. These are unsatisfactory parental attitude and practices as rejection, inconsistency and domestic conflict. Peer group influence as making relationships with antisocial boys, and school related factors as inappropriate expectation of the teacher that doesn't fit to the student's ability, less sensitivity of the teachers to the student, the school's inconsistency in managing behavior and lack of communication between parents and the school personnel. Thus, it is possible that the children who are exposed to difficult conditions are thought to be more susceptible to behavioral and emotional problems as conduct disorder.

2.2.3 The Interaction between biological and environmental factors and behavioral difficulty

Most behaviorally disordered and emotionally disturbed children and adolescents do not have problems exclusively because of biological factors as difficult temperament. Its most often thought to be a complex interaction between biological and environmental factors that causes such disorders.

2.3 Childhood experience and the role of family in the formation of conduct disorder

2.3.1 *Childhood experiences in relation to conduct disorder*

Studying only the current manifestations of the individual won't provide sufficient data about the causes of conduct disorder, then exploring the individuals' childhood

experience is vital in order to understand the root causes. The cause for disruptive behavior during adolescence has a root back to the period of childhood.

Healthy psychosocial development comes through a series of interlocking social, emotional, and cognitive competencies. Competence is a composite of knowledge, skill and attitude that permit successful adaptation. Competence provides an individual with a deep confidence in his/her ability to engage new situations and do well (Newman, 2003:283)

Competencies at one developmental period not only help the child adapt to the environment, but also help to prepare the way for developing new challenges to come.

These developing competencies also integrate the old once in to new patterns of functioning. Problematic development, on the other hand, may be thought of as a lack of growth and integration of these competencies. Because of the important role of early competencies that play in later ones, an early disturbance may ultimately result in the emergence of a much larger difficulty some years later. A number of risk factors include family discord and divorce, the child temperamental characteristics, and stressful experiences. Child maltreatment is especially damaging stressor. Maltreated children have a very high rate of psychological problems witch will extend in to their adulthood.

2.3.2 Developmental aspects of disordered behavior as conduct disorder In relation to psychosocial development

In order to understand an individual's emotional and behavioral disturbance it's necessary to study developmental processes. Studying each psychosocial developmental stage will help to understand factors that are likely to illicit emotional and behavioral disorder as in the cause of conduct disorder in this study.

Psychosocial theory presents human development as a result of the ongoing interaction between the individual psychological aspects (as needs and abilities) and societal factors (as expectations and demands). The "father" of psychosocial theory is Erick Erickson, (Newman, 2003). According to him at each stage of developmental phases there are 'crises' or 'critical issues' to be resolved. If the individual is not able to resolve these crises at that stage he will have vulnerable points and he will continue to deal with the crises later in life, perhaps irreversible consequences could result. Conditions of severe deprivation or unusual stimulation can affect the rate of development.

The stages of development are explained as follows:

(The stages of development including the ages are classified according to Erick Erickson (Hilgard and Atkinson, 1975):

Trust Vs Mistrust - Infancy (The first 24 months).

The important relationship during this period is with the mother or care giver. If the mother is sensitive to the infant's need and show him her affection the child will develop basic trust of others and a sense of his own trustworthiness. But if the mother is rejecting and inconsistent she will be a source of frustration. This will result in mistrust of the child to others and to the self that may persist throughout childhood and adulthood. This will be expressed in anger, withdrawal, depression and grief.

Autonomy Vs Shame and Doubt -Early Childhood (Age 2 to 3)

The child engages himself in exploring his abilities and environment. Autonomy refers to the ability to behave independently. Children who have been allowed to experience autonomy have a strong foundation of self-confidence and behave independently. Parents who are overly restrictive and harsh give there children a sense of powerlessness and incompetence which can lead children develop shame and doubt. Shame and doubt are characterized by feeling of worthlessness, anger, irritability, suspiciousness and tendency to blame others.

Initiative Vs Guilt - Middle Age Childhood (Age 4 to 6)

Children show sense of initiative in exploring their immediate environment. Parents who encourage children's initiative permit children to learn and understand about their environment; on the other hand if children are discouraged from their sense of initiation they are likely to feel guilt. They may experience guilt about their own impulse and fantasy. Children who feel guilt learn to restrict new behaviors out of fear that they may cause harm or unhappiness to someone else. The feeling of guilt is likely to make restraint or suppress behavior. This makes inhibition from learning new experiences.

Industry Vs Inferiority - Late childhood (Age 6 to 12)

The child goes out of family and joins the wider environment i.e. the school, peer group, teachers and the community. According to Erick Erickson Industry is an eagerness to acquire skills and perform meaningful work (Newman, 2003: 276). In addition to the self-motivating factors associated with increased competence and readiness, external source of reward promote skill development. On the other hand failure to develop competence the child is likely to feel inferiority such negative self-image hinder future learning.

Identity Vs Identity confusion – Adolescence (roughly from age 12 to the late teens)

Adolescence is a period at which an individual is searching for his identity. Inability to face one's identity is likely to lead towards identity crisis. During this period the individual is likely to face social, psychological and emotional problems. Disruptive environment as unsatisfactory parental attitude and practices as rejection, inconsistency and domestic conflict, negative peer group influence are likely to make the adolescence in Identity confusion. The individual lacks the appropriate guide towards his/her adjustment. Such disruptive environment could be the cause to illicit disordered behaviour, as the manifestations in conduct disorder.

2.4 The role of family for developing the manifestation of conduct disorder

Children undoubtedly learn many of their attitudes and values from their parents and siblings. Parental discipline and inadequate child rearing can contribute to children's emotional and behavioral problems. Inconsistent management of the child at home (e.g. hostile parents) is one key to foster emotional or behavioral difficulties.

2.4.1 Unsatisfactory parental attitudes and practices

Antisocial behavior patterns are the foundation for the manifestation of conduct disorder. Maladaptive parent teen-agers interactions are at least partly responsible for producing and sustaining the child's antisocial behaviors. A combination of individual child risk factors (e.g., difficult temperament) and extreme deficits in family management skills likely accounts for the more persistent and severe forms of antisocial behavior (Caspi and Moffit, 1995 as cited in Mash and Wolfe ,2002: 150). Most children react sensitively to the way in which they are treated by their parents. Certain attitudes and practices are highly likely to result in problematic behavior of the child (Chazzan, et al., 1983). In particular, five main patterns can be highlighted as follows:

a. Rejection

Rejecting parents tend to be unaffectionate, disapproving and hostile, harsh in their method of control and destructive of the child's confidence and self-image. The effects of parental rejection on their children are likely to be devastating. Although not always immediate such children sooner or later might become to be antagonistic to adults and to other children. And they might often be lacking self-confidence either withdrawing from challenges or seeking to assert themselves by means of aggression and anti-social behavior.

b. Inconsistency

If the standards set by parents are fluctuating and unpredictable, children will not know where they stand. They will face difficulties to learn which of their actions will met with approval or condemnation .They might develop an indecisive individual character.

c. Prolonged separation from the mother

If the normal bonds of attachment linking mother and child are broken the child may show signs of acute distress, sometimes followed by a period of apathy. In some cases developmental progress especially social responsiveness, for example the individual's ability of social interaction, is slowed down.

d. Domestic crises

Parental disharmony has been found to be highly associated with behavior problems presented by young children at home, and may also result in a child showing considerable anxiety and tension. Parent home characterized by harmony and good will tend to have a positive influence on children. Such homes however don't guarantee children and adolescents from developing disordered behavior. Even the harmonize homes may have a child with emotional and behavioral disorder.

e. Divorce

Furthermore, children, usually experience distress over a divorce or separation of their parents regardless of the amount of discord and anxiety that existed prior to the separation. Children of all ages show various emotional reactions to their parent's separation and divorce, including, sadness, anger, depression, shame, guilt, fear and rejection.

2.4.2 The major points in parent-child interactions.

Unstable and inconsistent parents more commonly have children with disordered behavior, but not all children and adolescents develop disordered behavior because of these conditions. Hostile and aggressive children are more common in hostile and aggressive families. Such children may have a potential ground for the development of disordered behavior as conduct disorder. This doesn't necessarily mean in many cases that hostile family interactions cause hostility in children and lead them to develop disordered behavior.

The way in which parents discipline their children has long been thought to relate to children's behavioral adjustment. Parents who are warm and loving and who consistently and fairly discipline their kids seem to get the best results. Hostile and inconsistent methods of discipline in contrast are thought to be least effective and to induce behavioral problems in children.

Most kids are able to adapt as long as rules and rule enforcement are relatively consistent. Thus, many experts believe that children are most secure knowing that rules exist and that the adults in their lives are concerned enough to place limits on their behavior. Maladaptive parent child interactions are at least partly responsible for resulting and sustaining the child's antisocial behaviors, and that affectionate way of interaction with their child is likely to reduce the negative impact in the child's behavior (Dishion, et al., as cited in Mash and Wolfe, 2002: 157).

2.5 The role of peer group in the formation conduct disorder

The influence of peer group has tremendous effect on the formation of the behavior of the adolescence for adjustment or for maladjustment. An adolescent who involves himself/herself in a gang group is likely to adapt different manifestations in conduct

disorder. Peer group is one of the immediate socializing factors that influence behavior during the period of adolescence. A peer group membership has more importance during adolescence than at any other period of life. A peer group can serve as source of support for youngsters in conflict with their families. Moreover being part of a clearly identified group can help to answer the burning questions "Who am I" as this period is the time to find one's "identity" (Hilgard and Atkinson, 1975).

Adolescents with conduct disorder display verbal and physical aggression toward other children and they also manifest poor social skills (Mash and Wolfe, 2002: 138). These individuals have disordered behavior. Disordered behavior could be expressed through aggression impulsivity and irritability. Verbal and physical aggression could be their way of manifesting their disruptive behavior. Friendship between antisocial boys is abrasive, unstable, of short duration, and might not be satisfying (Dishion, Andrews and Crosby, 1995 as cited in Mash and Wolfe, 2002: 139). Factors that could induce peer problems are:-

- Delinquent peers
- Gang involvement or membership

2.6 Personal factors (as temperament) in relation to conduct disorder

Personal factors predispose a person to behavioral and emotional difficulty, but may not in itself cause the difficulty. These factors are related with temperament. Aggression is one of the major manifestations in conduct disorder.

Temperamental factors that are likely to lead to aggressive behavior are restlessness, impulsivity and irritability (Zionts and Simpson, 2002).

2.7 School related factors in developing disruptive behavior, as

Conduct Disorder

Children who are aggressive or violent often experience a history of conflict in their relationship with teachers and peers. Academic failure, weak bonding to school, truancy are the likely causes that increase conflicts with teachers. If the teacher has negative perceptions regarding students, then the students' chances for success dwindle.

Positive relationships with students provide the foundation for effective classroom management as influencing the student's motivation, performance and behavior

Some of the questions that the teacher should ask him self/herself about his/her behavior in the classroom situation that might contribute to student's misbehavior (Stow and Self, 1989 as cited in Tirussew, 2000: 261) .These are:

- Are the teacher's expectations of the student appropriate?

Adjusting expectations to fit the student's level of ability is important other wise it could induce misbehavior.

- Is the teacher sufficiently sensitive to the student as an individual?

Teachers who demand strict uniformity and who are unable to tolerate and encourage appropriate differences among their students are likely to increase the tendency to exhibit troublesome behavior (Tirussew, 2000: 262).

One way in which schools may contribute to children's problem is by failing to accommodate individual needs (Zionts and Simpson, 2002). Because schools serve large groups of children, they tend to aim learning experiences toward the student. Thus, when students are treated all the same with ignoring differences, those with even minor problems may be considered as misfits. Individuals vary in intelligence, maturity,

skills, experiences, and ability. By failing to treat children as individuals, schools may promote problems. Teachers may rightfully contend that large class sizes and a tendency to uniformity make it unrealistic to carry out individual planning. These facts may contribute to students, emotional and behavioral disorders.

- Is the school consistent in managing behavior?

Schools conditions may contribute to student's problems by inconsistent rules and policies (Zionts and Simpson, 2002). The standard rules and regulations set by the school are sometimes strictly enforced and at another time they are not. In such circumstances the students will face difficulties to learn which of their actions will meet approval or disapproval. They might develop indecisive character. Children and adolescents who are most susceptible to emotional and behavioral disorders are best served by clearly stated rules and conditions.

