REVIEW OF LITERATURE
The present chapter is an attempt to review the literature in the area of psychological and social factors in relation to conduct disorders and management of conduct disorders. A survey of literature shows much of the research on conduct disorder and its management as reported from western countries. However, in spite of the dearth of research reported in Indian settings, an effort is made to search for, evaluate and systematically summarize whatever works are available in published forms.

The current review is arranged as follows:

- Parent-child relationship and conduct disorder
- Alienation in conduct disordered children
- Personality disorder in parents and conduct disorder in children
- Parental attitude and conduct disorder in children
- Family environment and interaction
- Other related factors like socio-economic status, gender, birth order and family size
- Studies on intervention.

**Parent child relationship in conduct disordered youth**
A range of behaviours and associated emotions are exchanged between parents and their adolescent offspring. Some of these exchanges involve positive and healthy behaviours and others not. Some of the outcomes for adolescent development reflect good adjustment and individual and social success, whereas other outcomes reflect poor adjustment and problems of development. As is true for all facets of human development, there is diversity in the nature and implications of parent child relations in adolescence.

Positive parent adolescent relationships may be expected to involve feelings of attachment or closeness on the part of the young person to his or her parents. Such feelings may be beneficial to both parents and adolescents.

Similarly, when adolescents feel secure in their attachments to parents, they are more competent with peers, have fewer internalizing problems and fewer deviant behaviours.

On the other hand, poor attachment or anger about their relationship with parents is associated with the adolescent showing internalizing problems and behavioural deviance.

Several features related to the interaction of parents with their children are risk factors for conduct disorder. Parent disciplinary and punishment practices often are extreme in the homes of conduct disorder youths and they are more likely than both non referred youths and clinical referrals without conduct disorder to be victims of child abuse to be in homes whose spouse abuse is evident.
As they experience in adolescence, children are trying to gain independence and become self-sufficient adults. Children in authoritarian homes experience frustration during adolescence because they have been trained to be submissive to authority. This frustration may cause the adolescents to become alienated from their parents (Hurlock, 1973).

Indiramma (1986) conducted a study on families in India. She studied 40 neurotic children (which included 12 cases of conduct disorder) between the age of 5 and 15 and found that parents of children with conduct disorder displayed low acceptance, and high rejection and hostility. The parents were not involved with the child’s activity and did not attempt to build up the child self esteem.

Johnson & O’Leary (1987) studied the behaviour patterns and conduct disorders in girls. Conduct disordered girls, 9 to 11 years old, were compared to Non Conduct–Disordered (NCD) girls of the same age using parental reports about themselves and their children and child report of themselves and their parents. Correlations were obtained between parental behaviour patterns and the behaviour patterns of the girls as perceived by three family members: mother, father, and their target child. The pattern of results suggested that, in terms of aggressive behaviour patterns, female children may be modeling the behavior of their parents, particularly that of their mothers.

Daniel (1989) compared the 4 groups of 8 to 13 years old children with conduct disorders, emotional disorders, mixed disorders of conduct and
emotion and a group of matched controls. She found that compared to the normals, children with conduct disorders had hostile, rejecting, authoritarian parents, who were extra punitive in their aggression.

Harnish, *et al.* and the Conduct Problems Prevention Research Group (1995) investigated the relation between maternal depressive symptomatology and the development of externalizing behaviour problems in Caucasians and African American children, by incorporating mother-child interaction quality into a series of models. A representative sample of 376 first-grade boys and girls (mean age = 6.52) from diverse backgrounds (234 from the lowest 2 socio-economic classes) and their mothers completed an interaction task designed to measure the quality of mother-child interaction. Results revealed that mother-child interaction quality partially mediated the relation between maternal depressive symptomatology and child behaviour problems even when the effects of socio-economic status on both variables were taken into account. Although this model held for boys, girls and Caucasians, the relation between maternal depression and interaction quality was not significant for African Americans and suggested further investigation to understand the lack of generalizability of the model to African American mother-child dyads.

Wasserman, Miller, Pinner, Jaramillo (1996) studied the parenting predictors of early conduct problem in urban, high risk boys. As part of a larger prospective study the investigators examined concurrent and prospective relations among parenting and child’s antisocial behavior in inner-city at high risk for delinquent behavior. Demographics, parenting and
child diagnosis were examined as they relate to child externalizing behaviour problems. Data support a cumulative risk model whereby each of several adverse parenting factors further compounds the likelihood of child conduct problem.

