

ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATIONAL AND BEHAVIORAL STUDIES
DEPARTMENT OF SPECIAL NEEDS EDUCATION

**Impact of Intervention Strategies on the Interpersonal Behavior of
Children with Conduct Disorder: A Study of three cases in South West
Shoa Zone, Woliso Town**

By: Addisu Hordofa

February, 2015
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**This Thesis is Submitted to the Department of Special
Needs Education in Partial Fulfillment of the Requirements for MA
Degree in Special Needs Education**

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Abbreviations used

ADHD: Attention Deficit hyperactively Disorder

DSM- IV: Diagnostic and Statistical Manual

ODD: Oppositional Defiant Disorder

PMT: Parent Management Training

CD: Conduct Disorder

ABSTRACT

The major purpose of the study is to identify the impact of intervention strategies on the interpersonal behaviors of children with conduct disorder. The subjects of the study were three children selected from the children who were believed to have conduct disorder and supported in compassion organization at Woliso town and who come from relatively lower socio-economic status. Observation and interviews were data collection instruments used to collect data from children with conduct disorder, parents and teacher of the children. The result of the study shows that the appropriate use of intervention strategies as parent management training, solving school related factors, discussing with peer groups about the children and helping or supporting the children themselves to have a positive relationship with others have a positive impact on the interpersonal behaviors of children with conduct disorder. The intervention strategies reduced the interpersonal problems of the children with conduct disorder. And also the interpersonal behaviors of the children with conduct disorder were improved when compared with their own previous behaviors because of the applied intervention strategies. Family management training, solving school related factors, discussing with peer groups about the subjects are the effective intervention strategies for the children with conduct disorder.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Conduct disorder refers to a group of behavioral and emotional problems in youngsters. Children and adolescents with this disorder have great difficulty following rules and behaving in a socially acceptable way (Halgin, 1999). Children with conduct disorder are often viewed by other children adults and socially agencies as bad or delinquent, rather than mentally ill. Many factors may contribute to a child development conduct disorder, including brain damage, child abuse or neglect, genetic vulnerability, school failure and traumatic life experiences (Wolston, 2006). Conduct disorder is a serious behavioral and emotional disorder that can occur in children and teens. A child with this disorder may display a pattern of disruptive and violent behavior and have problem following rules. It is not uncommon for children and teens to have behavior related-problems at some time during their development. However, the behavior is considered to be a conduct disorder when it is long-lasting and when it violates the rights of others, goes against accepted norms of behavior and disrupts the child's or family's everyday life.

Conduct disorder is a childhood behavior disorder characterized by aggressive and destructive activities that cause disruptions in the child's natural environments such as home, school, church, or the neighborhood. The overriding feature of conduct disorder is the repetitive and persistent pattern of behaviors that violate societal norms and the rights of other people (Dumas, 1989). Several studies have revealed that conduct disorder have negative impact on education performance and on interpersonal behaviors. The issues of conduct disorder many times related to the period of adolescence because of the psychological and physical changes high during this period. In psychological development adolescence period is associated with sexual awakening, identity crisis, and hero worship. There is a new sense of self during adolescence period. The individual has to find his/her identity as to "who he/she is and 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 behavior (Ogden, 2006).

Throughout his training experience the researcher has observed that the interpersonal behaviors of children with conduct disorder are a serious problem. The researcher also observed those children during training in the class, their relationship with other children, their activities in the organization compound and their repetitive behaviors, such as engaging in conflict with peer groups, cutting flowers and other plants in the compound which is strictly forbidden by organization rules and regulations, taking another student materials without permission and hidden the materials and the relationship of these children with others were in general not good. Therefore, what enforce the researcher to study on this topic is that when the children have no good interpersonal relationship it is not consider as a problem by many parents, teachers, and other communities rather than believed as what the children are intentionally behave and nobody interested to solve such like problems through discussion with the concerning bodies rather they prefer physical punishment. But such like conditions encourage the problem.

1.2. Statement of the Problem

The major purpose of the study is to identify the impact of intervention strategies on the interpersonal behavior of children with conduct disorder. As conduct disorder is related with behavioral disorder, studying the impact of intervention strategies can contribute to the understanding of behavioral disorder. Parents, teachers and the children with conduct disorder may not know the causes and its intervention methods (Newman, 2003).

Parents, teachers, peer group and the individuals themselves are facing problem, because of the children with conduct disorder as aggression towards people, destruction of property, deceit fullness and as serious rule violations. Conduct disorder commonly occurs when ODD is left untreated. Children may initiate bullying and fighting, or animal cruelty. They may become disrespectful of others properly by stealing or causing damage by vandalism or arson.

Children afflicted with ODD or conduct disorder will most likely have trouble feeling empty and may misread social queues or miss them altogether. Living with a child with either conduct disorder or ODD is exhausting and sometimes heart breaking. Parents should get help avoid power struggles, and remain positive with their child .They requires an extremely strict routine, consistency, and positive reinforcement as well as a happy and refreshed parent who has confidence in themselves (Sarason, 1976).

When one child is disruptive, the entire family feels the effects and every one suffers the consequences to a degree. The upside to this “disorder” is that it is within a parents control to change their child’s behavior and their life.

Parents can shape the behavior of their child and to socialize them. School and family as social institutions are expected to make competent, sociable, well-educated, and adjusted citizens. Furthermore, helping the children with conduct disorder to have a positive relationship with teachers, family members and peer groups to a deeper and sounder understanding about them and their environment is important. Children in child care are generally more considerate and sociable than other children and they interact more positively with teachers, and they may also be more compliant and regulated their own behavior more effectively (Kazdin, 1985). Although many advances in social development are prompted by peer interaction, parent’s child rearing patterns also shape their children’s social competence. The children whose parents are rigid, punitive, strict standards are unsociable, unfriendly and withdrawal (Diana, 1971).

Different local researchers also tried to investigate on the identifications, assessment and interventions of conduct disorder. For example, Feleke, (2010) conducted a study on the assessment and intervention practices for children with conduct disorder at Finfine primary school in Addis Ababa, Abrham, (2009), also conducted a study on the identification and intervention of adolescents with the manifestation of conduct disorder in school setting. As it is indicated above most of these studies were conducted on the identification and assessment of adolescents with conduct disorder and its impact on educational performance. However, the current study is conducted to investigate the impact of intervention strategies on the interpersonal behaviors of children with conduct disorder. Likewise, the former studies were limited to the identification and assessment of adolescent with conduct disorder. For this reason, we cannot find enough studies that conducted on interpersonal behaviors of children with conduct disorder in general and intervention strategies for these problems in particular. As a result, the current study was focused on interpersonal behaviors of children with conduct disorder and impact of intervention strategies. So intervening the children with conduct disorder is believed that as facilitating a conducive condition for later behaviors of these children.

Generally, teachers parents, peer groups, the community and the children with conduct disorder themselves are facing problem because of the children manifest of different behaviors as

aggression towards people, destruction of property, deceitfulness and serious rule violations and these leads to low social relationship (Newman, 2003). Therefore, the researcher investigates possible intervention strategies on the interpersonal behaviors of children with conduct disorder the case of three children in Woliso town.

1.3. Objectives of the Study

The major objective of this study is to investigate the impact of intervention strategies on interpersonal behaviors of children with conduct disorder.

1.3.1. Specific Objectives

The specific objectives of the study are to:

- 1) Identify the most effective intervention strategies on the interpersonal behavior of children with their parents, teachers, siblings and peers.
- 2) Improve the interpersonal relations of children with conduct disorder with their parents, teachers and peers.

The study was intended to answer the following research questions:

- What possible factors are related to the problems of interpersonal behaviors of children with conduct disorder?
- What possible solutions can be found for child by intervening the problems of interpersonal behaviors of children with conduct disorder in relation to this study?

1.4. Significance of the Study

The current study has a great role on the improvement of interpersonal behaviors of children with conduct disorder with their family members, teachers, and peer groups. The results of this study have a great contribution to teach the parents the principles of child behavior management, to increase parental competence in raising children and help the teachers to understand and manage those who have the same problem. Children with conduct disorder are likely to face difficulty in adjusting themselves with the school rules and regulations. The children with conduct disorder are likely to have conflict with family members, teachers and other students. Such children need to help, and they also need to be understood by teachers, their family and the whole communities.

In school situation children with conduct disorder are not likely to get acceptance by others for their deceitful, destructive aggressive behavior and persistent conflicts and isolation by others is likely to aggravate to their disorder. Teaching and learning process requires discipline from the student and to be able to abide by the school rules and regulations. Such children need help and they also need to be understood by teachers and parents.

The outcome of the research has a benefit to teachers, parents and the children with conduct disorder. So the finding of the study will help the children with conduct disorder, teachers, parents and the community to get knowledge about conduct disorder and its intervention strategies, contribute to parents and teachers about intervention strategies of children with conduct disorder. Finally, this study may open a way for further investigation for those who might be interested in this area.

1.5. Delimitation of the Study

The scope of the study was confined to the impact of intervention strategies on the interpersonal behavior of children with conduct disorder, in South West Shoa Zone Woliso town, the case of three children who are supported in compassion organization and learned primary school. In order to manage the study very well, it was delimited to three children whose age ranges from 11-15 years. Among the different intervention strategies, only parent management training, facilitating school related factors and discussing with peer groups were used.

1.6.Limitations of the Study

Since the study was conducted on three children it has the limitation to generalize to all children with conduct disorder. There are different intervention strategies for the interpersonal behaviors of children with conduct disorder, but in this study only three of them were employed. Moreover the researcher has encountered Lack of necessary materials for the study like, camera and personal computer.