-Lack of communication between parents and school personnel

School personnel may contribute to children's emotional and behavioral problems by not striving to communicate and cooperate with parents. In the absence of parent-teacher communication, children and adolescents prone to problems become more vulnerable.

Schools can take a leadership role by initiating frequent informal visits with parents to make sure they know what steps the school is taking to proactively address the child's situation so they can keep clear and easily interpreted records of student and social problem.

2.8 Assessment of individuals with the manifestation of conduct disorder

Before making an assessment the first task is identification of the individual with manifestation of conduct disorder. This first step helps to gain insight into the needs of an individual.

Then assessment involves the following:

- a) Describing the nature of the difficulties and the context in which that occur
- b) Getting information about the individual's back ground
- c) Drawing up a profile of the many aspects of the individual's development
- d) Highlighting those factors which seem to be associated with the individual's behavior
- e) Trying from what is known about the individual and the background to make inference about his/her needs and to draw up a program of action which will lead to better adjustment i.e. to plan intervention strategies.

2.8.1 Identification of emotional and behavioral disorder in relation to conduct disorder

The following factors may be considered when determining whether the individual has the manifestation of conduct disorder (Zionts and Simpson, 2002):

1. Intensity: - refers to the severity of child's problem. How much does his/her behavior draw attention from others?
2. Pattern – refers to the times when the problems occur. Do problems only occur during the school day? At bed times?
3. Duration – refers to the length of time the child's problem has been present.

The following are involved in the assessment process

- a) The assessment aims to discover how an individual learns and responds over a period of time and not merely record performance on one occasion
- b) The family circumstance as a whole must be taken in to account
- c) Investigating aspects of the performance that is causing – concern.

Screening for assessment and intervention are to be performed in every case when the problematic behavior is identified.

Screening

Screening is identification of individuals at risk, who are then referred for a more thorough evaluation. Screening is brief, a more thorough assessment of the individual's development is needed (Mashand Wolfe, 2002: 79) Screening might take place through a brief instrument (such as asking teachers to recommend which of their students have certain characteristics that are known to be associated with emotional or behavioral problems) Parents also know their children the best at determining if their children require professional attention.

2.8.2 The purpose of evaluation

Evaluation is the process of complete and comprehensive understanding of an individual or individuals manifesting behavioral disorder as conduct disorder. The expected outcome of an evaluation is that a professional judgment will be made regarding an individual's or adolescent's emotions and behavioral adjustment. Evaluations are often performed only with children and adolescents whose behavior attracts attention usually from parents and teachers. The process seeks to gather information from a variety of sources that allows others to understand the individual's behavior.

a. Referral for special education evaluation

In spite of their limitations, evaluations are important as necessary step towards appropriate services. Such behavioral disorder may be the result of short-term troubles, normal individual differences or other factors. Evaluations will provide a wide variety of information about individuals including diagnostic information and important for intervention and treatment. As treatment and education plans should be individualized on the basis of each individual's strength and weakness they must be developed through an individual evaluation.

When teachers have attempted and documented many preferable interventions and the student continues to struggle in the class room, a formal referral for special education is made through the school's multidisciplinary teams as: home room teacher, the school director, unit leader and chairman of 'parents committee'. During this phase of the evaluation process, a plan is created to specifically address the student's abilities as well as the nature of problem that he/she experiencing in the general education classroom.

b. Decisions about eligibility

An individual problems, abilities and behaviors can only be analyzed through a complete and comprehensive evaluation. Here comprehensiveness refers to the use of an array of procedures and techniques to gain a thorough understanding of the individual. Multiple methods and multiple informants (people who share their opinions and experiences with the individual) should be employed in evaluation.

2.8.3 Techniques used in the evaluation of individuals with the manifestation of conduct disorder

Many techniques and procedures may be used to evaluate the behavior problems of children and adolescents. Such procedures give information in the following areas:

a. Intellectual performance Vs emotional and behavioral disorders

Evaluation of the individual intellectual achievement is important. Individuals with emotional and behavioral disorder often have poor academic achievement. The cause could be multiple but one cause might be their energy is directed towards their disruptive behavior and they are left with no capacity to focus their attention to intellectual activities or Individuals who have difficulties to acquire information and skills may not understand the consequence of there disruptive behavior to themselves and others.

b. Environmental evaluation

This area covers environmental factors that influence behavior as: Parents, family, school and socio-economic factors as: housing, health and food are concerned here. An understanding of these influences provides a more thorough understanding of the individual problems.

The most frequently used means of obtaining environmental information is a parental (or legal custodian) interviews. Parents have more intimate contact and know the history of development about their children. Furthermore, parents tend to be more motivated and have more legal rights to be involved in the evaluation than any body else.

Interview of parents should include delivery problem when the individual was born, illnesses, accidents and complications, during the childhood and adolescence period. Other factors that may influence an individual's behavior or attitude are the Presence of neighborhood and peers.

c. Medical and physical developmental history

Documentation of physical development and medical history should be one of the vital parts of understanding the individuals with emotional and behavior disorder.

Medical facts that might be pertinent to the individual's psychological and emotional state needed to be taken in to consideration. One example could be brain damage, because such medical problems can profoundly affect the individual's emotional state (Waldinger, 1997: 45)

Evaluation of Emotional and Behavioral functioning includes:

a) Observations

b) Rating scales and

c) Interviews. (Wiener, 1999; Morgan and et al. , 2001).

2.9 Theoretical approaches in intervention methods

The pathways leading to any particular disorder are numerous and interactive, as opposed to one dimensional and static (see p.10). These factors have complex interactions. Using multiple methods of intervention could be more effective than a single method. There is an intervention package called 'Combined Treatment' (Mash and Wolfe, 2002: 94). It is multi-method intervention approach. This approach comprises many intervention methods, but the researcher has taken four of them. These are: developing positive self-concept (humanistic approach), Interpersonal Cognitive Problem-solving skill approach, parent and family management training and facilitating school related factors.

2.9.1 Humanistic approach

several theories of personality because of their more optimistic view concerning human nature are known as humanistic theories (Maslow, 1970 and Rogers 1977 and 1982 as cited in Barons 2001: 475).

According to Humanistic approach psychological disorders arise because the environment interferes with personal growth and development. Humanistic therapies focus on the task of helping client's to get knowledge on more of self-awareness, to find meaning in their life and to live according to their own inner values and traits. The most influential humanistic approach is the 'client- centered therapy developed by Carl Rogers (Carl Rogers, 1970 and 1980 as cited in Barons 2001: 590). According to Carl Rogers psychological disorder arise primary from distorted self –concept. When the individual learns that he/she must be someone other than what he/she really is, he/she refuses to recognize large portions of his/her experience and emotions. This interferes with the development of the self and causes him/her to suffer from various forms of maladjustments. The complexity and logic of the 'client-centered' theory depend on the development of cognitive functions (Newman, 2003: 234). The development of the self- concept is at the heart of psychosocial development. The self-concept links three elements. These are: 1) the individual's understanding of the nature of the world, 2) the nature of the self, and 3) the meaning of interactions between the two (Epstein, 1973 and et al., as cited in Newman, 2003 : 233-4). The extent to which the individual's self-evaluations are favorable or unfavorable is his /her self –esteem (Campbell, 1990 and Epstein, 1983 as cited in Barons, 2001). Those Persons who evaluate themselves favorably have high self –esteem and on the other hand those who evaluate themselves unfavorably have low self- esteem. Although children with conduct problems may have low self-esteem, there is little support for the view that low self-esteem might be the primary cause of anti- social behavior. Anti-social behavior seems to

be related to an inflated, unstable and/or tentative view of self (Baumeister and et. al. as cited in Mash and Wolfe, 2002: 138). Feelings of positive- self (concept) provided protective shield. If a person has a positive, optimistic self-evaluation then messages that are negative and incongruent with it will be deflected (Newman, 2003: 237). The well adjusted person has a self- concept consistent with his thought, experience and behavior (Hilgard and Atkinson, 1975: 390). The closer the person's self-concept is to the real self the more the individual is able to adjust to his life experience, and the more the self-concept is far from the real- self, the individual will have more problems to adjust himself to his/her life experience. Psychosocial theory provides a framework for understanding how the self-concept is developed through on going interaction with society over life span.

2.9.2 Interpersonal cognitive problem-solving skill approach

Cognitive processes refer to abroad class of constructs that pertain to how the individual perceives codes and experiences the world. Aggression is not merely triggered by environmental events but rather through the way in which these events are perceived and processed. The processing refers to the individual's appraisals of the situations and anticipated reactions of others.

Aggressive individuals tend to attribute hostile intent to others, especially in social situations in which the cues of actual intent are ambiguous (Crick and Dodge 1994, as cited in Wiener, 1999: 826-7), then underlying assumption of interpersonal cognitive problem-solving skills training is that the individual's perceptions and appraisal of environmental events trigger aggressive and antisocial responses and changes in faulty thinking will lead to changes in behavior (Mash and Wolfe, 2002: 158).

Change is needed on the following two aspects:

1) Understand the faulty thinking.

Some of the faulty thinking are as follows (Lazarus and Fay, 2006).

- Its important to be liked by every one
- Family and friends should love you no matter how you act.

Interpersonal cognitive processes refer to a broad class constructs that pertain to how the individual perceives codes and experience the word. Based on this notion it's important to avoid faulty thinking.

2) Develop Interpersonal cognitive problem solving Skills using the following points (Wiener, 1999: 826).

- Alternative solution thinking
- Means - end - thinking i.e. awareness of the intermediate steps required to achieve a particular goal
- Consequential thinking – the ability to identify what might happen as a direct result of activity in a particular way or choosing a particular solution
- Causal thinking – the ability to relate one event to another over time and to understand why one event led to a particular action of other responses
- Sensitivity to interpersonal problems – the ability to perceive a problem when it exists and to identify the interpersonal aspects of the confrontation that may emerge.

Inability to solve one's interpersonal problems could result in anxiety. Some of the consequences of anxiety are: unhappiness, severe stress, chronic frustration, fears and phobias, difficulties relating to other people, lack of self- confidence, negative self concept and needless guilt (Lazarus, 2006: 2).

2.9.3 Parent and family management training

Parent management training refers to procedures in which parents are trained to alter their child's behavior in the home.

The parents meet with a therapist or trainer who teaches them to use specific procedures to alter interactions with their child, promote sociable behavior, and decrease deviant behavior

Training is based on the general view that conduct problem behavior is developed and sustained in the home by maladaptive parent - teenager interaction. Inappropriate parent-child interaction could promote aggressive and antisocial behavior. Inconsistent and unpredictable parent behavior is an aversive condition for the child. The immediate goal is to develop specific skills in the parents.

The treatment session to the parent included:

- positive reinforcement of the individual (as the use of social praise)
- mild punishment of the individual (as use of time out reinforcement, loss of privileges)
- develop new ways of behavior between family members. New ways of thinking may be needed to help serve as the basis for developing new ways of behaving.

Hence the main purpose is:

- Establish clear communication
- Develop specific behaviors that family member desire from one another
- Negotiate constructively
- Help to identify solution to interpersonal problems.

2.10 The purpose of intervention towards conduct disorder

The purpose of intervention is to bring the following:

1. Efficient perception of reality includes being realistic in his/her appraisal of his/her own reactions and abilities neither over evaluating nor being shy
2. Self-knowledge that includes knowledge of his own motives and feelings
3. Ability to exercise voluntary control over behavior and don't act on an impulsive and often aggressive urges
4. Accept his own self-value and feels being accepted by the surrounding
5. Ability to form affection at relationships and being sensitive to other's and ones own needs
6. Productivity that includes being able to use his abilities in a productive way.

Behavioral and emotional Improvements result from carefully formulated intervention programs and strategies (Zionts and Simpson, 2002).

There is no single and one method of intervention that works for all individuals with emotional and behavioral disorder. There are several major intervention methods each offering unique advantages in different conditions.

CHAPTER THREE

Research Method

In this section how the individuals were identified for this study, procedures of data collection and instruments for collecting data are presented. The discussion was based on the responses collected through questioners, interviews and observation.