DeKlyen, Speltz and Greenbergs (1999) research literature linking negative and positive aspects of the father-child relationship with early onset conduct problems indicate that both negative (e.g., harsh, angry, and physically punitive) and positive (involvement, warmth, and secure attachment) dimensions of fathering, as well as aspects of the marital relationship, appear to be associated with the emergence of early onset conduct problems.

Mathijssen, Koot, Verhulst, Bruyn and Oud (1998) investigated the associations of the mutual mother-child, father–child and mother-father relationship and various patterns of family relation with child psychopathology, in a sample of 137 families referred to outpatient mental health services. Children were between 9 and 16 years old, and the immediate reason for the referral were emotional problems, behaviour problems at home or school, problems in interpersonal relations with peers, parents, or siblings and sleep or eating problems. Assessment of the relative associations of the family dyads showed that both the mother-child and mother-father relationship were related to child problem behaviour. However, whereas the mother-child relationship was consistently more related to externalizing behaviour, the mother-father relationship was particularly related to
internalizing behaviour. The findings gave clear support for the cumulative risk model that children whose fathers and mothers perceive their mutual relationship as negative showed more externalizing behaviour, when they lack, in addition, a positive relation with either parent. Furthermore, the result suggested a protective influence of the parent–child relationship. The child who was in alliance with one or both of his parents scored lower on externalizing behaviour, than child from families without such a cross-generations coalition.

The above study provided pointers to the importance of studying both parent-child as well as interparental relationship to better understand child and adolescent psychopathology.

Yuan et al. (1998) examined the effect of parental bonding in the development of conduct disorder during the growing up years of adolescents delinquents in Singapore and found that paternal care towards the adolescent had a significant impact on adolescent delinquency.

Stormshak, et al. and the Conduct disorder Research group (2000) examined the hypothesis that distinct parenting practices may be associated with type and profile of a child's disruptive behavior problems (e.g., oppositional, aggressive, hyperactive). Parents of 631 behaviorally disruptive children described the extent to which they experienced warm and involved interactions with their children and the extent to which their discipline strategies were inconsistent and punitive and involved spanking and physical
aggression. Parenting practices that included punitive interactions were found to be associated with elevated rates of all child disruptive behavior problems. Low levels of warm involvement were particularly characteristic of parents of children who showed elevated levels of oppositional behaviors. Physically aggressive parenting was linked more specifically with child aggression. In general, parenting practices contributed more to the prediction of oppositional and aggressive behavior problems than to hyperactive behavior problems, and parenting influences were fairly consistent across ethnic groups and sex. Individuals with early-emerging conduct problems are likely to become parents who expose their children to considerable adversity.

McCarty, et al. and the conduct Problems prevention Research Group (2003) tested four family variables as potential mediators of the relationship between maternal depressive symptoms in early childhood and child psychological outcomes in pre-adolescence using a normative sample of 224 youth and their biological mothers. The mediators examined included mother-child communication, the quality of the mother-child relationship, maternal social support, and stressful life events in the family. The results suggested that having a more problematic mother-child relationship mediated disruptive behaviour-disordered outcomes for youth, whereas less maternal social support mediated the development of internalizing disorders.

Katz and Nelson (2004) addressed the question of whether mothers of conduct-problem (CP) children differ from mothers of Non- Conduct Problem (NCP) children in their awareness and coaching of emotion and also
examined whether mother's awareness and coaching of emotion is associated with better peer relations in CP children. Results indicated that mothers of CP children were less aware of their own emotions and less coaching of their children's emotions than mothers of non-CP children. Moderation analyses revealed that children's level of aggression moderated the relationship between mother's meta-emotion and children's peer play. For both aggressive and non aggressive children, higher levels of mother awareness and coaching of emotion was associated with more positive and less negative peer play, although effects were stronger for families with non aggressive children. These data suggest that both aggressive and non aggressive children can benefit when parents are more aware and coaching of emotion.

Vostanis et al’s (2006) study to establish the relationship between parental psychopathology and parenting strategies with child psychiatric disorders in a national survey population on a sample of 10,438 children of 5-15 years and their parents, from representative UK households revealed that parental psychopathology scores and non physical punishment was particularly prominent among families of children with conduct disorders.