1.7. Operational definition of terms

Intervention strategies: In this research intervention strategy is the strategies or methods designed to improve the interpersonal behaviors of children with conduct disorder.

Parent management training: the programs designed to improve parents' behavioral management skills and the quality of parent-child relationship

Conduct disorder: Is a repetitive behavior of children that affects their interpersonal behaviors negatively.

Intervention strategies: the strategies that designed by the researcher to improve the interpersonal behaviors of children with conduct disorder.

1.8. Organization of the study

The Research paper is organized in six chapters. The first section deals with the research background to the present study, the statement of the problem, objectives of the study, significance of the study and scope of the study. The second chapter contains literature review; the third chapter (Methodology) describes the research design, subject of the study, how the children under study were identified, data collecting procedures, data collecting instruments and data analysis procedure, the fourth chapter contains the results of the study, the fifth chapter contains discussion and the sixth chapter contains summary, conclusion and recommendations.

CHAPTER TWO

REVIE OF RELATED LITRATURE

Introduction

2.1. Concept of Conduct Disorder

According 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). Conduct disorder is the category of aggressive behavior (Sarason, 2002). 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 social norms or rules. The disorder can appear already before age 10 or sometimes in adolescence.

The frustrating behavior of youngsters with conduct disorder frequently leads to blaming, labeling, and other unproductive activities (Webster, 1997). Children who are "acting out" do not inspire sympathy or the benefit of the doubt. They are often ostracized by other children. Parents of such children are often blamed as poor disciplinarians or bad parents. As a result, parents of children with conduct disorder may be reluctant to engage with schools or other authorities. At the same time, there is a strong correlation between children diagnosed with conduct disorder and a significant level of family dysfunction, poor parenting practices, an overemphasis on coercion and hostile communication patterns, verbal and physical aggression and a history of maltreatment. There is a suggestion of an, as yet, unidentified genetic component to what has generally been viewed as a behavioral disorder. One study with adopted children in the mid-1990s looked at the relationship between birth parents with antisocial personality disorder, and adverse adoptive home environments. When these two adverse conditions occurred, there was significantly increased aggressiveness and conduct disorder in the adopted children. That was not the case if there was no indication of antisocial personality disorder in the birth parents. This finding has important implications for prevention and intervention of conduct disorders and its associated conditions of substance abuse and aggressiveness.

2.2. Interpersonal behaviors

Interpersonal behavior is the behavior and actions that are present in human relationships. The way in which people communicate, and all that entails, is considered interpersonal behavior. Interpersonal behavior may include both verbal communication and nonverbal cues, such as body language or facial expressions (Webster-Stratton & Herbert, 1994). Verbal interpersonal behavior consists of joking, relating to one another via the art of storytelling, and taking or following orders. Interpersonal skills are highly desirable in many situations, specifically careers that rely on personal relationships such as the health care industry or sales. The study of interpersonal behavior is a social science that examines the way people interact with one another.

2.3. Causes of Conduct Disorder

The exact cause of conduct disorder is not known, but it is believed that a combination of biological, genetic, environmental, psychological, and social factors play a role.

Biological: some studies suggest that defects or injuries to certain areas of the brain can lead to behavior disorders. In addition, conduct disorder has been linked to particular brain chemicals called neurotransmitters. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemicals are out of balance or not working properly, messages may not make it through the brain correctly, leading to symptoms. Further, many children and teens with conduct disorder also have other mental illnesses, such as attention-deficit hyperactively disorder (ADHD), learning disorder, depression, substance abuse, or an anxiety disorder, which may contribute to the conduct disorder.

Genetics:-many children and teens with conduct disorder have close family members with mental illnesses, including mood disorder, anxiety disorders, substance use disorders and personality disorders. This suggests that a vulnerability to conduct disorder may be inherited.

Environmental: - Factors such as a dysfunctional family life, childhood abuse, traumatic experiences, a family history of substance abuse, and inconsistent discipline by parents may contribute to the development of conduct disorder.

Psychological:-some experts believe that conduct disorders can reflect problems with moral awareness (notably, lack of guilt and remorse) and deficits in cognitive processing.

Social: - Low socioeconomic status and not being accepted by their peers appears to be risk factors for the development of conduct disorder.

2.4. Symptoms of Conduct Disorder

The essential feature of Conduct Disorder is a repetitive and persistent pattern of behavior by a child or teenager in which the basic rights of others or major age-appropriate societal norms or rules are violated. These behaviors fall into four main groupings: aggressive conduct that causes or threatens physical harm to other people or animals, nonaggressive conduct that causes property loss or damage, deceitfulness or theft, and serious violations of rules time and time again.

2.4.1. Specific Symptoms of Conduct Disorder

Conduct Disorder is characterized by a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

Aggression to people and animals

- Often bullies, threatens, or intimidates others
- Often initiates physical fights
- Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- Has been physically cruel to people
- Has been physically cruel to animals
- Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- Has forced someone into sexual activity

Destruction of property

- has deliberately engaged in fire setting with the intention of causing serious damage
- has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft

- Has broken into someone else's house, building, or car
- Often lies to obtain goods or favors or to avoid obligations (i.e. "cons" others)
- Has stolen items of nontrivial value without confronting a victim.

Serious violations of rules

- Often stays out at night despite parental prohibitions, beginning before age 13 years
- Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- Is often truant from school, beginning before age 13 years

Two subtypes of Conduct Disorder are provided based on the age at onset of the disorder (i.e. Childhood-Onset Type and Adolescent-Onset Type). The subtypes differ in regard to the characteristic nature of the presenting conduct problems, developmental course and prognosis, and gender ratio. Both subtypes can occur in a mild, moderate, or severe form. In assessing the age at onset, information should preferably be obtained from the youth and from caregiver(s). Because many of the behaviors may be concealed, caregivers may underreport symptoms and overestimate the age at onset.

2.5. Diagnosis of Conduct Disorder

Conduct disorder is generally diagnosed when somebody, often a child in school, comes to the attention of authorities (school, law enforcement, and others) most often because of behavior. The person might then be referred to a psychiatrist or psychologist for assessment and diagnosis. It is unlikely that any sort of specific test is given; rather, the individual would have to meet the criteria in the DSM-IV. Usually there is a history of acting out in school, neighborhood, home, and other social settings. Court-ordered treatment would likely occur if the person comes to the attention of the police involved. A judge might order treatment as an alternative to jail, or before a sentence is served.

2.6. Treatments of Conduct Disorder

Earlier treatments of youth with conduct disorder relied on legal processes to declare a child in need of supervision or treatment and thus able to be placed in residential settings established for this purpose. While residential placements may still be used, recent treatment models have relied less on such restrictive procedures. The increased visibility and sophistication of the consumer movement, comprised of families of children and youth with mental health disorders, is bringing pressure to bear on treatment providers to stop blaming families, stop removing children from their families for services, focus instead on strengths and assets in both the child and his or her family, and to use community-based interventions in several domains in which the child and family live.

Community-based interventions are sometimes called wrap-around services to describe the intention that they will be brought to the child's natural environment in a comprehensive and flexible way. The idea is to target a range of child, parent, family and social system factors associated with a child's behavioral problems. This approach has been successful in modifying antisocial behavior, rates of restrictive placement, and in reducing the cost of services.

Another treatment that has been used with some success is the Child Cognitive Behavioral Treatment and Skills Training which trains children with conduct disorder in anger-coping, peer coping, and problem-solving skills.

Parent Management Training and family therapy are also used to treat conduct disorder. Parents learn to apply behavioral principles effectively, how to play with their children, and how to teach and coach the child to use new skills.

Medication is sometimes used and may be effective in controlling aggression. Generally, a variety of treatment modes are used to address such a complex disorder. Severe antisocial behavior on the part of the child and adverse parenting practices may suggest that the family will stop treatment before it can be effective, or before meaningful change can result.

2.7. Prognosis

Early identification and appropriate and innovative treatment will improve the course of conduct disorder and possibly prevent a host of negative outcomes that are often a consequence of the behaviors associated with it. Unfortunately, the stigma of treatment and the undiagnosed problems of many parents are still significant enough that families whose children could benefit.

2.8. Intervention

Intervention can be as an aggregation of many different types of help, assistance, services, and so forth provided to families by individuals and groups. Accordingly categories of intervention include formal intervention provided by professionals and referred to as an early intervention program, and informal intervention provided by relatives, friends, neighbors, the church, and so forth, referred to a social support. The intervention often must target the family as well as the community even though the primary concern is an infant's growth, behavior, or development (Blackman, 2003)

2.8.1. Family Focused Interventions

Parenting interactions are clearly the most well-researched and proximal causes of conduct problems in children. Research shows that some parents of children who are highly aggressive lack certain fundamental parenting skills (Patterson, 1982). For example, parents of such children may be less positive and more coercive, permissive, erratic, and inconsistent. They are less likely to monitor behavior and more likely to reinforce inappropriate and ignore prosocially behaviors (Chamberlain, 1997). Many factors disrupt parenting, including family life stressors (often associated with socioeconomic disadvantage), maternal insularity and lack of support, parental psychopathology or substance abuse, and marital discord (Webster1999).

Parent training programs help the parent and family risk factors by teaching positive, nonviolent discipline methods and supportive parenting that promotes children's self-confidence, prosocial behaviors, problem-solving skills, and academic success. Parent interventions help parents respond effectively to normal behavior problems so that these problems do not escalate. Parents learn to provide support for their children's cognitive, social, and emotional growth. Parent training programs can also help parents communicate effectively with teachers and advocate for their child's social and academic development. Group format parent training that also focuses on

family issues such as communication and problem-solving skills addresses some of these family risk factors by facilitating parent support, decreasing parents' isolation, and providing strategies to cope with stressful life events.