3.1 Research design, procedures of the study and source of data

The research design method is Case Study method. A case study is an in-depth, intensive investigation of an individual or small group of people (Feldman, 1996:40). The data collection method employed was based on idiographic approach i.e. studying single cases in depth, which is mainly a qualitative method and to see the reliability of the questionnaire quantitative method was used. Here the purpose of qualitative research is to describe, interpret and understand behavioral, emotional, cognitive and social phenomenon of the individuals in the context in which it is experienced. It provides an intensive and intimate understanding of each individual.

How the individuals in the study were identified

The researcher has worked in Sirre School (Arsi zone) for the last 17 years as a guidance and counseling officer and as a teacher. The individuals in this study were coming to the researcher's office for consultation. The researcher, as a guidance and counselor in the school, discussed with teachers, parents of the individuals, peers who knows the individuals for more than 3 years and some community members in the society that the individuals are living in, who knows the individuals from 2 to 3 years.

The individuals faced behavioral difficulty with teachers in the school, with peers, with their family and with the community members they are living in. Their behavioral

disorder in the school were aggression towards other students and towards their teachers, initiating and involving in physical attack with students, insult, intimidating of others and deceitfulness of peers in the school. They do not obey teachers. They violated the school rules as truancy, theft and destruction of the school's property. The individuals have poor academic achievement. According to their parents the individuals have behavioral difficulty with their family as aggression towards family members, lies, deceitfulness and staying late at night despite parental prohibitions, and according to peers the individuals manifested aggression towards others, involving in physical attack, intimidating of others, theft and destruction of property. The behavioral disorder of the individuals began before they were 13 years old according to their parents.

The researcher determined that it was necessary make a comprehensive study of the individuals' behavioral difficulty, the likely cause and the possible intervention to their better adjustment. Two of the individuals were from Sirre preparatory school one is from Haile Aba Mersa elementary and junior school. One of them is female and two of them are male. All the individuals were with the age of 17.

3.2 Procedures of data collection

Close contact was made with the individuals, their family members, their peer group and their teachers to get pertinent data about the individuals' behavioral emotional problem.

Rapport was created by the researcher with the individuals in this study, with their parents, with their teachers and peer group members. To the ethical considerations, the participants in the interview were fully informed about the nature of the research, the benefits and expected outcomes. All the participants have agreed to participate voluntarily in the research. They were also informed that the information they revealed

is confidential. The data collection included the following informants: parents, teachers, peer group members, and the individuals with the manifestation of behavioral disorder.

a. Description of the Individual's particular problem

The description contained basic information about each individual and the problem in different contexts as: in the school, with other members of the society, with peers and at home. How the individual differs from others with in the same age and gender, the individuals' social and psychological problems, the family environment and age developmental aspects were included.

b. Comprehensive study of the individuals' with the manifestation of conduct disorder

This included Identification of the behavioral difficulty, profiles of the individual's development (family environment and social development), relation with peer and the community, medical histories, educational history, problems related with self-concept, specific symptoms and behavior, value, interest and recreation.

The researcher attempted to relate the behavioral manifestation of the individuals with the existing body knowledge from which the researcher can draw to understand the individuals and the family and choose an intervention strategy - the Diagnostic and Statistical Manual (DSM-IV) by American Psychiatric Association was used (see p. 7).According to the data gathered from teachers, peers, parents, community members the individuals' behavioral manifestations were aggression toward people, destruction of property, deceitfulness or theft and rule violations. Their behavior manifestation corresponds to the definitions of conduct disorder in the Diagnostic and Statistical Manual (DSM-IV). Adapting the definition of DSM-IV to the behavioral manifestation of the individuals helps to relate each individual

behavioral disorder with the existing body knowledge and find possible treatment to their disordered behavior.

c. Prognosis

A prediction concerning future behavior under specified conditions and the possible outcome of the problem was considered, based on the description of the individuals' particular behavioral difficulty.

d. Treatment Planning for intervention

Treatment approach differs from one individual to another. Treatment plan was made by the researcher to the individuals its effectiveness was evaluated. Treatment planning is adapting intervention methods and considering its efficiency. In the process of description of each Individual particular behavioral difficulty and identification of those individuals information was gathered to understand the nature of the behavioral difficulty, age developmental history, possible causes, strengths, vulnerabilities, treatment options and possible outcomes of intervention strategies.

The intervention package is called 'Combined Treatment' (Mash and Wolfe, 2002: 94). It is multi-method intervention approach.

e. Collecting data to consider the effect of the intervention

It was necessary to make post-treatment data collection to find out whether the individuals have benefited from the intervention. The researcher made post-treatment data collection to consider the effect of the intervention.

3.3 Instrument for data collection

The data gathering instrument were observation, interview and questionnaire.

Multiple sources of information were necessary, because the cause has multiple dimensions. The information was focused on current behavior as well as age developmental signs and manifestations.

A. Interview

There were two sets of interview.

The design and development of interview

The first interview was held with each parent of the individual (Appendix A.). It was prepared by the researcher based on observation and related literature. There are a total of 15 questions. The interview to parents was designed and developed to collect data on each individual childhood experience and their situation till the period of this study. It was focused on the emotional and behavioral problem of the individuals, what kind of intervention the parents used if there was any, and what was the effect of the intervention. The interview was proposed 5 times with each individual's parent. The interview contained unstructured and semi-structured items, and flexibility was possible.

The second set of interviews was addressed to the individuals with the manifestation of conduct disorder (Appendix C) and it was proposed 5 times with each individual. It was adapted from Mental Health Assessment (MHAF) developed by Kestenbaum and Bird (1978 as cited in Wiener, 1999:83-5). The interview was assigned letters, from A to F.

The interview was designed and developed to focus on the following points: each individual relationship with the school, each individual relationship with family members (parents and siblings) including the community members, peer relations, self-concept, feeling states

(situation that make the individuals feel happy, sad, anxious and depressed and the ability to control these feelings) interest, value and recreation.

Each group of interview has its own branch of questions. The interview contained unstructured and semi-structured items, and flexibility was possible. The subjects were given freedom to go beyond simple response.

The purpose of the interview was to understand their developmental history, opinions, beliefs, aspiration, experience and knowledge likes and dislikes as this method could be predictive indicator of emotional and behavioral disorder. The interview allowed the researcher to gather information in a flexible manner over a number of interview sessions

B. Questionnaire

Questionnaire was prepared by the researcher to teachers and peer group members (Appendix B) to understand what teachers and peers have known about the individuals with conduct disorder. The questionnaire contained 15 items.

The design and development of questionnaire

It was designed and developed focusing on following points:

- a. The behavioral disorder of the individuals in school i.e., what behavioral manifestation they have , their conflicting relationship with teachers and with other students, their level of acceptance by teachers and students, their ability to abide by the school rules and regulations and their aggressive impulse against teachers and students. The questions prepared for the above points are question number 2, 4, 5, 6, 8, 10, 12 and 14.
- b. Their interest for their education. The questions prepared for the above issue are question number 3, 7, 9, 13 and 15.

To the three individual with the manifestation of conduct disorder a total of 9 teachers and a total of 9 peer group members provided data on what they have known and observed about these individuals i.e., to each individual 3 teachers and 3 peer group member have given data. The total number of respondents to the three individuals on the 15 item questionnaire (Appendix B) was 18. Three teachers and three peer group members were asked to fill the questionnaire.

Table 1. The number of teachers and peers who filled the Questionnaire (Appendix B)

Case	The number of teachers and peers who filled the Questionnaire		Total
	Teachers	Peers (student)	
Case 1	3	3	6
Case 2	3	3	6
Case 3	3	3	6
Total	9	9	18

The questionnaire was prepared on paper and all of them have responded. All the raters were familiar with individuals in this study. The teachers were the ones who teach in each individual classroom and the peer group members were the classmates of each individual.

The questionnaire was based on rating scale that took the following form:

Never (1-point), occasionally (2-points), Often (3-points) and Very much (4-points)

C. Observation

Much research with people involves observation in a general sense. The researcher made observation. These were also unstructured observations in the individuals' natural environment i.e. naturalistic observation.

The design and development of observation

Tool for observation for conduct disorder was designed and developed based on the definition of the Diagnostic and Statistical Manual (DSM-IV) by American Psychiatric Association. (Sarason, 2002: 448) (see p.7). The observation included home visit, class room observation, how the individual behave in the school compound and out of the school situation with peers, with elders and other members of the society. The observation was also useful to check whether the oral response of the individuals is reliable or not or what actually exists in the environment and how the individuals behave in the environment.

Observation was made on the following steps:

- a. First of all "informal approaches of observation" was used. This gave ideas as to what information is to be gathered. Record was made by note taking and diary keeping- what behavior the individuals manifest in the school compound, classrooms with peers and teachers, how do they behave in the community they are living in.
- b. And second "formal approach of observation" was used. The direction of what to be observed was identified –in what circumstances the individuals manifest disordered behavior, what situation make them aggressive
- c. Finally "participant observation" method was used. The observation consisted of detailed descriptions of the individual's activities and actions of behavior, the full range of interpersonal interactions, the text surrounding the events and behavior.

Table 2: Tool for observation
(Observed behavior per week)

Behavior manifested on the individual in the study		The frequency of behavior manifested per week
Aggression towards people	Initiating and involving in Physical attack	
	Insult (verbal attack) and Intimidating of others	
Destruction of property		
Deceitfulness and lies		
Theft		
Staying out late at night despite parental prohibitions		

3.4 Validity and Reliability of Instrument

Validity is a criteria reflected in the extent to which it actually measures the dimensions that the researcher set out to measure. It is the meaningfulness, usefulness and appropriateness of a tool or tools for it supposes to measure. The tools for data collection were interview, Questionnaire and observation. The tools were related with the content of the study i.e., to identify the individuals and to explore factors that are likely to lead towards the behavioral disorder the individuals are manifesting. The researcher used content validity to consider the usefulness, meaningfulness and appropriateness of the tools. Content validity is the extent to which an assessment procedure adequately represented the content of the assessment domain. It is to identify how much the content is represented. That is a rational analysis, not an empirical. The analysis is largely in terms of the content of the test

questions. The researcher has focused on the content of the study when developing the tools.

To be reliable, measures must not depend on a single observer or only on the researcher's observations, but various people should agree on what they observed. To consider the reliability of the respondents each finding was integrated with one another. The researcher worked in a team of family members, parents, teachers, the school administrators and peer group members. Direct observation is not a proof for an individual's behavioral manifestations, and then the researcher has taken in to account the informants, the individuals in the study, the nature of the problem and the family context.

To see the reliability correlation between the respondents in the 15 items questionnaire (Appendix B) teachers' responses and peers' responses, quantitative method was employed. The reliability coefficient of correlation used was Cornbach Alpha. The coefficient of correlation measured the strength of agreement between the respondents about the behavioral disorder of each individual in this study.

The "Internal consistency reliability coefficient" – (cornbach alpha) was:

-for Case1, $r = 0.86$

-for Case2, $r = 0.86$

-for Case 3, $r = 0.84$

CHAPTER FOUR

Presentation of finding

4.1 Identification on each case

4.1.1 Presentation of the individual's background and problems - Case1

I. Identification of the individual (screening)

Age: 17 Grade: 10 Sex: male

II. The nature of the difficulty in different contexts

a. In the school

1. He had persistent conflict with classmates as bullying, intimidating and physical attack with others
2. He was unable to maintain satisfactory interpersonal relationship with others
3. He had involved himself infrequent conflict with teachers for disturbing in class, talking to other students during class, and not doing homework frequently
4. He was unable to follow the school rules and regulations as: he was going out of class and walking in the school compound and parents were called to the school to address the behavioral problem but this had no effect
5. He was truant according to the home room teacher's attendance record
6. According to his educational document he had poor educational achievement
7. He was intimidating his peer group members.

b. At home with the family

1. He was not obeying to parents
2. He had conflict repeatedly with the family
3. He had stolen a large amount of money from his family and also he was repeatedly stealing property and money.

c. Outside the school with peers and others

He was showing no respect to elders, lying persistently and use taboo words in front of elders.