Jefferis and Oliver (2006) investigated maternal childrearing cognitions associated with ineffective parenting practices and Intergenerational transmission of parenting problems and cognitions. Seventy-four mothers of 3-5 year old boys (23 clinical boys referred with conduct problems; 51 control) were studied. Results are consistent with a hypothesized model of intergenerational transmission of parenting problems,
whereby experiences of low care and high overprotection in childhood predispose mothers to a dysfunctional 'set' of parenting cognitions, impairing maternal capacity to provide sensitive responses to challenging child behaviours.

Jaffee, Belsky, Harrington, Caspi and Moffitt (2006) tested the specificity of and alternative explanations for this trajectory. The sample included 246 members of a prospective, 30 year cohort study and their 3 year old children. Parents who had a history of conduct disorder were specifically at elevated risk for socioeconomic disadvantage and relationship violence, but sub optimal parenting and offspring temperament problems were common to parents with any history of disorder. Recurrent disorder, comorbidity, and adversity in the family of origin did not fully account for these findings. The cumulative consequences of early-onset conduct disorder and assortative mating for antisocial behavior may explain the long-term effects of conduct disorder on young adult functioning.

**Alienation in disordered conduct disordered children**

The alienated person feels powerless in dealing with society, he has no strongly developed set of norms with which to judge his own behaviour or the behaviour of others, he feels isolated from others he is also a stranger to himself.

Derived from the Latin word for “to be made into a stranger,” alienation has been defined in a number of ways. Some definitions focus on
the impact of estrangement on the individual, while others focus on the role that society plays in generating a sense of disengagement. Alienation can be thought of as the failure to acknowledge one's culture and its traditional beliefs. The term may also refer to the relationship between the individual and society where society fails to respond to each individual and his/her specific needs.

Sociologist Seeman (1975 cited by Nicholas 2000) divides alienation into six separate and distinct attitudes like powerlessness, meaninglessness, normlessness, isolation, estrangement and social isolation. Powerlessness is the feeling of having little or no control over events and their outcomes within one's life. In normlessness, social norms no long dictate one's rules of behaviour. Instead, one acts upon commonly disapproved behaviours. Meaninglessness is the uncertainty with regard to values, norms, role expectations and definition of the situation (Sinha, 1986). In such a state the individual is unable to predict social situations and the outcomes of his or her own and others behaviour.

Social isolation includes isolation in the sense of being rejected or excluded in social relations, in the sense of lacking commonalities with others, that is, the absence of shared values; and in the sense of lacking a feeling of responsibility for others. It includes the feeling of lack of gratification in ordinary day-to-day role activities; and the feeling of pessimism about them.
When alienation is described as estrangement, the person displays anger toward the self, social institutions, and authority.

Isolation is a state of loneliness that is created which is different from aloneness.

All and all, alienation refers to a sense of loss accompanied by the feeling of being an outsider. Although it is a commonly held belief that the alienated individual is at fault for his/her feelings of estrangement, such disassociations may actually be a symptom of a larger societal problem. Adolescents seem especially prone to this type of disengagement from society and have a tendency to wallow in their misery. The feeling of alienation leaves one confused as to his/her values, beliefs, and personal relationships. The sense of powerlessness leaves one isolated from everyone, including parents, teachers, and peers.

Adolescence marks a change in the function and importance of the peer group. During this time, youth begin to rely less on their family unit and rely more on their peers to discuss problems, feelings and fears. Alienation of students by classmates can dramatically impact their coping resources. Alienation can take the form of peer rejection and/or bullying. Peer rejection refers to the rejection that unpopular and socially isolated students are subjected to by their peers at school. Peer victimization, also known as bullying, refers to repeated, unprovoked, harmful physical or psychological actions by one or more individuals against another. Bullying includes hitting, kicking, pushing, intimidating, name-calling, teasing, taunting, and making
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threats. Bullying may also include exclusion and rejection of an individual from a group. Peer rejection is associated with risk for violent behaviour and depression, both of which contribute to further alienation. The literature indicates that school shooters (there were many incidents of school shootings in the U.S and a study on concealed gun carrying by Loeber et al. (2004) had identified the presence of symptom of conduct disorder in youngsters who carried the gun with them. And recently murder of schoolmates at school by adolescents boys with gun and pistol by in India has startled parents and teachers in India) commonly harbored feelings of rejection, isolation and loneliness, and felt that they did not belong or fit in. For these individuals, aggression may actually have been a means to attain social status, as aggression has been characterized as an important status consideration among adolescent boys.