Parenting interactions are clearly the most well-researched and proximal causes of conduct problems in children. Research shows that some parents of children who are highly aggressive lack certain fundamental parenting skills (Patterson, 1982). For example, parents of such children may be less positive and more coercive, permissive, erratic, and inconsistent. They are less likely to monitor behavior and more likely to reinforce inappropriate and ignore prosocial behaviors. These parental constructs at age 10 predict later antisocial behavior and drug abuse (Patterson, 1992). Many factors disrupt parenting, including family life stressors (often associated with socioeconomic disadvantage, maternal insularity and lack of support , parental psychopathology or substance abuse , and marital discord, Low parent involvement in school also puts children at risk for academic failure and antisocial behavior).

2.8.2. School-Based Intervention

While parent training historically has not been seen as an essential element of school services, there are several advantages to offering parent training in a school-based preventive model rather than in a mental health setting. First, school-based programs are ideally placed to target multiple risk factors in the child, family, and school and build links between these three areas. Second, school-based programs are more accessible to families and eliminate the stigma associated with services offered in traditional mental health settings as well as some of the practical and social barriers to treatment access (e.g., lack of transportation, insurance, child care, or financial resources). Third, school interventions can be offered before low-level behavior problems have escalated into severe problems that require referral and extensive clinical treatment. Moreover, when intervention is offered in communities, these communities become natural sources of support for parents and teachers (Webster-Stratton, 1997). Lastly, on-site school interventions can provide services to high numbers of high-risk families and children at comparatively low cost.

As indicated by the preceding review, there is extensive knowledge about the development and treatment of conduct disorders using parent training. Work in the area of prevention of conduct problems is also extremely promising. In the past decade several multifaceted, randomized control, longitudinal prevention programs have shown that rates of later delinquency and school adjustment problems can be lowered by early parent–school intervention (Maccoby, 1996). The school based intervention included a classroom management component, social skills training, academic tutoring, parent training, home visits, and friendship enhancement (Webster-Stratton, 1997).

Rationale for Parent Training in School Settings: While parent training historically has not been seen as an essential element of school services, there are several advantages to offering parent training in a school-based preventive model rather than in a mental health setting. First, school-based programs are ideally placed to target multiple risk factors in the child, family, and school and build links between these three areas. Second, school-based programs are more accessible to families and eliminate the stigma associated with services offered in traditional mental health settings as well as some of the practical and social barriers to treatment access (e.g., lack of transportation, insurance, child care, or financial resources). Third, school interventions can be offered before low-level behavior problems have escalated into severe problems that require referral and extensive clinical treatment. Moreover, when intervention is offered in communities, these communities become natural sources of support for parents and teachers (Webster-Stratton, 1997). Lastly, on-site school interventions can provide services to high numbers of high-risk families and children at comparatively low cost.

Empirical Validation of School-Based Prevention: As indicated by the preceding review, there is extensive knowledge about the development and treatment of conduct disorders using parent training. Work in the area of prevention of conduct problems is also extremely promising. In the past decade several multifaceted, randomized control, longitudinal prevention programs have shown that rates of later delinquency and school adjustment problems can be lowered by early parent–school intervention.

Broad-Based Content: Program content and process must be relevant and sensitive to individual parent needs and circumstances. A focus on problem solving, communication with teachers, personal family issues, and other risk or protective factors in addition to parenting skills is more

effective. Moreover, the combination of child and parent training results in better early peer interactions and later reductions in delinquent behavior and drug abuse (Kazdin, 1985). Although all these facets of interventions are not required for every family, the ability to integrate them into treatment clearly enhances the effectiveness of parent training, especially when parents are coping with issues such as serious depression, drug abuse, marital discord, or extreme poverty.

Cognitive, Behavioral, and Affective Components: Programs that emphasize parents' feelings and cognitions and promote self-management as well as teaching behavioral "principles" have higher consumer satisfaction and longer-lasting effects. Programs should include parent-child relationship building through positive parenting practices and child-directed play as well as behavioral strategies such as time-out and loss of privileges (rather than relying on exclusively one focus or the other).

Length Greater than 20 Hours: Programs that are at least 20 hours (extending to 50 hours) in length have more sustained and significant effects (Kazdin, 1987). Parenting programs offered in schools can be provided across key transition points such as entry to preschool, kindergarten, middle school, and high school. This approach provides a lengthier and more comprehensive approach and also provides parents with periodic "boosts" to keep up their efforts at home and to facilitate relationships with new teachers.

Early Intervention and Developmental Focus: The earlier intervention begins the more positive the child's behavioral improvements. This does not mean that programs for parents of antisocial adolescents should be eliminated but that it is far easier to impact behavior problems when children are young. Parenting programs should focus on a particular developmental stage and age. Programs that attempt to address issues for all ages are likely to fail because different parenting strategies are appropriate for children of different ages, and parents may be confused and frustrated by strategies that do not apply their own child's developmental level.

Collaborative Process: Programs that are collaborative (i.e., parents are given responsibility for identifying their own goals and developing their own solutions with the guidance of the group leader) result in more parental engagement and fewer dropouts and are perceived as more culturally sensitive.

When parents are involved in self-management (e.g., determining their priorities for home activities) and a coping or problem-solving model is used, programs are perceived as more meaningful and relevant to parents' needs and cultural traditions.

Focus on Strengths: Programs that focus on parents' strengths (as opposed to their deficits), assuming that even highly stressed parents bring knowledge and expertise regarding their child and their needs, result in less dropout, more involvement, and more behavior change.

Building Family and Social Support: Programs that are offered in group format, encourage partners' involvement, and promote within-group relationships are more cost-effective. They also reduce parents' of isolation, increase their sense of support, reduce dropout rates, and result in lasting effects (Webster-Stratton, 1985).

Performance Training Methods: Training methods need to be responsive to a variety of parental learning styles and should utilize "performance-based" training methods such as videotape modeling, role playing, and home practice assignments. Direct feedback, instruction, and active practice of skills are more effective than "verbal-based" learning methods such as discussion and written handouts.

"Principles" Training: There is greater behavior improvement and generalization when parents are taught behavioral principles (not just specific strategies). Parents who understand the rationale behind parenting strategies and their long-term results are more motivated to implement them.

Parent–Teacher Partnerships: Parenting programs that promote skills in school collaboration and help parents and teachers develop consistent home–school behavior plans are more effective than programs offered in isolation from schools and teachers. Programs that include teacher training result in more generalization and consistency of behavior improvements across settings.

Group Leader Clinical Skills: Leaders who are warm, collaborative, nonhierarchical, nonblaming, and supportive and demonstrate a coping model is more effective than program leaders who are "expert," distanced, and prescriptive. A collaborative approach (i.e., leader acts as a "coach" to provide support and encouragement) will facilitate active parent participation and interaction.

The "expert" model frequently fosters passive resistance on the part of parents. It is important that leaders receive appropriate training and ongoing supervision until they are proficient with intervention implementation. Many empirically validated programs have developed certification procedures for assuring that the program is delivered with integrity and a high level of quality.

Sensitivity to Barriers for Low-Income Families: Programs should be accessible and realistic about the practical constraints of low-income families. This may mean providing child care, transportation, food, flexible meeting times, and community meeting places (Webster, 1998). Weekly support calls from leaders and group "buddy systems" help engage families and result in lower dropout and higher attendance rates, particularly in highly stressed families. Leaders can also help parents make up missed group sessions in a home-visit format.

2.8.3. Peer group based intervention

Anyone who watches a preschooler rush off to play with a neighborhood friend is aware of the enjoyment that children derive from being with their peers. Such friendships are crucial to a child's social development (Feldman, 1991). According to developmental psychologist Willard Hartup experience is necessary in both "vertical" relationships (those with people of greater knowledge and social power, such as parents) and "horizontal" relationships (those with people who have the same amount knowledge and social power) if children are to develop social competence. As children reach school age, their social interaction becomes increasingly formalized, as well as more frequent. They may engage in elaborate games involving complex scenarios. It is important to realize that children's play serves purposes other than mere enjoyment (Asher 1993). It allows children to become increasingly competent in their social interactions with others. Through play they learn to take the perspective of other people and to infer others' thoughts and feelings, even when these are not being directly expressed. In sum, social interaction aids children in interpreting the meaning of others behavior and developing the capacity to respond appropriately (Pellegrini, 1999).

Furthermore, children learn physical and emotional self-control: They learn to avoid hitting an adversary who bests them, to be polite, and to control their emotional displays and facial expressions (e.g., smiling even when receiving a disappointing gift). Situations that provide children with opportunities for social interaction, then, may enhance their social development (Feldman, 1982)

CHAPTER THREE

METHOD

3.1 Research Design

In order to achieve the intended objectives of the study mainly qualitative approach required. This research approach is required because qualitative research seeks to describe various aspects about behavior and factors studied in the social science and humanities. And the research design preferred to achieve the intended objectives of the study was case study and single subject design, because case study is an-in-depth, intensive investigations of an individual or small groups of people (Feldman,1996). The data collection method employed was based on idiographic approach i.e. studying single cases in depth, which is mainly a qualitative method. Observation and interview was the data collecting instrument designed in order to investigate impact of intervention strategies on the interpersonal behavior of children with conduct disorder. The purpose of qualitative research is to describe, interpret and understand behavior, emotional, cognitive and social phenomenon of the children in the context in which it is experienced. It provides an intimate and understanding of each child.