III. The individual's background

The individual's father and mother are divorced when he was a child; his father has 3 children from his previous wife and married this individual's mother.

He is grown up in his father's home. His elder brother had a barber shop. The individual worked in the barber shop during his spare time. He earned little amount of money but he spent more than his income for recreation. His father and mother were illiterate.

The individual had few friends at his age. He had many quarrels with them. During the night he spent his time at "night dance club" with Bar-ladies.

1. Duration in the manifestation of the behavioral disorder

According to his parents the manifestation of conduct disorder arise beginning from his period of childhood (13 to 14 years old) .According to his school file and his parents he was characterized as aggressive, hyperactive and lacking concentration.

2. Profiles of the individual's development

Family Environment and Social Developmental Phases -

The following is the profile of the individual development .The age range and classification is according to Erick Erickson.

a) The period of infancy (the first 24 months)

and early childhood (age 2 to 3)

The individual was grown up in his father's home. After his birth, he was not able to get breast feeding from his mother, because his mother had gone out of his father's house. (She was divorced) Sometimes his father called his own sister i.e. the individual's aunt.

The aunt was taking care of this infant. She was giving him cow milk, but when he cried too much she gave him her own breast even if her breast had no milk, only to make him silent.

The individual was grown up with his two elder brothers and one little sister. During the individual's period of infancy there was no care taker near to him as a mother. His aunt was coming only sometimes. His father hired a home servant to take care of the infant.

b) Middle age childhood (3 to 6 years)

The individual stayed with his elder brothers. He was send to the nearby priest school to learn reading and writing. This father wanted the individual to be a good boy and encouraging him to go to school to learn reading and writing.

When his father wanted him to go to school at every morning the individual response was to shout, cry and manifest temper tantrum but his father made the child go to school by hitting him. The individual was less motivated to learn, but through his father's punishment he studied and he learned reading and writing.

c) Late childhood period (6 to 12 years)

The individual had continuous conflicts with siblings. He hits his little sister and he attacks his elder brothers verbally and they attack him physically. He used to take and destroy their property persistently.

He had many conflicts with his father, because he used to come late at night most of the time. He had quarrels and fights with the neighboring children and peers. He insulted his elder neighbors with taboo words and they were bringing their complaint to his father.

His father provided the child with cloth, food and exercise books for school, and he wanted the child to be a good boy and a well- educated one. The individual had only few friends.

One of his elder brothers died from illness during this period. The individual's academic achievement in school was poor. He was less motivated to attend class, and didn't want to study much.

d) Adolescence period (on set of puberty to late teens)

During this period he was violent and aggressive at home and at the school. He didn't obey his father, and used to come home late at night – mostly at 9.p.m .His elder brothers and sisters did not like him much.

The behavioral manifestations he had during this period were:

1. He had a physical attack with a student, his teacher told him that the individual was guilty but insulted his teacher in front of others. He was given advice and allowed to enroll to school again with warning for his lack of discipline in the school
2. He was staying at his friend's house with his friend, but he has stolen 50 birr from his friend's pocket. The friend was very much disappointed by him. This incidence ended their friendship.
3. He had severe verbal fight with his elder brother
4. He had stolen 4,000 (Four thousand) birr from the house next to his brother's 'Barber shop'. When it was known that he did it, he gave back 2,000 (two thousand) birr and said that he spent the rest of the 2,000 (two thousand) for recreation

The individual's father died from illness. He had told to the researcher that the father's death was no regret to the individual.

3. The individual's relationship with peers and the community

He did not want to have a close friend. Because of persistent conflict he had many quarrels with peers, none of his peer members wanted to make him friend.

The community around him did not like him because of his irritable and aggressive impulse. The community considered him as 'a bad youngster'. Parents of other children did not want to see there children with him for his deceitful and undependable behavior.

4. Medical history

His mother did not have health difficulty during the birth of this individual. Beginning from infancy to his present adolescent age the individual did not have significant medical problem.

5. Educational history

He was underachiever and was not satisfied with it. He hate school and relationship with teachers and peers in the school was in conflict, disregard the school rules and regulations, had disciplinary problems in the school as verbal attack with peers, truancy and not doing home work persistently.

6. Self – concept

Some times he thought that he was far better than the others in his social skills and at another times he thought that he was unfit to live in this world. According to his understanding he did not have the competence in his interpersonal relation and in his academic achievement.

He also thought that *the cause of all his behavioral difficulty is coming from others, not from him* because of this, according to him, he hate others and especially aggressive people make him sad.

Concerning his academic achievement he had the notion that, *'I can not understand what ever I try' and 'I can not be successful how much I try'*

His aspirations (ideal – self)

In his future life he wants to be a D, J (Disc Jockey) like entertainers in FM music program, owner of a beautiful house and luxuriant furniture in his house.

He wants to have adjusted interpersonal relations in his future life.

7. Specific symptoms and behaviors

He has manifested violent out bursts to the minor provocation of others,

8. Value, interest and recreation

He is interested in music. He gives great value to Music.

The way of recreation is to enjoy music in bar clubs and abusing drug called Chat

4.1.2 Manifestation of the individual's conduct disorder

The following repetitive and persistent patterns of behavior were manifested. Under this maladaptive behavior major societal normal and rules were violated. The individual manifested 4 of the criteria in conduct disorder.

Finding from the 15 item questionnaire

The 15 item questionnaire (see Appendix B) answered by the 6 respondents. (3 teachers and 3 peer group members) has come up with the internal consistency reliability coefficient (Cronbach Alpha) or KR-20) of 0.86. This means that the measurement is consistent and shows that the individual had behavioral difficulty as aggression towards others and violation of rules in the school.

Table 3: finding from observation for case 1
(Observed behavior per week)

Behavior manifested on the individual in the study		The frequency of behavior manifested per week
Aggression towards people	Initiating (and involving in) Physical attack	5
	Insult (verbal attack) and Intimidating of others	10
Destruction of property		4
Deceitfulness and lies		10
Theft		3
Staying out late at night despite parental prohibitions		7 days in a week

Table 4: Responses by teachers and peer group members from the

Questionnaire (Appendix B) of Case 1

	Teachers and peers who responded to the questionnaire						Total
Number of items	Teacher A	Teacher B	Teacher C	Student A	Student B	Student C	
1	4	3	4	3	3	4	21
2	3	4	3	3	4	3	20
3	2	1	1	2	2	1	9
4	1	1	1	1	2	2	8
5	4	4	4	3	3	4	22
6	2	1	1	2	1	2	9
7	2	1	1	2	2	1	9
8	3	4	4	3	4	3	21
9	4	4	4	3	4	3	22
10	1	1	1	1	2	1	7
11	1	1	2	2	2	1	9
12	4	4	4	3	3	4	22
13	2	2	2	1	2	2	11
14	3	3	3	3	3	4	19
15	1	1	1	1	2	1	7
	1.4	1.95	1.83	0.74	0.83	1.54	

→ $\sum SD_i^2 = 42.3$

→ $\sum SD_i^2 = 8.29$

KR – 20

$$\frac{n}{n-1} \frac{StD^2 - \sum SD^2}{StD^2}$$

$$\frac{15}{15-1} \frac{42.3 - 8.29}{42.3}$$

(1.07) (0.8)

r= 0.86

4.2.1 Presentation of the individual's background and problems -Case 2

I. Identification of the individual (screening)

Age: 17

Grade: 10

Sex: Female

II. The nature of the difficulty in different contexts

a. In the school

She had involved herself in frequent conflict with teachers as disturbing in class, not doing her home work frequently, going out of class to walk in the school compound and talking with other students during class time. She had fight with other students persistently and used taboo words in front of her teachers. She was truant. According to her educational document she had poor educational achievement.

b. At home with the family:

She was not obedient to her parents. Most of the time, she was in conflict with her mother. She had frequent fight with siblings verbally. When ever there was a disagreement she becomes aggressive for most of the time.

c. Outside the school with peers and others:-

She had no respect to elders and peers i.e., she made friends for a short time and quarrel with them and began another relationship, this was going on then, she couldn't make friends for long time. She was lying persistently to her friends.

III. The individual's background

She was grown up with her parents (stepfather and mother). During her childhood period she was manifesting aggressive behavior and was not obedient to her parents.

Their house is near to the street, she spent her time sitting nearby the street. She had little or no interest to her education and to think about her future life.

1. Duration in the manifestation of the behavioral disorder

According to her parents the manifestation of conduct disorder began when she was at the end of late childhood (13 to 14 years old) and at the beginning of adolescence period.

2. Profiles of the individuals development

Family Environment and Social Developmental Phases:

The individual's mother has three daughters and a son, her husband was a merchant and the mother was a house wife, both of them are illiterate. There was no marital conflict between them.

The husband left his previous job (merchant) to change another job. He went to another town which was far. He stayed for 3 years. Being far away from his wife and children he was sending money to the family. During the 3 years separation his wife gave birth from another person, i.e. the individual in this study was born.

When the husband came at the end of the third year to visit his family he knew what his wife did on him, then there was a severe conflict between the two.

After many conflicts between them peace was settled. The new born baby came to live with them, and he became the step father of the new baby. He left his previous job and became a merchant again and began to live with his family.

The individual in this study has 3 sisters and a brother from her mother's side. She did not know her biological father.

The following is the profile of the individual development .The age range and classification is according to Erick Erickson.

a) Period of infancy (the first 24 months)

and early childhood (2 to 3 years old)

The mother was able to feed the infant her breast milk, show affection and took care for her. When the child was between 2 and 3 years old the individual was able to play with siblings but her step father did not have much interest to see her.

b) Middle age childhood period (4 to 6 years of age)

When the individual was to be taken to the nearby priest school she was shouting and manifesting temper tantrum; when this happened, the step father was shouting at her and hitting her every time.

He gave more attention to his own children than to his step child; he manifested anger when she came to him. During such times, the individual was running to her mother. Every time the father was coming home she began to get aside from him.

There was marital conflict between her mother and her stepfather during that period. The individual was very much afraid of her stepfather.

c) Late childhood period (primary school age) 6 to 12 years

The individual was enrolled to the near by elementary school. She was irritable and hyperactive. She attacked her classmates verbally and has less motivation to her education. She did not do her home work persistently. She had also the problem of truancy. Whenever the stepfather thought that she misbehaved, he hit her for most of the time. Her response was to shout and cry.

She did not have good relationship with her siblings. She fought with them most of the time, attacked them verbally and they attacked her physically. She was taking and destroying their property. In fear of her husband the mother's influence to shape the individual's behavior was too little.

d) Adolescence period (on set of puberty to late teens)

During this period she was violent and aggressive. She attacked her peers by intimidating and blaming. She used to come home late at night most of the time-between 8.30 P.M and 9 P.M

She had severe conflict with her father and sibling for her violent and aggressive behavior. She hated her mother and was disobedient to parents and lying persistently.

The disorders she had manifested were:

1. She had insulted her mother in front of others and was given advice by her aunt
2. She was given warning from the school for her truant behavior
3. She had severe physical fights with her friends outside the school; because of this she had a conflict with her father

Siblings considered her as a maladjusted one. They did not want to make close relationship with her. She attacked both her mother and her siblings. Her father attacked her verbally and also hit her. During her period of adolescence her stepfather was ill most of the time; she had several conflicts with her stepfather persistently,

Her elder sister was married and went to the near by town. Her second sister was also married and lived in the same town that the family lives, her brother got a job in another town and he went.

Her stepfather died from his illness. There was no behavioral change of her after the death of her stepfather. She was isolated from others. She wants to be lonely most of the time.

3. The individual's relation with peers and the community

She did not have a close friend. Because of her aggressive and violent behavior most of her former peers went away from her.

The community considered her as a maladjusted girl and they do not like her much. The elders living near by did not want to see their children with her.

4. Medical history

The mother was healthy when the individual was born. The individual was without significant medical problem beginning from her infancy to her adolescence age.

5. Educational history

She was not satisfied with her poor educational achievement. She had strong negative attitude towards school. Her relationship with teachers and peers was in conflict; she disregarded the school rules and regulations, and has disciplinary problem as truancy, and persistent verbal attack with peers in the school.