Literature review on studies relating conduct disorder and alienation was found to be rare. As such review that could be found is presented here.

Shapiro and Wynne (2004) tested the youth bulge hypothesis. The self and other destructive conduct among American youth that has seen a steady increase as revealed by statistics suggests that the conduct is due to a disproportionate relationship between the youth population and the adult population. One hypothesis, the youth bulge theory, suggests that the conduct and this disproportion ultimately lead to various modes of youth alienation. The authors tested this hypothesis through a regression analysis which estimated the contemporaneous relationship between a measure of adolescent
disorder (the youth suicide rate over time) and the proportion of youths to adults. A statistically significant but small relationship was found between the two variables.

Butler, Fearon, Atkinson and Kevin Parker (2007) conducted a study on 85 young offenders referred for court-ordered mental health assessments. A model of interactive risk was tested in which parent-child relationships, social-contextual adversity and antisocial thinking were predicted to be associated with aggressive and delinquent behaviour in a multiplicative fashion. For aggression, strong associations were found with parent-adolescent alienation, but there were no interactions with social-contextual risk or antisocial thinking. For delinquency, parent-adolescent relationship quality interacted with both social-contextual risk and antisocial thinking. Better parent-adolescent trust-communication was associated with an attenuated effect of social-contextual risk and antisocial thinking on delinquency. Greater parent-adolescent alienation, however, was associated with relatively high levels of delinquent behaviour irrespective of social-contextual risk, whereas adolescents reporting less attachment-alienation showed greater delinquency as social-contextual risk increased.

Alienation may occur both ways with each parent attempting to alienate the children from the other. Studies on parental alienation suggest alienated children lose the range of feelings for parents. It may cause harm to children, create psychological and emotional consequences and psychiatric disturbances. Alienated boys are found to have low self-esteem, more likely to
be rejected by peers and may experience difficulties in cognitive functioning. Girls are reported as less affected than boys but do show negative effects on their social and cognitive development. They experience depressive anxiety and have a lesser degree participation in deviant behaviour (Ward and Harvey, 1993).

The general view is that children from alienated families are likely to develop a variety of pathological symptoms like difficulties in forming intimate relationships, lack of ability to tolerate anger or hostility with other relationships, psychological vulnerability and dependency, conflicts with authority figures and social isolation. Studies on severely alienated families show that effects of alienation is dramatic and point to the risk of harm to the children from being cut off from parent, as the tragedy occurs when they need contact with both sexes for a balanced development. (Ward and Harvey, 1993; Jo and Roseby, 1997; Waldron and Joanis, 1996; Kelly, 1997; Garrity and Baris, 1994 and Stahl, 1999).
Personality disorder in parents and conduct disorder in their offsprings

The concept of personality refers to the profile of stable beliefs, moods, and behaviours that differentiate among children (and adults) who live in a particular society. Contemporary theorists emphasize personality traits having to do with individualism, internalized conscience, sociability with strangers, the ability to control strong emotion and impulse, and personal achievement. Personality disorder is defined as a maladaptive set of individual characteristics that cluster to form a recognized disorder.

A longitudinal study by Johnson, Cohen, Kasen, Smailes, and Brook (2001) was conducted to investigate the role of maladaptive parental behaviour in the association between parent and offspring psychiatric disorder. Maladaptive parental behaviour substantially mediated a significant association between parental and offspring psychiatric symptoms. Parents with psychiatric disorders had higher levels of maladaptive behaviour in the household than did parents without psychiatric disorders. Maladaptive parental behavior, in turn, was associated with increased offspring risk for psychiatric disorders during adolescence and early adulthood. Most of the youths that experienced high levels of maladaptive parental behaviour during childhood had psychiatric disorders during adolescence or early adulthood, whether or not their parents had psychiatric disorders. In contrast, the offspring of parents with psychiatric disorders were not at increased risk for psychiatric disorders unless there was a history of maladaptive parental behavior. This study shows that maladaptive parental behaviour can have an
adverse effect on the behaviour exhibited by their offspring. Similar result is found between the presence of antisocial personality disorder in parents and the development of conduct disorder in their offsprings by several studies.

In a research conducted on parents of 126 boys attending a child psychiatric clinic to find the relation of psychiatric disorder in the parents of hyperactive boys and those with conduct disorder, by Stewart, Cummings and Deblois (1980), antisocial personality and alcoholism were found to be common in natural fathers of aggressive, antisocial boys than in the remaining boys but the prevalence of these disorders did not distinguish fathers of hyperactive boys from parents of those who were not hyperactive. This indicates that antisocial personality disorder in parents has the most telling effect on the development of conduct disorder in their offsprings.