3.2. Subjects

As the primary concern of the current study is to investigate impact of intervention strategies on the interpersonal behavior of children with conduct disorder, the subject of the study were three children. The subjects of the study were selected from the children those supported in compassion organization in Woliso town whose age ranges from 11-15 and come from parents of relatively lower economic back ground. The organization that supports the children invited the researcher for guidance and counseling service many times and this paved the way for the researcher to get familiarized with the children who are supported by the organization. The researcher was interested to conduct a research because, the interpersonal behaviors of these children were not good and after observing as the behaviors of these children were match with the definitions of conduct disorder from Diagnostic Statistical Manual (DSM-IV) by American psychiatric association. The researcher has identified the children under study based on the criteria of identifying conduct disorder cited by the Diagnostic and Statistical Manual (DSM-IV)

by American psychiatric association (see Appendix C). The same sex children (male) were selected to reduce the sex variables and almost the socio-economic status of the parents of the children is the same and therefore all children were supposed to come to compassion to get aid.

After three children who have conduct disorder according to the mentioned criteria were identified the researcher made a close relationship with parents, teachers, and peer group and follow up continued in all directions.

The children faced behavioral difficulty with teachers in the school, with peers and with family members. Their behavioral disorder in the school is aggression towards other students, initiating and involving in physical attack with class mates, insult, intimidating of others and deceitfulness of peers in the school. They violated the school rules and regulations as theft and destruction of the school properties. According to their parents the children have behavioral difficulty with their family as aggression towards family members, using taboo words and according to peers the children were manifested aggression towards others, involving in physical attack, stolen learning materials from peers and etc. The study was focused on three children and the data was collected from different concerning bodies (parents, teachers, peer group and the children under study themselves). The subjects of the study were selected purposefully. Purposeful sampling refers to the selection of particular informative or useful participants. This study can be generalized to the children with conduct disorder that have the interpersonal relationship problems.

3.3. Data Collecting Instruments.

The data gathering instruments were Observation and interview. The information gathered was focused on current behavior as well as age developmental signs and manifestations and multiple sources of information are necessary, because the causes of conduct disorder may has a multiple dimensions. The data were collected by the researcher, parents, and teachers directly from the children under study through observation and indirectly from parents, teachers, and peer group about the children through interview.

3.3.1 Observation

The observation was including home visit, class room observation, how the individual behave in the school compound and out of the school with peers and with community members. The Observation also focused on whether the oral response of the children is acceptable by the family

members and generally how the children behave in the environment and the behavioral changes between before and after intervention strategies were applied.

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. What behavior the children manifest in the school compound, class rooms with peers and teachers, how they behave in the home with family members.
- b. Second 'formal approach of observation' was used. The direction of what to be observed was identified in what circumstance the children manifests conduct disorder, what situation make them aggressive and why their interpersonal behaviors are so poor.
- c. Finally a 'participant observation' method was used. The observation consisted of detailed descriptions of the children activities and the range of interpersonal interactions.

The observation of children with conduct disorder was held in two ways:

The first observation was held before the intervention strategies prepared by the researcher applied. This observation helps the researcher to observe the overall interpersonal behaviors of the children before intervention strategies were applied. The second observation was held after the intervention strategies that prepared /designed by the researcher to compare and contrast the behavioral changes (interpersonal behaviors) of children with conduct disorder before and after intervention strategies were applied.

3.4.2. Interview

The first interview was held with each parent of the children to understand whether the interpersonal behaviors of the children improved or not. The interview to parents was designed and developed to collect data on each children childhood experience and their situation till the period of this study. It was focused on the emotional and behavioral problem of the children and how the parents were treated their child and what conditions leads their child to aggression, engaging in conflict, insulting somebody, etc. The interview was Semi- structured interview and flexibility was possible and the respondents were got the freedom to respond beyond simple response. The second interview was held with the children home room teachers' how those children react with other teachers and classmates and their relatively constant behavior that they

show in day to day activities. The interview was held twice with the home room teachers that is before and after intervention strategies were applied.

3.4. Data Collecting Procedure

Rapport was created by the researcher with the children under study, with their parents, with their teachers and peer group members by the researcher. To the ethical considerations, the participants were informed about the nature of the research, the benefits and expected out comes and also they were informed as the information they revealed is confidential. The data was collected twice: before and after intervention strategies were applied. It is necessary to make post- treatment data collection to find out whether the children benefited from the intervention strategies and to consider the impact of intervention strategies on the interpersonal behaviors of children with conduct disorder.

a. Description of the child's particular problems

The description contained basic information about each child and the problem in different contexts as: in the school with teachers and with peers and at home with family members. How the child differs from others within the same age the child's social and psychological problems, the family environment and developmental aspects were included.

b. Comprehensive study of the child's with conduct disorder.

This included identification of the behavioral difficulty, profiles of the child's development, family environment and social development, relation with peer and the community, problems related with self-concept, specific symptoms and behavior and reaction. According to the data gathered from teachers, peers, and parents the children behavior were aggression toward people, distraction of property, deceitfulness or theft and rule violations. Their behavior manifestation corresponds to the definition of conduct disorder in the Diagnostic and Statistical Manual (DSM-IV). Adapting the definition of DSM-IV to the behavioral manifestation of the children helps to relate each child behavioral disorder with the existing body knowledge and find possible treatment to their disordered behavior.

c. Treatment planning for intervention

Treatment approach differs from one child to another. Treatment plan was made by the researcher to the children and its effectiveness was evaluated. In the process of description of each child, information was gathered to understand the nature of the behavioral difficulties, age developmental history, possible causes, strengths, and possible outcomes of intervention strategies.

d. Collecting data to consider the effect of the intervention strategies

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

The following intervention strategies were applied:

A. Parent Management Training

To improve the parents' behavioral management skills and the quality of the parent-child relationship short training was given to each child's parents on the issues of their children how they have to develop a good relationship and the general characteristics of children with conduct disorder. The content of the training was mainly focused on the contribution of the parents in the social developments of child. Why family based intervention was preferred is that the social life of the child started from the family. In Parent Management Training, parent-child interactions are modified in ways that are designed to promote prosocial behavior and to decrease antisocial or oppositional behavior. Parents are usually thought how to define, observe and record behavior at the beginning of treatment because one behavior (e.g. fighting, engaging in tantrums) are defined concretely, reinforcement and punishment techniques can be applied. As parent became proficient using initial techniques, the children behavioral problems at home and in the school were addressed (as initiating and involving in physical attack, insulting, having conflict with class mates and stolen money from parents). In most PMT programs, the researcher maintains close telephone contact with the parents in between sessions. These contacts were used to encourage parents to ask questions about the home programs and to provide an opportunity for the researcher to discuss again on the current behaviors and to see the behavioral changes.

B. School based intervention

On the case of each child's behavior in the school setting with the teachers of the children the appropriate discussion and training were held. The conditions that lead the children to violate rule and regulations and make them aggressive were identified and making a good relationship with such children and with the parents of the children were set as a solution. Relatively many children spent their time at school with teachers and other students. Through teaching learning process the child can develop a social relationship. The relations that created among the child, teachers and other students may determine the later behavior of the child. 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). In this section the intervention was consist of a combination of teachers, children, classmates and parents. So, school is the corner stone to determine the interpersonal behavior of the children.

B. Peer group based intervention

The interpersonal behaviors of children with conduct disorder were evaluated in the direction of peer group and the important intervention was provided in this direction by facilitating derive from and appreciating/promoting every activity of those children with their peer groups. The behaviors of children can be influenced by peer groups positively or negatively. So dealing with peer group about the children with conduct disorder is the important thing to improve their interpersonal behaviors. The researcher was highly communicated with peer group on the issues of the children with conduct disorder and appreciated them as to play and tolerate these children during playing. The main goal of these programs was to nurture the relationship between the children with conduct disorder and peer group or the interpersonal behaviors of children with conduct disorder in the direction of peer groups.

3.5. Data Analysis Procedure

In order to investigate the problem, data to be gathered through observation was analyzed comparing the behavior manifested per two week, the interpersonal behaviors of each child before intervention strategies applied compared with their own behaviors after intervention strategies applied. After that the data was interpreted, described, analyzed and discussed. Then conclusions and recommendations were provided

CHAPRER FOUR

RESULT

The purpose of this study is to investigate impact of intervention strategies on the interpersonal behaviors of children with conduct disorder. A plan for treatment was made and its effectiveness was evaluated. Before applying intervention strategies it was necessary to make prognosis, i.e. to make prediction about the possible outcome of the intervention strategies to be applied, on the children under the study.

The prognosis made in this study was that the children will benefited from the intervention strategies by reducing aggressive behavior, improving interpersonal relations with their family members, peer groups and teachers, reducing violations of rules and regulations, reducing destruction of properties that leads them to conflict with teachers, family members and peer groups. The causes for 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).

The Intervention given to each child was based on the following points.

- Parent management training.
- Facilitating school related factors for the behavioral change of the children.
- Discussing with peer group about the children.
- Helping the children to develop a positive relationship with family members, peer and teachers.

The study was designed to investigate the impact of intervention strategies on the interpersonal Behaviors of children with conduct disorder. More than one intervention strategies were used (Combined- Treatment) and each method (strategy) offering unique advantage in different conditions. This notion was used on the view that the positive interpersonal relationship of children with conduct disorder with their family members, peer and teachers result from carefully formulated intervention programs and strategies.