6. Self – concept

According to her understanding, *what ever she learns she will never understand it and what ever she does she won't be successful.*

She knew that she had some kind of behavioral and emotional problem, but thought that *the difficulty between her and others was not entirely from her side*, because of this she hated others, and especially irritable people make her sad.

Her aspirations (ideal – self)

In her future life she wants to be a rich merchant and to have adjusted interpersonal relations.

7. Specific symptoms and behaviors

She manifested Violent out bursts to the minor provocation of others,

8. Value, interest and recreation

The value she gave in her life was for business (being a merchant). Her great interest was to be a successful merchant. She had no definite means of recreation.

4.2.2 Manifestation of the individual's conduct disorder

The following persistent and repetitive patterns of behavior were manifested and major age appropriate societal norms and rules are violated. The individual manifested 4 of the above criteria in conduct disorder.

Table 5: Finding from observation of case 2
(Observed behavior per week)

Behavior manifested on the individual in the study		The frequency of behavior manifested per week
Aggression towards people	Initiating (and involving in) Physical attack	-
	Insult (verbal attack) and Intimidating of others	7
Destruction of property		3
Deceitfulness and lies		10
Theft		1
Staying out late at night despite parental prohibitions		7 days in a week

The 15 item questionnaire (See Appendix B) answered by the 6 respondents. (3 teachers and 3 peer group members) has come up with the internal consistency reliability coefficient (cronbach alpha or KR-20) of 0.86. This means that the measurement is consistent and showed the individual has behavioral disorder as aggression towards others and violation of rules in the school.

Finding from the 15 item questionnaire

Table 6: Responses by teachers and peer group members from the
Questionnaire (Appendix B) of Case 2

Number of items	Teachers and peers who responded to the questionnaire						Total
	Teacher A	Teacher B	Teacher C	Student A	Student B	Student C	
1	3	4	4	3	3	4	21
2	4	3	4	3	3	4	21
3	1	1	2	2	2	2	9
4	1	2	1	2	2	1	8
5	3	4	4	3	3	3	20
6	2	2	1	2	2	2	11
7	2	2	2	1	1	2	11
8	4	4	3	3	3	4	21
9	3	4	3	3	3	4	20
10	1	2	1	2	2	2	9
11	1	2	2	2	2	2	10
12	3	3	3	3	3	3	18
13	2	1	2	2	2	2	10
14	3	3	3	3	3	4	19
15	1	1	1	1	1	1	7
	1.2	1.27	1.26	0.83	0.52	1.24	

KR – 20

$$\frac{n}{n-1} \frac{SD^2 - \sum SD^2}{StD^2}$$

$$\frac{15}{15-1} \frac{31.7 - 6.32}{31.7}$$

(1.07) (0.8)

R= 0.86

→ $\sum SDt^2 = 31.7$

→ $\sum SDi^2 = 6.32$

4.3.1 Presentation of the individual's background and problems - Case 3

I. Identification of the individual (screening)

Age-17

Grade-7

Sex-male

II. The nature of the difficulty in different contexts

a. In the school

1. He had persistent conflict with students and teachers i.e. intimidating and blaming of her peers.
2. He had little interest to his education and also after attending the first two or three classes he disappear from school and spent his time in the town
4. He was truant according to the home room teacher's attendance record.
5. According to his educational documents his academic achievement was poor.

At home with the family

1. He was neither interested to spend his time at home nor serve his parents
2. He was disobedient to parents and also he used to come late at night for most of the time.

c. Outside the school with peers and parents

He was mistreating others and used taboo words in front of elders

III. The individual's background

He was grown up with his father and mother. His destructive behavior and drug addiction began when he was 13 and 14 years of age.

1. Duration in the manifestation of the behavioral disorder

The manifestations of conduct disorder arose from the beginning of adolescence period - between 13 and 14 years of age.

2. Profiles of the Individual development

Family Environment and social developmental phase:

The individual was living with his father and mother, his father is a tailor and his mother is a housewife. The individual has at present two brothers and a sister. All of them, including him, are from the same mother and father.

The first born brother has a job and is living in another town. His sister is married and living in the nearby town with her husband. The second born brother died a long time ago from illness. During that time one of his brothers was at home with out a job and schooling. The individual's father is aggressive. All the children at home were afraid of their father.

The father was responsible to fulfill the needs of the individual like cloth, food, books and exercise books for school. The individual's parents are illiterate.

The following is the profile of the individual development .The age range and classification is according to Erick Erickson

a) The period of infancy (the first 24 months)

and early childhood (2 to3 years old)

The mother was able to feed him her breast. She was able to take care of him and show him affection. When he was 2 and 3 years old he was able to play at home like his other siblings.

b) Middle age childhood period (4 to 6 year of age)

The individual's father has strict discipline at home. No member of the family can talk to him unless he is willing to do so.

When the individual was to be taken to school for the fist time he shouted and cried a lot.

When this happened the father hit the child. The father was overly restrictive and harsh.

Their house was nearby the street at the border of the town. The child used to play with the neighboring children only when the father went to his job.

The individual learned to read and write at the nearby Priest School.

c) Late childhood period (age 6 to 12)

The father's strict discipline continued at home. Because of her husband's aggressive behavior the mother of the individual had little influence in shaping her children's behavior. According to the father's home rules every child of him should go to school. Every member of the family was afraid of the father.

According to his educational document the individual had poor academic achievement. On his way, going to school the individual acquainted himself with the street children in the town. Most of the street children were drug addicted. After attending the first 2 or 3 periods in the school he ran away from school and spent his time with the street children. This happened when he was at the elementary school. The children had aggressive and violent impulse. When it was time to go home, he went home. Most of these children were not liked by the community for their maladjusted behavior. After some time he had begun to fight with his new peers. His group was in conflict with another group of students. He had less motivation to learn.

At home with his parents and siblings he had a different behavior i.e., he was calm in front of them. At the school he had many disciplinary problems i.e., not doing his home work persistently, truancy, destruction of his friend's property, verbal and physical fights.

d) Adolescence period (on set of puberty to late teens)

During this period he became drug addict. He was abusing a drug called chat on the street and in 'video watching houses'. He insulted his peers and elders with taboo words.

His father began to know about the individual's behavioral difficulty in the school and outside the school. The father shouted at the individual and hit him; this intervention method of the father had brought no behavioral change to the individual.

Some of his difficulties were:

1. He was chewing 'chat' in a video watching room, with other adolescents
2. He had physical fight with peers near the school compound and was given the first reprimand by the school
3. He had verbal attack with peers out of the school on the street
4. Had physical attack in the school and was given the last Warning.

Most of the time the individual was going home late at night (almost 9 P.M) .This caused severe conflict with his father.

3. The individual's relationship with peers and the community

He had conflict with others, and for his irritable behavior many of his peers have gone away from him. He had no close friend. The community members did not like him. They considered him as a 'maladjusted youngster'. Elders did not want to see their children with this individual. They thought that he will 'spoil' their children.

4. Medical history

His mother was healthy when the individual was born. The individual is without any significant medical problem beginning from his infancy to his present adolescence age.

5. Educational history

He was under achiever and was not satisfied with it, but he did not have strong negative attitude towards school. Relations with teachers and peers were not good.

The individual was suspended from school for a year for his disciplinary problem in the school. That was for his persistent verbal and physical attack with his classmates.

After completing his suspension he was enrolled again and began to attend class but not much behavioral change was manifested.

6. Self –concept

His concept about him self is that:

'What ever I learn I will never understand, and what ever, I do I can not be successful'.

According to his self - concept, *the cause of his behavioral difficulty comes from others not entirely from him* because of this, according to him, he hates others and especially impulsive people make him sad. At another time he understands himself as some one who is better than his peers.

His aspirations (ideal – self)

His sense of future (ideals) was that he wants to learn well, get a degree and to have a well paid job, build a house, buy beautiful furniture and live a happy life by developing adjusted interpersonal relation.

7. Specific symptoms and behavior

He manifested Violent out bursts to the minor provocation of others.

8. Value, interest and recreation

He gives great value to successful merchants and to well - educate people.

His interest is in business (to be a successful merchant) and in education. His means of recreation is watching movies by chewing a drug called chat (a mild stimulant)

4.3.2 Manifestation of the individual's conduct disorder

The following repetitive and persistent patterns of behavior were manifested. Major social norms and rules were violated. The individual manifested 4 of the above criteria in conduct disorder.

Table 7: Finding from observation of case 3
(Observed behavior per week)

Behavior manifested on the individual in the study			The frequency of behavior manifested per week
1	Aggression towards people	Initiating (and involving in) Physical attack	2
		Insult(verbal attack) and Intimidating of others	11
2	Destruction of property		2
3	Deceitfulness and lies		9
4	Theft		1
5	Staying out late at night despite parental prohibitions		7 days in a week

Finding from the 15 item questionnaire

The 15 item questionnaire (See Appendix B) answered by the 6 respondents (3 teachers and 3 peer group members) has come up with the internal consistency reliability coefficient (Cronbach Alpha) or KR-20) of 0.84. This means that the measurement is consistent and shows that the individual has behavioral disorder as aggression towards others and violation of rules in the school.

Table 8: Responses by teachers and peer group members from the
Questionnaire (Appendix B) of Case 3

Number of items	Teachers and peers who responded to the questionnaire						Total
	Teacher A	Teacher B	Teacher C	Student A	Student B	Student C	
1	3	4	3	3	3	4	20
2	3	4	3	3	3	4	20
3	2	1	2	1	2	2	10
4	1	2	2	1	2	2	10
5	3	4	3	4	3	3	20
6	2	1	2	2	2	1	10
7	2	1	2	2	2	2	11
8	3	4	4	1	2	3	17
9	4	4	3	3	3	4	21
10	1	1	2	2	1	2	9
11	2	1	2	2	1	1	9
12	3	4	3	4	3	3	20
13	2	1	2	1	2	1	9
14	3	4	3	3	4	3	20
15	1	1	1	2	1	1	7
	0.81	2.26	0.55	1.06	0.78	1.26	

KR – 20

$$\frac{N}{n-1} \frac{StD^2 - \sum SDi^2}{StD^2}$$

$$\frac{15}{15-1} \frac{30.73 - 6.72}{6.72}$$

(1.67) (0.78)

r= 0.84

$$\longrightarrow \sum SDt^2 = 30.73$$

$$\longrightarrow \sum SDi^2 = 6.72$$

4.4.1 Intervention applied and the findings

The purpose of this study is to investigate possible factors related to the manifestations of conduct disorder during the period of adolescence and understanding any aspect of the performance that is causing concern and to adapt intervention methods that could help to reduce the manifestations of conduct disorder. Before making intervention prognosis and treatment planning was necessary.

4.4.2 Prognosis and treatment planning, for the individuals in the study.

The purpose of intervention in this study was to alter the manifestations of conduct disorder of the individuals and help them to have efficient perception of reality, develop their ability to exercise voluntary control over their behavior and accept their own self-value.

A plan for treatment was made and its effectiveness was evaluated. Before making treatment planning it was necessary to make prognosis, i.e. to make prediction about the possible out come of the intervention to be applied, on the individuals, in this study.

The prognosis made in this study was that the individuals could benefit from the intervention on the following points:

- Reducing in aggressive impulse
- Improvement in interpersonal relations as: with their family, peer and other members of the community
- Developing positive self –concept to each individual
- Reducing in violations of rules.

Treatment planning

The causes for the formation of conduct disorder have multiple dimensions, and then intervention methods should be multi-dimensional. The intervention used in this research was not based on a single method. It is multi-dimensional. The intervention package is

called 'Combined Treatment' (Mash and Wolfe, 2002: 94). It is multi-method intervention approach. Treatment planning was based on the following points:

- a. Parents and family management training
- b. Helping the individuals to develop positive self - concept about themselves
- c. Developing the individuals' cognitive problem - solving skill ability. This is to change their faulty thinking which is likely lead to changes in behavior
- d. Facilitating school related factors for the behavioral change of the individuals.

Treatment planning for intervention included the following:

- understanding the possible contributors of the problem
- raising the individuals' motivation for behavioral change.

4.4.3 Intervention applied to each case

The study was designed to investigate possible factors related to the manifestations of conduct disorder, during the period of adolescence, and to find solution to the individuals by intervening the manifestations of conduct disorder. For this purpose more than one intervention method was used, 'Combined Treatment', each method offering unique advantage in different conditions. This notion was based on the view that reduction in the manifestation of conduct disorder result from carefully formulated intervention programs and strategies.

Each intervention method was applied based on treatment sessions.

The intervention methods were:

- a. Parental and family management training
- b. Helping the individuals develop positive self-concept about themselves
- c. Develop the individual cognitive problem solving ability which would help them to have efficient perception of reality
- d. Facilitating school related factors.

The above four methods (from a - to - d) are discussed as follows:

a. Parents and family management training

Parents were trained to alter their child behavior in the home. Training was based on the underlying assumption that maladaptive parent teenager interactions are at least partly responsible for producing and sustaining the individual's antisocial behaviors and that changing the maladaptive of parents with their teenager by positive interaction will lead to the reduction of disordered behavior in their child.

The researcher met with the parents and trained them to use specific procedures to alter interactions with their child. The procedures were based on the notion that promoting sociable behavior is likely to reduce the manifestations of conduct disorder (see p. 33).

Parent and family management training was given to each individual's parent.

The training was based on the following points:

- Designing new ways of behaving between family members
- To do what each family member can do to the individual with conduct disorder
- Negotiate constructively
- Help identify solutions to interpersonal problems.

Treatments for children and adolescents often focused on enhancing their development rather than merely removing manifestations.

The major elements of 'Parental and family management training' intervention was the following:

- a. The use of social praises by parents - as a positive reinforcement
- b. Mild punishment by parents - as use of time out reinforcement loss of privileges.

Training on Parents and Family Management Training method was given to each individual's parent by the researcher based on treatment sessions, separately (not in group). Each parent received 4 sessions on different days.

b. Helping the individuals develop positive self - concept about themselves.

The development and growth of the self-concept is the heart of psychosocial development. This method was based on the view, that developing positive, optimistic self-evaluation would help in adjustment (see p. 30-31).

The intervention method was based on the following points:

a) Changing the individual's self- concept.

This contained 3 elements:

1. The individual understanding of the nature of the world
2. The nature of the self
3. The meaning that the individual's provide between the points in 1 and 2.

b) Help each individual to have positive self- value. This would help in developing appropriate self-esteem that goes with each individual understanding

c) Have self –concept which is congruent with his/her experience

d) Have an ideal- self which is closer to the real – self

e) Develop self awareness. This was performed through understanding each individual interest and habits.

Treatment in this method was conducted based on treatment sessions to case 1 case 2 and case 3 by the researcher. It was given to each individual, separately (not in group). Each individual received 4 treatment sessions in different days.

c. Developing the individuals' interpersonal cognitive problem – solving skill ability

How the individual perceives codes and experiences the world refers to his/her cognitive processes. Aggression is not merely triggered by environmental events but rather through the way in which these events are perceived and processed. The processing refers to the

individual's appraisals of the situations and anticipated reactions of others. The underlying assumption of this method of intervention was that the individuals' faulty perception and appraisal of environmental events trigger aggressive and antisocial responses. In order to make the change, developing the individuals' interpersonal cognitive problem-solving skill ability was necessary (see p. 31-32). In order to develop each individual's interpersonal problem-solving skills ability two methods were used.

The methods were as follows:

The individuals were trained how to apply the following techniques In order to develop interpersonal problem solving skills, in their day to day situations

1. Alternative solution thinking
2. Means- end thinking
3. Consequential thinking
4. Causal thinking
5. Sensitivity to interpersonal problems.

Treatment in this method was conducted based on treatment sessions to case 1, case 2 and case 3 by the researcher. It was given to each individual, separately (not in group) .Each individual received 4 treatment sessions in different days.

d. Facilitating school related factors for the behavioral change of the individuals

The individuals in the study manifesting conduct disorder experienced a history of conflict in their relationship with peers and teachers. Then, the underlying assumption of this intervention method was that developing positive relationships of the individuals with teachers and peers provide the foundation for effective classroom management as improving the individuals' motivation, performance and behavior (see p, 23-24).

The following points were discussed with teachers:

1. The necessity of the teachers' frequent communication with parents
2. The importance of the teachers' sensitivity to the student as an individual
3. The importance of consistent management to the individuals.

This was performed on 3 treatment sessions with teachers, parents and the individuals with conduct disorder. (It was done separately, not in group)

4.5 Post-treatment finding on each case

There was post treatment observation and discussion with the individuals with the manifestation of conduct disorder, their parents, teachers and informants by the researcher after each treatment session.

There is no clear cause-and-effect relationship exists for each child and adolescent disorder for the formation of adjusted or maladjusted behavior. There is no clear cause -and-effect relationship exists between the interventions applied and the behavioral manifestations of the individuals (see p.10). The point is that the intervention is likely to reduce the manifestations of conduct disorder to the individuals in the study.

4.5.1 Post-treatment finding on case 1

On family management training -

After the death of his father the individual was living with his brother, little sister and a close relative of his father (a boy at the age of 13). His elder brother took the place of their father. The 3 of them were living in the same house. When the elder brother thought that the individual misbehaved, he become aggressive and harsh at him. But this had brought no change in the individual's conduct problem.

The treatment session included his elder brother (who took the place of their father) and the individual with conduct disorder. There were 4 treatment sessions and many informal sessions. His brother was trained to pinpoint, define and observe specific behavioral problems that help to avoid inconsistent management, hostility and being harsh because maladaptive interactions could partly be responsible for the disruptive behavior in children. The elder brother then, tried to negotiate constructively and reduce hostility and harsh treatment. According to the individual's brother, the individual began to obey and reduced the manifestation of aggressive behavior at home (there was not frequent conflict). The individual was not staying out late at night from home. His behavior of theft has reduced.

On developing positive self-concept -

In this treatment session emphasis was given to the individual self-awareness and self-acceptance. The objective of this method was to change the unfavorable self-evaluations of the individual to the favorable one.

According to the individual's understanding he has the idea of himself:

'What ever I learn I will never understand and whatever I do I cannot be successful'.

Sometimes he thought that he was far better than the others and at other times he thought that he was not better than the others.

During the first session there was an obstacle to the researcher. The obstacle of this method was that the individual did not want to change his self-concept. This was challenging to the researcher i.e. the individual insisted that ~~that~~ he will be unsuccessful whatever he tries. The individual has indicated that his aspiration is to be successful and adjust his interpersonal relations in the future. But he was doing no effort to fulfill his aspirations. This damaged his self-concept and self-acceptance.

If he wants to fulfill the future aspirations (to be successful and adjusting interpersonal relations) he has to make an effort - the individual accepted this. This was the success of this method i.e. this helped to change the self-concept.

On developing interpersonal cognitive problem solving skill ability -

Emphasis was given to the individual 'faulty thinking', and also the behavior that resulted from 'faulty thinking' is viewed as important. The individual received 4 treatment sessions and many informal sessions.

This method had two objectives:

1. Helping the individual understand the 'faulty thinking' and its impact in developing maladjusted behavior.
2. Developing interpersonal problem solving skill.

The findings of this study showed that the individual has the notion:

'All his difficulty is coming from others not from him'. This is faulty perception of reality. The obstacle of this method during the first treatment session was that the individual entirely blamed others for the causes of all his difficulty. He did not want to accept his faults. The researcher's effort was to make the individual understand that even if others could cause problems to each of us; it is not possible to arrive at such conclusions, because there are possibilities that individuals could also be responsible for the causes of their own difficulties. Understanding the 'faulty thinking' has an important impact on his behavioral improvement.

On facilitating school related factors -

Emphasis was given in facilitating positive relations with teachers and the school administrators to the individual. And also importance was given in motivating the individual to have better academic achievement.

The treatment sessions included parents, teachers, the school administrators and the individual with the manifestation of conduct disorder. The context of the treatment sessions contained: developing communication between parents and teachers, adjusting expectations to fit the student's level of ability, consistency in managing behavior and being sensitive to the students as an individual.

There were 3 treatment sessions. At the end of the treatment, according to peers, the school administrators and teachers the individual's aggressive behavior has reduced in the school. Conflict with classmates as verbal attack and physical fights has reduced. The conflict with his teachers has reduced; however his academic achievement was not improved as expected. The individual wanted to change the hostile situation between him and teachers, peers, and also to have better academic achievement in order to fulfill future goals.

The individual (case1) has reduced the manifestation of conduct disorder (see Table 9 p. 76)

Table 9: Post-Treatment observation of case 1

(The finding is based on the research's observation and from parents, peers, teachers and other informants. Data was collected every two weeks)

The behavioral manifestation of the individual		Data collected per two weeks				
		1	2	3	4	5
Aggression Towards people	Initiating and involving in physical attack	4	2	1	—	—
	Insult (verbal attack) and intimidating of others	9	5	4	2	1
Destruction of property		3	2	—	1	—
Lies (and deceitfulness)		10	4	2	1	1
Theft		2	1	1	—	—
Staying out late at night despite parental prohibitions		8	8	4	—	2

4.5.2 Post-treatment finding on case 2

On family management training -

After the death of her stepfather the individual was living with her mother. The mother was trained to pinpoint, define and observe specific behavioral problems which help her to avoid inconsistent management, hostility and being harsh because maladaptive parent child interactions could partly be responsible for the disruptive behavior in children. The treatment session included the mother and the individual with conduct disorder. There were 4 treatment sessions and many informal sessions.

Her mother tried to negotiate constructively. The individual told to the researcher that her mother was behaving differently with her. I.e. her mother was trying to be good to her. At the end of the treatment, according to her mother, the individual did not have frequent

conflict with her mother i.e. her aggressive impulse has reduced at home and she was beginning to obey her mother. She was not staying late at night from home after the treatment sessions, according to the individual's parents.

On developing positive self-concept –

In this treatment session emphasis was given to the individual self-awareness and self-acceptance. The individual received 4 treatment sessions and many informal sessions.

The objective of this method was to change the unfavorable self-evaluations of the individual to the favorable one.

According to her understanding she has the notion:

'What ever I learn I will never understand and whatever I do I cannot be successful'.

The individual was evaluating herself unfavorably i.e. she had low self- esteem. She had to evaluate herself favorably and give positive self-value to herself but she did not want to accept herself as 'some one who can be successful even if try her best', this was the obstacle to the researcher. She had to try what she can achieve if she wants to fulfill her future goals (to be a rich merchant and have adjusted interpersonal relations according to her aspirations) .She needs to try her best to change herself.

On developing interpersonal cognitive problem solving skill ability -

The individual received 4 treatment sessions and many informal sessions.

Emphasis was given to the individual 'faulty thinking', and also the behavior that resulted from 'faulty thinking' is viewed as important. The individual received 4 sessions and many informal sessions.

This method had two objectives:

1. Helping the individual understand the 'faulty thinking' and its impact in developing maladjusted behavior.
2. Developing interpersonal problem solving skill.

Based on the objective of this method the first task was to help the individual understand her 'faulty thinking':

The obstacle of this method was that she did not want to change her thinking. She persisted on thinking: *'All her difficulty is coming from others not from her, according to her thinking.*

She had to understand the disadvantage of this erroneous thinking in that when an individual always blame others for every reaction of him/her it will be difficult for him /her to see his/her own faults and difficulties. Such thinking could involve the individual in conflict with others. The individual could also be responsible for her own faults and difficulties.

During the rest of the sessions the individual accepted this and told to the researcher that understanding one's own fault is vital to behavioral improvement.

On facilitating school related factors -

The context of the treatment sessions contained: developing communication between parents and teachers, adjusting expectations to fit the student's level of ability, Consistency in managing behavior and being sensitive to the students as an individual. Emphasis was given in facilitating positive relations with teachers and the school administrators to the individual. And also importance was given in motivating the individual to have better academic achievement. The treatment session included parents, teachers, the school administrators and the individual with conduct problem. There were 3 treatment sessions.

At the end of the treatment, according to peers, the school administrators and teachers the individual aggressive behavior as conflict with her classmates, verbal attack and physical fights has reduced in the school. The individual accepted the treatment positively. This was the success of this treatment. The individual wanted to change the hostile situation between

her and teachers, peers, and also to have better academic achievement in order to fulfill her future goals.