4.1. Findings of Case A.

Identification of the child (screenings)

Age 10 Grade 4 Sex M

4.1.1 Presentation of the child's Interpersonal behavior in different contexts.

A. In the school with teachers and students

- He had persistently comes to school without even attempting the homework and the teacher always ordered him to leave the class.
- He has persistently made a conflict with classmates.
- He was unable to maintain satisfactory interpersonal relation.
- Because of disturbing in the class and always talking to other students during Teaching-learning process he had frequently in conflict with teachers.
- He was unable to follow the school rules and regulations as: not singing the National anthem when flag ceremony was going on.
- He has stolen the learning materials as: - pen, pencil, exercise books from Class mates and he was repeatedly stealing even school properties.

B. At home with parents and siblings.

- He was not obeying to parents.
- He had conflict repeatedly with siblings especially with his older sister.
- He has stolen coins from his family and many times punished by his mother.
- Insulting family members.

C. Outside the school with peers and others.

He was showing no respect to elders, stealing the different materials during playing, throwing stone to the neighbor children and always uses taboo words.

4.1.2. The Child's Background

He is the last son for his parents and the parents were give (show) over love when compared with other children or with his siblings. His father was wood worker at other place and his mother has no job what enables her to generate income. When the child under study was eight years old (before two years) his father was died and the older sister gone to other country. At that time his mother left with other two children whose learning grade 8 and 9. The mother of the child under study was never refused what he wants to do and totally she was applied permissive parenting style. According to his mother the manifestation of conduct disorder arise beginning from his period of child hood (8-9) years old. According to his school profiles and his mother he was characterized by aggressiveness, bullying, lacking concentration.

Profiles of the Child Development

The following is the profile of the child development. The age and classification is according to Erik Erikson.

a) The period of infancy (the first 24 months to Age 2 to 3).

He was grown up with his parents. After birth he was able to feed breast and got relatively appropriate care.

b) Middle age childhood (3 to 6 years).

The child stayed with his mother and his father was gone to other place from the family for the purpose of work and all responsibilities of raring the child understudy and other children was imposed on the mother and the child was always asked his mother where his father a was? Why he is not living with them? And other similar questions were raised.

c) Later age childhood period (6 to 12 years)

Many times the child has started conflict with siblings, even with his mother, started being alone (not interested) to talk with the family members at home, insulting the family members at home by using taboo wards, crying sometimes without he had not justify the reason behind, not obeyed to his mother, and always broken the different materials in the home. At that time his older sister was tried to stop his misbehavior by applying physical punishment.

Table1.Finding from observation before intervention strategies were applied

(Case A)

S.N	Behavior of the child under study	The frequency of the child behavior per two week.				
		1 st two week	2 nd two week	3 rd two week	4 th two week	5 th two week
1	Initiating and involving in physical attack with siblings	11	10	10	11	10
2	Insult (verbal attack or using taboo words) siblings	12	12	13	12	13
3	Conflict with class mates	3	4	3	3	3
4	Disturbing the class and reported to home room teacher	2	2	3	3	3
5	Stolen learning materials from class mates and reported to home room teacher	1	-	1	2	3
6	Stolen money from parents	-	1	-	1	1
7	Physical punishment applied by parent	2	2	3	2	3

Note: The behaviors of the children were recorded once per two weeks. This was held to see the frequency of the behaviors and helps the researcher as a base to compare with a post treatment behaviors. If it was held once per week the children may repeat similar behavior for the same factors that may occurred within a week. The above table shows that the interpersonal behaviors of the child with parents, peer groups and teachers were not good. The increments of insulting somebody, having conflict with class mates, and family members, stolen learning material from class mates and others are some indicators that eradicate the interpersonal relationship of the children.

4.1.3. The Intervention Strategies Applied to Case A.

The intervention methods were:-

- A. Parent management training.
- B. Facilitating school related factors for the behavioral change of the children.
- C. Discussing with the peer group.
- D. Helping the children to develop a positive relationship with family members, peer and teachers.

The above four methods are discussed as follows:-

A. Parent management training.

Training was given to the child's parent on the issue of managing the family and the effects of child rearing (parenting styles) were discussed with the parent. The parents were taken training about the parenting styles specially the authoritative parenting styles. Authoritative parents are parents who are firm, set clear limits, reason, with their children and explain things to them and the children's behavior under authoritative parent are Good social skills, likable, self-reliant, independent etc. (Maccoby,1992). The parents were advised to appreciate or reward when the child do/show relatively an acceptable behaviors.

The main goal of this training was:

- Improving the child-parent relationship.
- Raising awareness as the child-parent relationship has the impact on the child's interpersonal behavior.

B. Facilitating school related factors for the behavioral change of the child.

To improve the behavioral problems of the child (conduct disorder) the school related factors like teachers, class mates, and the school administration have a great contribution. The researcher was discussed with the teachers of the child and agreed to treat him in the class and outside of the class. The teachers of the child were made a close relationship with parents of the child, strongly followed the child's activities in the class and in school compound.

The school administration also diverted the punishments always imposed on the child because of his misbehavior to advising, appreciating the child and discussing with the parents rather than refusing him.

C. Discussing with the peer group.

The peer group was not interested to play with the child under study, because he was hat and beat them during playing and even he was taken their properties without their permission by force. These children were advised to play freely with him and they were stopped ignoring the child in the class and at the place of playing.

D. Helping the child to develop a positive relationship with family members, peer group, and teachers.

In the case of improving the child's inter personal behavior the operant conditioning theory was applied. Operant Condition is learning in which a voluntary response is strengthened or weakened, depending on its positive or negative consequences (Thorndike, 1932).

The child was encouraged to do homework, to play with peer group, to talk politely with parents and siblings and these activities were followed by reward/reinforcement. How punishments and reinforcements can be applied was discussed with parents and teachers. The main goal of this intervention was to improve the child's interpersonal behaviors with parents, peer groups, and teachers.

4.1.4. Post-Treatment Finding on case A.

A. The child's behavior at home with family.

After the child started showing misbehavior at home, at school, and with peer group his mother and older sister were always angry to him and applied physical punishment. But this had brought no change in the child's conduct problem.

The treatment session included his older sister, his mother, and the child with conduct disorder himself. His sister was trained to pinpoint, define and observe specific-behavioral problems that help to avoid inconsistent management, hostility, and being harsh because of maladaptive interactions could party responsible for the disruptive behavior in children. His older sister then, tried to negotiate and reduce hostility and harsh treatment.

According to the child's mother and sister the child began to talking with family member's polity, and he was started responding in "normal" way what he was asked. There were no frequent conflicts with family members and he was reduced stealing money from the parents.

B. The child's behavior with teachers and students at school.

The emphasis was given in facilitating and motivating the child to have a positive relation with his teachers and classmates. The treatment sessions included parents, teachers, the school administrators, classmates, and the child with conduct disorder. The context of the treatment sessions contained: developing communication between parents and teachers, developing a better relationship between teachers and the child under study. At the end of treatment, according to peers and teachers the child's aggressive behavior has reduced, conflict with class mates as verbal attack and physical fights has reduced.

Table 2. Finding from observation after intervention strategies was applied (Case A)

N	Behavior of the child in the study	The frequency of the child behavior per two week.				
		1 st two week	2 nd two week	3 rd two week	4 th two week	5 th two week
1	Initiating and involving in physical attack with peers and siblings	5	4	2	-	-
2	Insult (verbal attack or using taboo words)	9	8	6	4	3
3	Conflict with class mates	3	2	1	-	-
4	Disturbing the class and reported to home room teacher	1	1	-	-	-
5	stolen learning materials from class mates	1	-	-	-	-
6	Stolen money from parents	-	-	-	-	-
7	Physical punishment applied by parents	1	-	-	1	-

Note: The behaviors of the child were recorded once per two weeks. If it was held once per week the child may repeat similar behavior for the same factors that may occurred within a week. The time between the two observations sessions were the time of intervention session. The results of the study after intervention strategies were applied for this case (table 2) shows that the interpersonal behaviors of the child with conduct disorder were reduced. The result shows that the Child was reduced engaging in physical attack with family members and peer groups, decrease insulting someone else or using taboo words, disturbing the class mates and reported to home room teacher, and eliminated stealing money from parents. In general the reduction of all the above behaviors enables the child to improve the interpersonal behaviors. Gradually the relationship of the child with family members, teachers, and peer groups were radically improved.

4.2. Findings of Case B

Identification of the child (screening)

Age 11 Grad 5 Sex M

4.2.1. Presentation of the Child's Interpersonal behavior in different contexts.

a) In the school with teachers and students

- ❖ He had persistently broken and destroyed the school properties and he had repeatedly violated the school rules and regulations.
- ❖ He had persistently make conflict with classmates, especially with class monitor.
- ❖ He was unable to maintain satisfactory interpersonal relationships with teachers and students.
- ❖ He had hated his teacher, because of the teacher always told about him to his parent.
- ❖ He had torn the different papers from note boards.
- ❖ He had insulted the students in the class even when the teacher was teaching.

b) At home with parents and siblings.

- He was many times threw the stone to his sister (a conflict with his sister).
- He was insulting his sister and when his sister hit him he was cried for a long period of time at least up to 1 hr. to 2 hr.
- He was not interested or not volunteer to eat in the schedules of the family (breakfast, dinner, & Lunch) and he was ask/order them later to give him Lunch or dinner). When they were stay for munity he was crying continuously.
- He was cried for a long period of time when protected not to do something or not to hit somebody.

c) Outside the school with peers and others.

He was insulting somebody who crosses in the front of the home, and he was in volunteer when the people tried to advise him in inverse he was respond to them in taboo words. In General he was unacceptable child by the community members around his home.