The individual (case 2) has reduced the manifestation of conduct disorder (see Table 10)

Table 10: Post-Treatment observation of case 2

(The finding is based on the research's observation and from parents, peers ,teachers. Data was collected every two weeks)

The behavioral manifestation of the individual		Data collected per two weeks				
		1	2	3	4	5
Aggression Towards people	Initiating and involving in physical attack	—	—	—	—	—
	Insult (verbal attack) intimidating of others	6	5	4	—	—
Destruction of property		2	1	1	—	—
Lies (and deceitfulness)		9	4	1	1	1
Theft		1	1	—	—	—
Staying out late at night despite parental prohibitions		9	5	3	1	1

4.5.3 Post-treatment finding on case 3

On family management training -

The father wanted the individual (his child) to be a good boy. Parents were trained to pinpoint, define and observe specific behavioral problems which help them to avoid inconsistent management, hostility and being harsh. The treatment session included

parents, siblings and the individual with the manifestation of conduct disorder. There were 4 treatment sessions and many informal sessions.

The obstacle for this method was that one of the parents i.e. the father wanted to continue his previous behavior i.e. when the father thinks that the individual misbehaved he becomes aggressive and hostile against the individual. Then it was necessary to make the father believe that hostile and aggressive methods of discipline are thought to be least effective to help the individual in adjustment.

After the treatment the father begins to behave with the individual constructively. The individual told to the researcher that the father is trying to be good to the individual. The father as well as the mother established clear communication with the individual. At the end of the treatment, according to his parents, the individual aggressive impulse has reduced. He was not staying late at night from home like he was doing it previously.

On developing positive self-concept -

In this treatment session emphasis was given to the individual self-awareness and self-acceptance. The individual received 4 treatment sessions and many informal sessions. The objective of this method was to change the unfavorable self-evaluations of the individual to the favorable one.

According to the individual's notion:

'What ever I learn I will never understand and whatever I do I cannot be successful'.

The individual resisted to change the idea about him. The researcher focused the individual's attention to his future goals (to learn, get a Degree and to have a well paid job, build his own house and live a happy life by developing adjusted interpersonal relations, according to the individual's future goals) If he wants to fulfill the idea about himself he has to try his best to adjust his interpersonal relations and to be strong in his academic achievement. The individual accepted this positively.

On developing interpersonal cognitive problem solving skill ability -

The individual received 4 treatment sessions and many informal sessions.

This method had two objectives:

1. Helping the individual to understand the 'faulty thinking' and its impact in developing maladjusted behavior.
2. Developing interpersonal problem solving skill.

Emphasis was given to the individual 'faulty thinking', and also the behavior that resulted from 'faulty thinking' is viewed as important. The individual received 4 treatment sessions and many informal sessions.

According to the individual understanding, '*The causes of his behavioral difficulty come from others, not entirely from him*'. The researcher focused the individual's attention to the following point: to all the behavioral difficulties of an individual others could not always be entirely blamed. The individual has also the responsibility for his own difficulties. He had to understand the techniques of interpersonal cognitive problem solving skill.

On facilitating school related factors

There were 3 treatment sessions to the individual.

Emphasis was given in facilitating positive relations with teachers and the school administrators to the individual. And also importance was given in motivating the individual to have better academic achievement. The treatment session included parents, teachers, the school administrators and the individual with the manifestation of conduct disorder. The context of the treatment sessions contained: developing communication between parents and teachers, adjusting expectations to fit the student's level of ability, consistency in managing behavior and being sensitive to the students as an individual.

At the end of the treatment according to peers, the school administrator and teachers the individual aggressive behavior as verbal attack, physical fights with peers and conflict with

teachers has reduced in the school. The individual wanted to change the hostile situation between him and teachers, peers, and also to have better academic achievement in order to fulfill future goal. His academic achievement was improved, according to his academic document.

The individual (case 3) has reduced the manifestation of conduct disorder (see Table 11)

Table 11: Post-Treatment observation of case 3

(The finding is based on the research's observation and from parents, peers, teachers and other informants. Data was collected every two weeks)

The behavioral manifestation of the individual		Data collected per two weeks				
		1	2	3	4	5
Aggression Towards people	Initiating and involving in physical attack	2	2	1	1	—
	Insult (verbal attack), intimidating of others	8	6	4	1	1
Destruction of property		2	1	1	—	—
Lies (and deceitfulness)		8	3	3	1	—
Theft		3	1	1	—	—
Staying out late at night despite parental prohibitions		9	7	6	2	2

CHAPTER FIVE

DISCUSSION

The study was designed to investigate possible factors related to the manifestations of conduct disorder, during the period of adolescence, and adapt intervention methods that are likely to reduce the manifestations of conduct disorder. To achieve this, the following basic research questions were formulated. What possible factors are related to the manifestations of conduct disorder and what possible solutions can be found to the individuals by intervening the manifestation of conduct disorder in relation to this study.

5.1 What possible factors are related to the manifestation of conduct disorder?

As conduct disorder is a disordered behavior, the possible causes that are likely to lead towards the manifestation of conduct disorder can not be attributed to a single factor. The pathway leading to a particular behavioral disorder are numerous and interactive, There are many contributors to disordered out comes in each individual. Disordered behavior, as conduct disorder, is multiply determined.

Through the complex interactions of these factors an individual may develop the manifestation of conduct disorder and another individual may not. Adolescent behavioral assessment gather information from a variety of sources, then information in this study was collected from parents, peer group members, teachers in the school and the community. Results pertaining to be the role of family and childhood experience, peer group influence, personal factors, school related factors, the individuals' faulty perception of reality, problems related with self-concept and the intervention methods applied are discussed below.

5.1.1 The role of family and childhood experience

Exploring the individuals' childhood experience and the role of the family is vital in order to understand the root causes of disruptive behavior, as conduct disorder. The cause for the manifestation of conduct disorder during adolescence has a root back to the period of childhood.

An early age disturbance during the period of childhood, may ultimately result in the emergence of a much larger difficulty some years later, as conduct disorder. The 3 individuals in this study manifested aggressive and antisocial behavior patterns. These were aggression towards others, destruction of property and violation of rules.

Disruptive family environments were manifested in the home of the individuals in this study. Such incidents at home are likely to result in unsatisfactory parental attitude and practices.

The findings in the study show the following points:

- A. Prolonged separations from the mother (as in case 1) break the normal bonds of attachment that links mother and child (because of the divorce of the individual's parents in this study). Such-child is likely to show signs of acute distress, and in some cases developmental progress especially social responsiveness is slowed down.
- B. Hostility, aggressive and overly restrictive discipline is manifested at home (as in case 3). A hostile and aggressive child is more common in hostile and aggressive families. The possible explanation for this is that such children may have a potential ground for the development of disruptive behavior (as in case 1, case 2 and case 3). Although we can not automatically conclude that such homes will always result in children with behavioral disorder neither we can dismiss their potential negative influences.
- C. There was parental disharmony and rejection of the individual by parents (as in case 2). Parental disharmony has been found to be highly associated with behavior problems

presented by young children at home and may also result in a child showing considerable anxiety and tension. Rejecting parents tend to be unaffectionate, disapproving, hostile and harsh in their method of control.

The effect of this could be the possible explanation for the individual to develop violence, aggression and antagonistic behavior towards adults (the manifestations in conduct disorder), later in the adolescence period. Children rejected by parents seek to assert themselves by means of aggression and anti-social behavior (Chazzan and et al., 1983).

The result agrees with the literature which stated that unsatisfactory parental attitudes and practices as: Prolonged separations from the mother, hostility, aggressive and overly restrictive discipline, parental disharmony and rejection, are likely to cause behavioral disorder (Chazzan and et al., 1983). And also maladaptive parent child interactions are at least partly responsible for producing and sustaining the child's antisocial behaviors.

Even if we can't arrive at the conclusion that such homes will always result in individuals with emotional and behavioral disorder, as conduct disorder, we can not dismiss there potential disruptive influence.

5.1.2 Peer group influence

The influence of peer group, for adolescents, has tremendous effect in the formation of behavior for adjustment or maladjustment. Peer group influence has immediate socializing effect during the period of adolescence.

All the cases in this study display verbal and physical aggression towards other children. The result agrees with the literature which stated that Young children with conduct disorder display verbal and physical aggression toward other children. The individuals are unlikely to learn adjusted behavior from such peer group, because of their hostile behavior to each other.

Involving oneself in group fight, as in case 3, the individual is likely to learn aggressive behavioral from his peer group. Case 3 had been influenced by his group to involve himself in drug addiction. As drug abuse could be accompanying disorder in relation to conduct problems, it's associated with adolescent antisocial activities, and with immediate dangers such as violence, school dropout, and family difficulties.

Conduct disorder during childhood are a risk factor for adolescence drug abuse and this relationship is mediated by drug abuse and delinquency during early and late adolescence (Zionts & Simpson, 2002). Such individuals could violate rules and learn deceitfulness from their peer group. This disruptive behaviour is related with the definitions of conduct disorder.

5.1.3 Personal factors

All the individuals in this study are restless and irritable. Even if temperament by itself may not cause behavioral and emotional difficulty it could predispose the individuals to the difficulty. The result agrees with the literature which stated that, although the manifestation of conduct disorder aren't inherited, biologically based trait, such as a difficult temperament or impulsivity, may predispose children to develop these patterns of behavior (Mash and Wolfe, 2002)

Then, having difficult temperament may contribute to their irritability, impulsivity and the development of aggressive behavior, destruction of property and violations of rule. These behaviors fit to the definitions of conduct disorder.

5.1.4 School related factors

The findings of this showed that all the individuals in this study have poor academic achievement in school. Relationship of the individuals with teachers and peers in the school was in conflict. The individuals had disciplinary problems as verbal and physical attack. All of the individuals were truant, and they have weak bonding to school. There was lack of

communication between the school and the individuals' parent. All the above factors could also aggravate the individuals' disruptive behavior.

There are school related factors that are likely to contribute for the development of disruptive behavior to the individuals in this study. The factors are related with the school.

These are as follows:

A. Failing to accommodate individual's needs.

Schools serve large group of students. They tend to aim learning experiences towards the average student. Thus, when students are treated the same with only limited accommodation for differences, those with even minor problems may be considered misfits

B. Conflicting relationship of the individuals with teachers and peers

The teachers' or the individuals' feelings and beliefs about their relationship aggravate conflicts. Academic failure, weak bonding to school and truancy increases conflicts with teachers

Such conflicting relationship of the individuals with the school is likely to illicit disruptive behavior, as conduct disorder

C. Lack of communication between parents with teachers and school personnel.

5.1.5 The individuals' faulty perception of reality

The findings of this study show that all the individuals' thought that:

All their difficulty is coming from others.

The possible explanation for this is that their notion was with faulty perception of reality, i.e. they have not understood that all problems can't be solved by blaming others; erroneous way of thinking did not allow them to see their own fault. They need to develop interpersonal cognitive problem solving skill. Even if others could create problems to each individual, it is not possible to arrive at such conclusion, because there are possibilities that the individuals themselves could also be responsible for the causes of their difficulties.

Blaming others can induce conflict with others. Developing interpersonal problem solving skill ability is likely to help reduce the incidence of 'blaming others for one's own wrong doing'. Involving oneself in social conflict is likely to induce anxiety. The consequences of anxiety are: unhappiness, severe stress, chronic frustration, fear, difficulties relating to other people, lack of self-confidence, negative self-concept and needless guilt.

Developing the individuals' interpersonal cognitive problem-solving skill ability is likely to help in reducing the incidence of faulty perception of reality and develop the ability to have efficient perception of reality; hence improving their behavior and reduce the incidence of the manifestations in conduct disorder.

5.1.6 Problems related with self – concept

The findings in this study show that the individuals manifested unstable self-concept, low-self esteem and self-concept that is not in congruent with their experience.

An individual's self-concept is vital for adjustment in day to day life experience. As in case 1, the individual manifested different self-concepts at different time's i.e. at one time the individual thought that he is better than the others in his interpersonal relations and academic achievement and at another time he thought that he is less competent than the others in all aspects of his life.

The possible explanation about the idea of himself is that it is unstable.

Concerning their ideal-self (aspiration) all the individuals noted the following:

I want to have well-adjusted interpersonal relations.