4.2.2. The child's background.

The first 24 months the child was unable to feed a breast in a normal way, because of the health condition/health problem of his mother. Both his parent i.e. mother and father were died when the child was 6 & 9 years old respectively and he was taken to his grandmother whose economic status is relatively low. The child was sent to school but nobody follow his activities in and outside the school compound. The child was spent many times with his older sister who sale "Kolo" by moving from place to place. At that time he was stolen money from his sister and many times make a conflict with her on the street and when returned to home she was informed to their grandmother. Even if his grandmother was not applied physical punishment always she was criticize him. So the child under study was unable to be free or not talk to other members of the family every night. At the home nobody appreciate him, even the child's eating style was criticized by family members. The comments given on him from the family members about his behavior always anger the child. According to his grandmother and sister the manifestations of conduct disorder rise beginning from 10 years old after his parents were died. According to his school profiles and his grandmother he was characterized as aggressive, bullying, theft, ignoring etc

Profiles of the child development

The following is the profile of the child development. The age and classification is according to Erik Erikson.

a. The period of infancy (24month to 3years)

He was grown up with his parents .but the child was unable to feed a breast in a normal way, because of the health condition or health problem of his mother.

b. Middle age childhood(3to 6years)

The child was stayed with his parents. When the child was 6 years old his mother was died. After one year the father of the child under study was also died.

c. Later age childhood period(6 to 12 years)

The child was started making conflict or physical attack with his sister, refusing what his grandmother was told him to do. For this reason his grandmother was always criticize him. At home no body appreciated him, even his eating style was criticized by family members. The comments given to him always anger the child.

Table 3: Finding from observation before intervention strategies were applied (Case B)

S.N	Behavior of the child in the study	The frequency of the child behavior per two week.				
		1 st two week	2 nd two week	3 rd two week	4 th two week	5 th two week
1	Initiating and involving in physical attack with peers and siblings	3	2	4	3	3
2	Insult (verbal attack or using taboo words)	13	14	13	15	15
3	Conflict with class mates	4	4	5	4	4
4	Disturbing the class and reported to home room teacher	4	4	3	3	4
5	Crying for a long period of time	9	9	8	10	11
6	Torn papers from exercise book	2	1	2	3	3
7	Physical punishment applied by parent	2	3	2	2	3

Note: The behaviors of the children were recorded once per two weeks. This was held to see the frequency of the behaviors and helps the researcher as a base to compare with a post treatment behaviors. If it was held once per week the children may repeat similar behavior for the same factors that may occurred within a week. The results from observation on table 3 show that the child has the problem of interpersonal relationship with family members and teachers as well as his misbehavior was constant and sometimes increases from time to time. The child was highly involved in verbal and physical attack with peer groups and siblings, torn papers from his exercise book and crying for a long period of time and he was repeatedly punished by family members.

4.2.3. The Intervention Strategies Applied to case B.

Each intervention method was applied based on treatment sessions. The intervention methods were:-

- A. Parent management training.
- B. Facilitating school related factors for the behavioral change of the children.
- C. Discussing with the peer group.
- D. Helping the children to develop a positive relationship with family members, peer and teachers

The above four methods are discussed as follows:-

A. Family management training.

Training were given to the child's grand mother and sister on the issue of the advantages of reinforcement and the disadvantages of physical or corporal punishment. With the child's grandmother the researcher was discussed many times on the advantages and disadvantages of criticizing the child always. The child's grandmother was agreed to change the ways of correcting misbehavior of the child by using punishment. His sister also advised as she has to play with him, not ignoring all the time and not leave him alone at the time of going to and back to school. She was agreed not to punish him rather than changing his behavior through discussions.

B. Facilitating school related factors for the behavioral change of the child.

Since the source of conduct disorder is multidimensional the solution for the problems for conduct disorder is also not from a single direction. To solve the child's behavioral problem the expected factors in the direction of school should be assessed, Because of this close relationship was made with the school community (teachers, classmates, and school administration) on the issues of the child under study. The teachers of the child were given exceptional attention for the child and they were following up the child with appropriate ways of correction.

Close relationship was made between the teachers and the child's parent. The teachers were informed to the parent the day to day activities of the child with conduct disorder in the school compound with the behavioral changes found. The classmate students were also trained not to ignore him during learning-teaching process, and even if the child's with conduct disorder did a wrong they were advised and accepted not to exaggerate and engaged in conflict with him. Specially the classroom monitor was trained well not to report the child's name to the home room teacher in the name of disturbant and not to criticize every day as the child was disturb ant and the monitor was agreed and did it.

C. Discussing with the peer group.

All activities of the child under this study during playing with peer group were forceful. Because of this all his friends were not interested to play with him and they were stop playing when he was comes to play with them. Such like condition was anger him more than previous and he was started insulting them and engaged in conflict. So all these discussed with the peer group and they were avoiding all actions what they were done and they were started even advising him to play with them. Gradually, the child with conduct disorder was started minimizing the frequency of engaging in conflict with peer group during playing. The main goal of this training is to develop a positive relationship between child and peer group.

D. Helping the child to develop a positive relationship with family members, peer, and teachers.

As much as possible it is important to develop self-esteem of the child and helping to promote self-concept. In this process the child was encouraged to understand his own strength and weakness. Many times the researcher was prepared a recreational time out of the home. The child was appreciated in the form of reward and another chance of recreation was given when he was not insulting person, not disturbing the class, not making conflict with his sister and peers, and also as a punishment he was missed such like advantages when acted in inverse.

The child was also encouraged to do homework (what improve the relationship with teachers). Not to stolen others' learning materials and playing with them (what improve the relationship with peer group) and to complete the activities given to him by parent on time (what improve his relationship with parent) and all these activities were followed by positive reinforcement.

The main goal of this intervention was to improve the child's interpersonal behaviors with parents, peers and teachers.

4.2.4. Post- Treatment finding on case B.

A. The child's behavior at home with family.

To correct the child's misbehavior the different measures were taken by his sister and grandmother including physical punishment. But it had brought no change in the child's behavior. The treatment session included the child's sister and grandmother, why he has no father and mother.

Specially, his sister was well trained to identify the specific behaviors that lead him to conflict with family members. After she was started appreciating and giving him the responsibilities at home he has reduced stealing, started being honest and reduced physical and verbal attack with his sister. When his grandmother was started talking with him politely and minimize criticism he was able to talk with all family members, being volunteer when asked to eat and he has reduced crying for a long period of time. According to the child's sister and grandmother the relationship between family members and the child under study was improved and they were happy for the behavioral changes of their child.

B. The interest of the child to develop a positive relationship with family members, peer and teachers.

C. In order to develop the child's positive relationship with family members, peers and teachers the researcher was attempted different methods. The child under study was helped to develop self- esteem through discussion. After discussion was held with the child he was appreciated on different activities and encouraged to develop self-esteem. Then the child was started making a meaningful relationship with family members, peer group and teachers. When the child was observed and compared with his previous behaviors he has reduced the conflict with family members, peers, and teachers. The child was able to express himself politely when his teachers were asked him to do something.

D. The child's inter personal relationship at school with teachers and students.

After close relationship was made among parent, teachers, classmates and school administrators to improve the behavioral problems of the child under study, the child was reduced insulting the classmate members during teaching-learning processes. And also the child was started communication with his teachers and he was started to accept their ideas and was minimized the numbers of ignorance when ordered to do something. So this enables the child to have a positive relationship with teachers and classmates.

E. Discussing with the peer group.

Since the peer group is a part of problem for the behavioral disorder they also a part of solution. The peer group was well informed about the nature of conduct disorder and also they were trained how they can be a part of solution. The peers were able to play with the child understudy and also he has reduced hitting them, insulting them and stealing their properties.

Table 4: Finding from observation after intervention strategies were applied (Case B)

S.N	Behavior of the child in the study	The frequency of the child behavior per two week.				
		1 st two week	2 nd two week	3 rd two week	4 th two week	5 th two week
1	Initiating and involving in physical attack with peers and siblings	3	2	-	-	-
2	Insult (verbal attack or using taboo words)	10	9	7	6	5
3	Conflict with class mates	4	3	1	-	-
4	Disturbing the class and reported to home room teacher	3	2	-	-	-
5	Crying for a long period of time	6	5	3	1	-
6	Torn papers from exercise book	2	1	-	-	-
7	Physical punishment applied by parent	1	-1	-	-	-

Note: The behaviors of the children were recorded once per two weeks. If it was held once per week the children may repeat similar behavior for the same factors that may occurred within a week. The time between the two observation sessions was the time of intervention session. The above table (table 4) shows that the behaviors of the child after intervention strategies were applied showed a radical change. The child reduced involving in conflict, insulting (using taboo words), disturbing in the class room and crying for a long period of time and the physical punishments that were applied by parent because of his misbehavior were completely eliminated.

4.3. Finding of Case C

Identification of the child (screening)

Age 15 Grade 5 Sex M

4.3.1. The child's interpersonal behaviors in different contexts.

a) In the school with teachers and students

- He had persistent conflict with classmates as bullying, intimidating and physical attack with others.
- He was unable to maintain satisfactory interpersonal relationship with others.
- He was unable to follow the school rules and regulations (not dressing the school uniform properly).
- He was intimidating his peer group members.
- Not taking short notes, instead talking to other students.

b. At home with family

- ❖ He was always opposing what others say.
- ❖ He had conflict repeatedly with siblings.
- ❖ He was in volunteer when the family members ask to support him the homework and other assignments.
- ❖ He was insulting all family members.
- ❖ He was not obeying to parents.

c. Outside the school with peers and others.

He was showing no respect to elders, lying persistently and uses taboo words in front of elders. And he was not interested to play with classmates rather than disturbing when they were playing with each other.

4.7.2. The child background

The child under study is grown up with his father and stepmother. His mother was died before 11 years when the child under study was 4 years old. Up to his father was married another wife the child was stayed with grandmother and the child was got relatively appropriate care as eating on time, sleep with family members in the same room (not isolated from family members) etc. later his father was taken him and assigned to rare/give a care for stepson and stepsister. The child had no good relationship with stepmother and she was always reported the child's negative behavior (what he did and said) to the father and the father was consistently punished him. The child under study was persistently made a conflict with the peer group out of the school and in the school compound. According to his father the manifestation of such behavior i.e. Aggressions, making conflicts with classmates, bullying, not following school rules and regulations etc. were manifested after disagreements were made with his stepmother. His school profile also shows that his personal relationship was decreased from time to time. According to his homeroom teacher many times she was discussed with his father on the case of child's behavioral change. But the decision of his father was repeatedly applying physical punishments.

Profiles of the child development

The following is the profile of the child development, the age and classification is according to Erik Erikson.

a. The period of infancy (the first 24 months to age 2 to 3).

He was grown up with his parents. After birth he was got relatively an appropriate care. At this period the child had no exceptional behavioral and physical problems.

b. Middle age child hood (3 to 6 years)

According to his grandmother the mother of the child was pregnant when he was 3 years old. Starting from this period his mother reduced the care for her child because of her health problems related to pregnancy. When the child of under study was 4 years old his mother was died and the child was taken to his grandmother.

c. Later age childhood period (6 to 12)

In this period of time the child was started living with his father and stepmother. During this period of time his stepmother was imposed many obligations on the child, Like caring his young stepson and caring out the different activities at home. According to his grandmother even if the child was carried out the different activities his stepmother was never accept his activities and she was always insulted and criticizes him. Generally the absence of positive relationship between the child and his stepmother created a gap between the child and the father.

Table 5. Finding from observation before intervention strategies was applied (Case C)

S.N	Behavior of the child in the study	The frequency of the child behavior per two week.				
		1 st two week	2 nd two week	3 rd two week	4 th two week	5 th two week
1	Initiating and involving in physical attack with peers and siblings	4	3	4	3	3
2	Insult (verbal attack or using taboo words)	9	10	9	11	10
3	Conflict with class mates	3	3	4	2	3
4	Disturbing the class and reported to home room teacher	3	3	2	3	3
5	Stolen learning materials from class mates	2	1	2	1	2
6	Intimidating peer group	3	4	4	6	7
7	Physical punishment applied by parent	1	1	2	1	2

Note: The behaviors of the children were recorded once per two weeks. This was held to see the frequency of the behaviors and helps the researcher as a base to compare with a post treatment behaviors. If it was held once per week the children may repeat similar behavior for the same factors that may occurred within a week. The above table (table 5) shows that the interpersonal behaviors of the child with parents, peer groups and teachers were not good. Because the child was always having conflict with siblings and peers, insulting or uses taboo words, disturbing the class and stolen learning materials were some of The increments of insulting somebody, having conflict with class mates, and family members, stolen learning material from class mates are some of the child' behaviors.

4.3.2. The Intervention Strategies Applied to case C.

Each intervention method was applied based on treatment sessions. The intervention methods were:-

- A. Parent management training.
- B. Facilitating school related factors for the behavioral change of the children.
- C. Discussing with the peer group.
- D. Helping the children to develop a positive relationship with family members, peer and teachers.

The above four methods are discussed as follows:-

A. Family management training.

Training was given to the child's father and stepmother on the behavior of child's behavior. The focus of training was eliminating the physical punishment that was applied by his father and criticisms that was applied by his stepmother. The father and step mother of the child was trained about the advantage of discussion with family members and the disadvantage of physical punishment on the conduct of the child. The training was given by the researcher, who was school counselor at Woliso preparatory school and by other concerning bodies.

The main goal of this training was:

- Improving the relationship between stepmother and the child
- Minimizing physical punishment to correct misbehavior.
- To improve the child-parent relationship through Discussion.

B. Helping the child to develop a positive relationship with family members, peer and teachers.

To improve the interpersonal behaviors of the child the researcher was facilitated the different conducive conditions in the direction of the child himself. The chance to be sport club members in his school was given by the sport coordinator.

The child was advised repeatedly by the researcher and coworker of the researcher (who was following up the child's day to day activities in the school compound.

The child was also encouraged to complete every assignment that given by his family, teachers and also advised to have a positive relationship with peer group in school compound and out of the school. All this activities were followed by positive reinforcement as appreciation, material reward like colorful pen.

The main goal of this intervention was:

- To improve the child's interpersonal behaviors with parents, peers and teachers through developing the child's self-concept about his behaviors to live with others.

C. Facilitating school related factors for the behavioral change of the child.

The child was spent many of his time in the school compound with school communities (teachers, students, and other school workers). So to Bering the change on the child's behavior the researcher was made a close relationship with school communities on the case of the child's under study. All teachers of the child were informed about back ground of the child at Home and the relationship between parent and child was reported to teachers and school administrators. Because of this teachers of the child were avoid ignoring the child when he was act inappropriate way and they were started understanding and discussing with him on different issues.

D. Discussing with the peer group.

The child was encouraged to play with peer groups in the school compound and out of the school. To strengthen his relationship with peer groups the researcher was facilitated the condition that he can engage in Woliso youth football club. The different concerned bodies were following the child's relationship with others. Not only followed by other person but also the child himself directly discussed about the advantages of having positive relationship with other person specially with peer groups with his teachers in different sessions.

4.3.3. Post- Treatment finding on case C.

A. The child's behavior with family members.

To correct the child's behavior the different measures were taken by his father and step mother. But it had brought no change in the child's behavior. The treatment session included his father and step mother, specially to change the misconception of stepmother that she was perceive as the child was act/did everything to anger her. And also his father was believed that physical punishment was brought a change on the child's behavior. After they were discussed freely about the child's behavior with the researcher they were understand as the child's behavior is not to anger them and they were being volunteer to work with the researcher and teachers to change the behaviors of their child. After stepmother were not reporting his misbehaviors to his father the child was started making a positive relationship with her and he was reduced refusing what she advised him to do. The father also minimized physical punishment. The child was reduced conflict with siblings, reduced insulting family members, started asking homework what becomes difficult to him, and he was started obeying to parents.

B. The child's behavior at school

After close relationship was made among parent, teachers, classmates, and school administrators the child was reduced making a conflict with classmates and also able to maintain satisfactory interpersonal relationship with school community; as communicating with teachers and classmates positively when compared with his previous behavior. And also the child was able to follow the school rules and regulations, reduced talking to others during class and started taking short notes. Minimizing conflict with others, taking short notes and reducing talking to others during class enables the child to have a positive relation with teachers.

C. The child's behavior with peer groups.

After the child was engaged in football club he was reduced making a conflict with other. The child was reduced using taboo words and he was started playing with peer group without making a conflict.

Table 6: Finding from observation after intervention strategies were applied on (Case C)

S.N	Behavior of the child in the study	The frequency of the child behavior per two week.				
		1 st two week	2 nd two week	3 rd two week	4 th two week	5 th two week
1	Initiating and involving in physical attack with peers and siblings	3	3	2	-	-
2	Insult (verbal attack or using taboo words)	6	4	4	2	2
3	Conflict with class mates	3	3	1	-	-
4	Disturbing the class and reported to home room teacher	3	1	-	1	1
5	Stolen learning materials from class mates	2	-	-	-	-
6	Intimidating peer group	3	3	2	-	-
7	Physical punishment applied by parent	1	1	-	1	-

Note: The behaviors of the children were recorded once per two weeks. If it was held once per week the children may repeat similar behavior for the same factors that may occurred within a week. The time between the two observation sessions was the time of intervention session. The above table (table 6) shows that the child reduced involving in conflict, insulting (using taboo words), disturbing in the class room and stolen learning materials from class mates and the physical punishments that were applied by parent because of his misbehavior were completely eliminated and intimidating peer group is also behavioral change that shows radical change.

CHAPTER FIVE

Discussion

The study was designed to investigate the impact of intervention strategies on the interpersonal behaviors of children with conduct disorder. The possible factors related to the interpersonal behaviors of children with conduct disorder and intervention strategies that are likely to reduce the problems of interpersonal behaviors of children with conduct disorder were adapted. To achieve this, the following basic questions should be answered. What possible factors are related to the problems of interpersonal behaviors of children with conduct disorder and what possible solutions can be found for child by intervening the problems of interpersonal behaviors of children with conduct disorder in relation to this study?

The causes for conduct disorder are not only from a single direction. The factors that leads to conduct disorder are numerous and interactive. There are many contributors to disordered outcomes in each child. Child behavioral assessment was gathered from a variety of sources, as parents, teachers, peer group members and the child with conduct disorder themselves. The role of parent management training, discussing with peer group members, and facilitating school related factors are discussed below.

I. The role of family management training

The role of family is vital in order to understand the root causes of conduct disorder. 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 three children in this study were manifested aggressive and antisocial behavior patterns at different places. These were aggression towards others i.e. teachers, siblings and peer group members, and violation of rules. Disruptive family environments were manifested in the home of the children in this study. Such conditions at home are likely to result in unsatisfactory interpersonal relationship of children.

The finding in the study shows the following points:

- a. Parenting styles may affect the behaviors of children negatively if not applied appropriately. When the Children fulfill the responsibilities and get the rights the child's may develop a sense of social responsiveness. When the family rare the child by giving only rights without imposing the obligations (as in case A) the children are unable to have positive relationship

with others. Not obeying to parents, making conflicts with family members and lack of acceptance by family members were manifested (as in case A).