Their ideal-self show that they want to have adjusted life in the future but at present they did not show any effort to change their conflicting interpersonal relationship with the others.

The possible explanation for this is that the idea of themselves which is far from the real-self. The more the ideal-self is far from the real-self an individual is likely to have more problems to adjust himself / herself to his life experience.

All the individuals noted the following:

I can't understand whatever I try and I can not be successful how much I try.

The possible explanation for these notions is that each individual's self evaluations are unfavorable to themselves. Then, this shows that they have low self-esteem. Unstable self-concept, low-self esteem and self-concept that is not in congruent with one's experience could possibly result in the manifestations in conduct disorder, in this study. This means that when an individual learns that he/she must be someone other than what he really is he/she refuse to recognize large portions of his/her experience and emotions.

This intern interfering with the normal development of the self and causes him/her to suffer from various forms of maladjustments.

Self-concept that is not in congruence with their experience could be one explanation for the behavioral difficulty the individuals faced.

5.2 What possible solution can be found to the individuals by intervening the manifestations of conduct disorder?

The causes for the manifestations in conduct disorder have multiple dimensions. Multi-dimensional approach was required to reduce the manifestation of conduct disorder. The intervention package used in this study is called 'Combined Treatment' (Mash and Wolfe, 2002: 94). It is multi-method intervention approach.

In this study to case1, case2 and case3 multi- dimensional intervention approach was applied. These approaches were: parents and family management training, developing the individuals' self-concept, developing the individuals' interpersonal cognitive problem solving skill ability and facilitating school related factors.

Each of the above intervention approach offers unique advantages in different conditions to each individual's behavior for the better adjustment. Other new methods could also be

found and performed by researchers. A particular method may not be effective for all individuals with the manifestations of conduct disorder because the causes differ from one individual to another. Which method of treatment is fruitful, and which is not, differ from one individual in a certain circumstance to another individual in another circumstance with the same disorder. The causes of conduct disorder are multiple and the causes are interactive to each other. Applying a single method of intervention could not provide solution to conduct disorder i.e. there is no single and one method of intervention that works for all individuals with conduct disorder.

Intervention should include problem solving strategies focused on helping the individual adjust himself/herself to his/her current and future conditions because behavioral and emotional Improvements result from carefully formulated intervention programs and strategies. Intervention should be directed towards making changes that will increase the individual long-term functioning for his/her better adjustment i.e. intervention should focus on the nature, possible causes and associated characteristics of a particular individual.

Intervention requires follow-up from school and parents, otherwise the treatment could loses its effectiveness. Effective intervention is likely result in self-knowledge, ability to exercise voluntary control over behavior, accept one's own self-value, ability to form affectionate relationships and being sensitive to other's and ones own needs. From the post-treatment findings it is possible to see that the individuals have reduced in the manifestations of conduct disorder.

This doesn't necessarily mean that the intervention directly caused the reduction in the manifestations of conduct disorder. There is no clear cause – and - effect relationship exists for each child and adolescent disorder for the formation of adjusted or maladjusted behavior, then there is no clear cause – and - effect relationship exists between the interventions applied and the behavioral manifestations of the individuals. The point was

that the intervention is likely to reduce the manifestations of conduct disorder on an individual. Reduction in the manifestation of conduct disorder was manifested on all the 3 cases (see tables 9 table, 10 and table,11 on p. 76, p. 79 and p. 82 respectively)

CHAPTER SIX

6.1 Summary

The present study was performed to investigate possible factors related to the manifestations of conduct disorder during the period of adolescence, and adapt intervention methods that could help to reduce the manifestations. To achieve these goals, an attempt was made to get answer on the following points:

- a. What possible factors are related to the manifestation of conduct disorder?
- b. What possible solution can be found to the individuals by intervening the manifestations of conduct disorder?

The method employed in this research was qualitative method. To collect data about the individuals with the symptoms of conduct disorder, various informants were used, these were: parents, teachers, peers and the individuals with conduct disorder.

The instruments used in data collection were observation, a semi-structured interview with parents (Appendix A), a semi-structured interview to the individuals with the manifestation of conduct disorder (Appendix C) and a questionnaire with 15 items to teachers and peer group members (Appendix B).

The purpose of the questionnaire was to understand the response of teachers and peers about the individuals with the manifestation of conduct disorder. To examine the reliability of the 15 item questioner, about each individual, internal consistency reliability coefficient (cronbach alpha) was used.

The study was based on the view that disruptive environmental conditions will not always result in adolescents with the manifestation of conduct disorder, but disruptive environment could have maladaptive potential influence. The causes for the manifestation of conduct disorder are numerous and interactive to each other. The intervention required using numerous methods, in that each method could provide its unique advantage.

Based on the finding of the data the following results were obtained:

1. Parental attitude and practice as rejection, hostility, overly restrictive discipline, inconsistent parental disharmony and prolonged separation from the mother have disruptive potential influence which is likely to lead towards the manifestations of conduct disorder
2. Involving one-self in a peer group with anti-social activities, drug addiction, group fight, rule violation and physical aggression is likely to lead towards the manifestations of conduct disorder
3. School experiences as: low achievement, weak bonding to school, consistent conflict with teachers, peers and school administrators can aggravate the problem of conduct disorder
4. Personal factor as difficult temperament is likely to contribute to the development of aggressive behavior and rule violations (that are the manifestations of conduct disorder).

6.2 Conclusion

The present study attempted to investigate possible factors related to the manifestations of conduct disorder and adapted intervention methods that are likely to reduce the manifestations of conduct disorder. The causes for the manifestation of conduct disorder are numerous and interactive to each other. From the results obtained the likely causes for the manifestation of conduct disorder during adolescence has a root back to the period of childhood. Psychological disturbance as early deprivation from the care taker, parental disharmony, hostility and rejection during the period of childhood may ultimately result in the emergence of a much larger difficulty some years later, as conduct disorder in this study.

Personal factors as difficult temperament, negative peer group influence as involving in antisocial friends, and disruptive school related factors as, less sensitivity of the teachers to the student, the school's inconsistency in managing behavior and lack of communication between parents and the school personnel contribute there part for

developing the manifestations in conduct disorder. Such disruptive conditions have disruptive potential influence to distort the individual's perception of reality and self-concept. This in turn has an impact on the individual's behavior. However, it doesn't mean that all individuals exposed to disruptive environment develop manifestations of conduct disorder. But it is to mean that disruptive environment has disruptive potential influence.

As the likely causes for the development of conduct disorder are numerous, using multi-method intervention methods is highly advised than using a single method. These methods were parental and family management training, developing positive self-concept, developing the individual cognitive problem solving ability which would help them to have efficient perception of reality and facilitating school related factors.

6.3 Recommendations

Understanding the need of a child is very important for the development of the individual's ability to exercise voluntary control over behavior, and also accept his/her own self-value. This helps to reduce the incidence of conduct disorder during the period of adolescence. To have better understanding of individuals with conduct disorder from multiple aspects, a lot has to be done and the following points are recommended:

1. Parents have to be trained to acquire basic skills in handling their children. This would help to adjust emotional and behavioral manifestations of their children. Parents need to understand the meaning, the manifestations, and the possible causes of conduct disorder. This could be done through communication with school administrators, teachers and the community.

2. School administrators and teachers have to be trained to understand individual differences and be sensitive to the student as an individual. They need to have communication with parents and the community about the problem.
3. Parents and teachers need to understand the possible intervention methods. This could facilitate positive parent- child interactions and facilitate school related factors
4. Further research is needed to extend the finding of this study by addressing what parents, teachers and the community should do about the problem.

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APPENDICES

Appendix A

Semi-structured Interview to parents of the individuals in the study

1. Do you think that your child had behavioral disorder? If there is what is that?
2. Had your child manifested any emotional problems as anger, depression and anxiety during his childhood period? If so how is its intensity and duration?
3. What circumstances led your child to emotional problem?
4. Have you ever tried any intervention strategy to make you child's behavior better like punishment, advice, etc? If so what was that? And what was the effect?
5. Were there any health problem of the mother during pregnancy or delivery?
6. Has the individual ever been exposed to traumatic experience? If so what was its effect?
7. Is your child living harmoniously with siblings or is he in conflict with them?
8. Do you know a friend or friends of your child? If so do you have positive attitude to wards them or do you have negative attitude towards them?
9. Had your child aggressive (or destructive) behavior during his childhood period.
10. Do you make follow up to his education, as controlling his going to school and see his report card etc?
11. How was the relationship of your child with you and siblings during his childhood period? (harmonious or in conflict)
12. How was your child reacting during his childhood period to major events as stress, starting school, etc?
13. What kind of behavior you want your child to have?
14. What kind of job you want your child to have?
15. Have you understood the need of your child?

Appendix B

Questionnaire prepared to get data about individuals in the study

(This is to be filled by teachers and peers)

1. The student has behavioral disorder in the school.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
2. The problem of the individual is on his interpersonal relation with teachers and students.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
3. Manifest interest for learning
☐ Never ☐ Occasionally ☐ Often ☐ Very much
4. His behavior in class has acceptance by teachers and classmates.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
5. Makes conflict with classmates and teachers in class.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
6. Has respect to the order of teachers.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
7. Concentrates to learning during classes.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
8. Disturbs other students and the teacher during class.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
9. Has his/her behavioral disorder influenced his academic achievement
☐ Never ☐ Occasionally ☐ Often ☐ Very much
10. Teachers and students have good opinion about his behavior in the school.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
11. Respects the schools rules and regulations.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
12. Has ever been punished for lack of discipline in the school.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
13. Comes to school completing his home work.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
14. Manifest aggressive behavior with teachers and students.
☐ Never ☐ Occasionally ☐ Often ☐ Very much
15. How do you explain the student's academic achievement?
☐ Lazy ☐ moderate ☐ good ☐ Very good

Appendix C

Semi-structured interview to the individuals

A. Relationship with school

1. Are you satisfied with your academic achievement?
2. How is your relationship with teachers?
3. How is your relationship with peers?

B. Interpersonal Relations

a. with the family

1. Who lives at home with you?
2. Who do you like the most at home?
3. Are you living harmoniously with siblings and parents or there is conflict at present?
4. How was your relationship with siblings and parents during your childhood period
5. When you have a problem to whom do you like to advice, at home?
6. Do your parents tell you what to do, or you can make some of your decisions?
7. Do your parents allow you to bring friends at home? What is there response when you ask them to go to your friends' home?
8. What happens at home when you do something wrong or break the rules.

b. In the community - with adults

1. What kind of relationship do you have with other adults? (adults outside the family)
2. Is there someone you especially admire?
3. Which adults do you respect the most?
4. Which adults do you respect the least?

C. Peer Relations

1. Do you have friends
2. Do you have a best friend? If you have how long has he or she been your best friend?
3. What sort of things do you do together and on what ideas do you discuss.

D. Self- Concept

1. What do you think about your behavior in your interpersonal relations? I.e. do you think that others like your behavior or they do not?
2. How do you compare yourself with your friends (in sport, educational achievement, e.t.c?)
3. If you could change anything about yourself, what would you change?

Ideal -self (Aspirations)

1. What would you like to be when you grow up? (what kind of job and behavior do you prefer)

2. Do you think that you have the potentiality to be what you want to be?
3. If you are not able to get the job you prefer in the future what other job will you do

E. Feeling states

1. What sorts of things make you happy?
2. What sorts of things make you sad?
3. Do you have feelings of anger, anxiety or depression most of the time? When one or more of this happens, does it ever last for many days.
4. When others make you sad, do you over react?
5. Can you control your emotions when you are angry (like to be patient and think about the cause by spending sometime)
6. Have you ever faced a situation that made you under stress? If so what effort did you make to alleviate yourself from the stress? Or was there someone else who helped you.

F. Interest, value and Recreation

1. What things do you value in your life?
2. How do you spend your recreation time?

Appendix D

Presentation is based on the following points

1. Identification of the behavioral difficulty
2. Profiles of the individual's development
(Family environment and social development)
3. Relation with peer and the community
4. Medical histories
5. Educational history
6. Problems related with self-concept
7. Specific Symptoms and behavior
8. Value, interest and recreation