- b. Hostility, aggressiveness and overly criticism were expressed at home. Insulting and hitting the siblings and crying for a long period of time were showed in the result. Such like behaviors deteriorate the interpersonal behaviors of the children with their family members (as in case B).
- c. There was parental disharmony and ignorance of the child by stepmothers and the father and every day the responses for any action of the child were physical punishment. The result agrees with the literature stated that children of authoritarian parents tend to be unsociable, unfriendly and relatively withdrawn. Separation from the mother, hostility, aggressive and overly criticism, parental disharmony and ignorance, are likely to cause behavioral disorder (chazzan, 1983). Even if we can't arrive at conclusion that such conditions result in children with conduct disorder, we cannot refuse as it has the contribution for the formation of conduct disorder. So negative relationship between parents and the children facilitates the condition for the developments of conduct disorder (as in case C). And also the parents have a great role to improve the interpersonal behaviors of the children with conduct disorder through discussion rather than ignoring and applying physical punishments.

II. The role of peer group

All the cases in this study display verbal and physical conflict with others. The peer groups were not interested to play with the child with conduct disorder. The result shows that the children those ignored by peer group are repeated or behave the previous behavior and such like conditions foster a conduct disorder (as in case B). Discussing frankly with the peer group about the children with conduct disorder can pave the way for a good interpersonal relationship of the children with conduct disorder. Then after a meaningful discussion was held with peer group the children were developed a good interpersonal relationship with peer groups. The result agrees with the literature which stated that playing with peer group allows children to become increasingly competent in their social interactions with others and through play they learn taking the perspectives of other people and to infer others' thoughts and feelings, even when these are not being directly expressed.

II. School Related Factors

The finding showed that relationship of the children with teachers and peers in the school compound was in conflict. The children had disciplinary problems as verbal and physical attack. There are school related factors that are likely to contribute for the development of conduct disorder to the children in this study. These are:

- a. Not considering conduct disorder as a problem.
- b. The school administration was not given attention for those children.
- c. Lack of communication between parents and teachers

The causes for the conduct disorder have multiple dimensions. Multi-dimensional approach was required to reduce the interpersonal behaviors of children with conduct disorder. The intervention package used in this study is called 'combined treatment' i.e. Parent management training, Facilitating school related factors for the behavioral change of the children, Discussing with peer group and helping the children to develop a positive relationship with family members, peer and teachers. It is multi method intervention approach.

Each of the above intervention strategies offers, unique advantages in different conditions to each child for the better adjustment or to improve their interpersonal behaviors. Intervention strategies should include problem solving strategies focused on helping the children to adjust themselves, directed towards the parent to help and understand their child and focused on the teachers of the children to follow up their students because behavioral and emotional improvements results from carefully formulated intervention strategies. Intervention strategies require follow up from school and parents; otherwise the treatment could lose its effectiveness. The point was that the intervention strategies were likely to reduce the interpersonal behaviors of children with conduct disorder. Reduction in the conduct disorder was expressed on all the three cases (see table2, 4, 6 on page32, 39, and 46 respectively).

CHAPTER SIX

6.1 Summary

This study was performed to investigate factors related to the interpersonal behaviors of children with conduct disorder and attempted intervention strategies that could help to reduce the problems of interpersonal behaviors of children with conduct disorder. The method employed in this research was qualitative method. To collect data about the children with conduct disorder various informants were used, these were parents, teachers, peers and the children with conduct disorder themselves. The instruments used in data collection were observation and semi structured interview.

The causes for the problems of interpersonal behaviors of children with conduct disorder are numerous and different from person to person. The intervention strategies were directly related to the parents, teachers, peer groups and the children with conduct disorder themselves.

6.2 Conclusion

This was study attempted to investigate the interpersonal behaviors of children with conduct disorder and adapted intervention strategies that are likely to reduce the problems of interpersonal behavior of children with conduct disorder. And also the appropriate use of intervention strategies can improve the interpersonal behaviors of children with conduct disorder. The result shows that different intervention strategies like family management training, facilitating school related factors, discussing with peer groups and helping the children to develop their own self-concept are set as a solution to improve the interpersonal behaviors of children with conduct disorder.

6.3 Recommendations

Understanding the need of a child with conduct disorder is very important to improve their interpersonal behaviors. To have a better understanding and to improve the interpersonal behaviors of children with conduct disorder 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 could help the parents to understand their children and to develop a positive relationship with them. This could be done through discussing with the children frankly and not to be ignorant parents.
2. School administrators and teachers have to be trained to understand the student's problem. This could be done through making a close relationship with the students rather than ignoring the children when they are violating the rules and regulations. This could be help to understand the children and to set possible solutions.
3. Parents and teachers as well as school administrators have to be communicate and discuss on the current behaviors of the child. There could be a follow-up from both directions.
4. Further research is needed to extend the finding of this study by addressing what parents, teachers and the other concerning body should do about the problem.

References

- Abrham T. (2209), Identification and intervention of adolescents with the manifestation of conduct disorder in school setting, Master thesis, department of Special Needs Education, university of Addis Ababa.
- Asher R. (1991), Significance of peer relationship problems in child hood.
- Chambberlain k. (1992), the minor events approach to stress: support for the use of daily hassles, British journal of psychology.
- Diana B. (1971), Current patterns of parental authority.
- Dumas J. (1989), Treating antisocial behavior in children: Child family approaches.
- Erickson D. (2003), Parent- child interaction therapy: a comparison of standard and abbreviated treatments for oppositional defiant preschoolers.
- Feleke J. (2010), Assessment and Intervention practices for children with conduct disorder at Finfine primary school in Addis Ababa, Master thesis, department of Special Needs Education, university of Addis Ababa.
- Halign W. (1999), Abnormal psychology: Clinical perspectives on psychological Disorders (3rd edit).
- Kazdin E. (1985), Treatment of antisocial behavior in children and adolescents.
- Maccoby E. (1992), the role of parents in the socialization of children: an historical overview Developmental psychology.
- Mash J. wolf A. (2002), abnormal child psychology 2nd ed. California. Thomson learning, Inc.

- Newman (2003), *Development through life: a psychological approach* (8th ed), New York: Thomson learning, Inc.
- Ogden T. (2006) , *Multisystem treatment of serious behavior problems in youth*
- Pappadopulos, E. (2006), *Pharmacotherapy of aggression in children and adolescents. Efficacy and effect size Journal of the Canadian Academy of Child and Adolescent Psychiatry.*
- Patterson, G. R, (1982), *a comparative evaluation of parent training program.*
- Pelligrini A.D (1995), *the future of play theory: a multidisciplinary inquiry in to the contribution of brain suttom-smith.*
- Robert S. Feldman (1999), *understanding psychology* (5th edit).
- Saraso I G. (2002), *Abnormal psychology: the problem of maladaptive behavior* 8th Ed.
- Sarason I G. (1976), *A modeling and informational approach to delinquency.*
- Sinha L. (2002), *Educational Psychology: an introduction to psychology.*
- Thorn dike (1932), *the fundamentals of learning: New York; Teachers college.*
- Trusesew T. (2002), *Human disabilities: Developmental, Educational and psychological implication: Department of psychology Addis Ababa University printing press.*
- Webster R. (1999), *Cognitive process in the revision of stereotypic beliefs: Journal of personality and social psychology.*
- Wiener M. (1999), *Text book of child and adolescent: Psychiatry* 2nd ed. U.S.A. American Psychiatric press.

Appendix A

Semi-structured interview to home room teachers of the students after intervention strategies were applied.

1. The child has seriously violated the school rules and regulations?
2. Makes conflicts with class mates?
3. Has no respect to the order of the teachers?
4. Does he concentrate to learning during classes?
5. Disturbs other students and teachers during classes?
6. Does he communicate with teachers politely?
7. Does he communicate with class mates politely?
8. Stolen learning materials of other students?
9. Has ever been punished for lack of discipline in the class?
10. Does he tolerate the students in the class?
11. Manifest aggressive behaviors with teachers and students?
12. What are the constant behaviors of this child?

Appendix B

Semi-structured interview to parents of the children after intervention strategies were applied.

1. Do the child insult/ use taboo words to the family members as before?
2. Does he make a conflict with siblings or family members?
3. Does he communicate freely with family members? Is there a change?
4. Still you are punishing your child?
5. Does he manifest aggressive behavior as before?
6. Is there a behavioral change that you see on your child?
7. Is your child living harmoniously with siblings or is he in conflict with them?
8. What conditions leads your child not to have a good interpersonal behavior with family members?

Appendix C

DSM-IV Criteria for conduct disorder

A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months.

Aggression to people and animals

1. Often bullies, threatens, or intimidates others.
2. Often initiates physical fights
3. Has used a weapon that can cause serious physical harm to others.
4. Has been physically cruel to people
5. Has been physical cruel to animals
6. Has stolen while confronting a victim (e.g. mugging, purse snatching, extortion, armed robbery)
7. Has forced some one into sexual activities.

Destruction of property

8. Has deliberately engaged in fire setting with the intention of causing serious damage.
9. Has deliberately destroyed others' property (other than by fire setting).

Deceitfulness or theft

10. Has broken into someone else's house, bulling, or car.
11. Often lies to obtain goods or favors or to avoid obligations (i.e. "cons" others).
12. Has stolen items of nontrivial value without confronting a victim (e.g. shoplifting, but without breaking and entering, forgery).

Serious violation of rules

13. Often stays out at night despite parental prohibition, beginning before age 13 years.
14. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).