In the Developmental Trends study, parental antisocial personality disorder was found to be the best predictor of childhood conduct disorder by Frick et al. (1992). They found an association between a diagnosis of conduct disorder and parental antisocial personality disorder in a sample of 177 clinic referred children aged 7-13.

Similarly in the New York state longitudinal study parental Antisocial Personality disorder was found to be a strong predictor of externalizing child behaviour. (Cohen, Brook, Cohen, Velez and Garcia 1990)

Vanyukov et al’s (1993) study used conduct disorder symptom counts in preadolescent boys and antisocial personality disorder and childhood
conduct disorder symptom counts in their parents, as dimensional measures of behavioral deviation. A significant correlation was found for conduct disorder and antisocial personality disorder. Although socioeconomic level correlated negatively with parental symptom counts, no association was observed between parental socioeconomic status and children's conduct disorder symptom counts. Saliva cortisol level in the children was negatively associated with their conduct disorder symptom count and with their fathers' antisocial personality count. Cortisol level was also lower among sons whose fathers had conduct disorder as children and subsequently developed antisocial personality compared with the cortisol level in sons whose fathers either did not have any Axis I psychiatric disorder or did not develop antisocial personality.

Adoption studies point to influence of genetic factors in personality disorder.

Cadoret et al. (1995) found an interaction between genetic factors and child rearing environment. It was noted that adverse adoptive home environment increased risk of conduct disorder in offspring of antisocial parents.

Marmorstein et al. (2004), when examined conduct disorder and major depression disorder in adolescents in relationship to parent child conflict and psychopathology in parents, found that the presence of conduct disorder in an adolescent was related to increased rate of maternal major Depressive Disorder and parental antisocial behaviour.
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Literature review on the relationship between parental personality disorder and conduct disorder in offsprings showed more studies on the relationship of antisocial personality disorder and behaviour in parents and conduct disorder. Studies relating other personality disorders and conduct disorders are rare.

**Parental attitude and conduct disorder in children**

In a broad way it can be said that the home sets the pattern for the child’s attitudes toward people, things and institutions. Since the child loves his parents and other members of the family, he identifies himself with them, imitates their behaviour and learns to adjust to life as they do. The attitude of parents, therefore, exerts some influence on their offspring’s approach towards people and events.

Over protectiveness by the parents consists of excessive contact of the parent and child. This leads to a prolongation of dependence and prevents the development of self-reliance in the child. Overprotection decreases the other interests of the child due to which he is not able to build up many interests outside the home. This gives rise to a low level of ego strength, a low level of aspiration and a low level of frustration-tolerance. It makes the child lose confidence in him and makes him excessively sensitive to criticism.

On the other hand, allowing the child to do things by himself and granting healthy level of freedom will foster independence which can contribute to self esteem and confidence.
Adler has shown long back that both overprotection and rejection impair the growth of the child. Rejection of the child by the parent affects his sense of security, increases his sense of helplessness and undermines self esteem. When the child grows up he develops various kinds of antisocial behaviour like aggression, cruelty, lying, stealing, showing off, etc.

Acceptance of the child by the parents makes child care a pleasure to the parents. Psychoanalytic studies have shown that while overprotection and rejection of the child by the parents are rooted in some kind of neuroticism in the parent themselves, acceptance of the child is rooted in the emotional maturity of the parents. When children are given reasonable freedom, they are found to be resourceful, cooperative, self-reliant and well adjusted in social situations. They develop a sense of responsibility and discharge their tasks with assurance and efficiency. On the other hand, if the parents are very indulgent, the child tends to become selfish, and demanding. He expects constant attention, affection and service by others. He reacts to discipline with impatience or with anger.

If the parents are dominating, though the child may grow up to be honest, polite and careful, he is also likely to be shy, self conscious and submissive. He feels inadequate, inferior and inhibited and not be able to build up proper peer relationships. On the other hand, if the parents are submissive to the child and allow him to dominate over them, if every wish of the child is satisfied, the child may boss over his parents and show scant
respect to them. He tends to become disobedient and irresponsible. Later he may defy authority and become aggressive, antagonistic and careless.

Parental attitudes have not only a strong impact on relationships within the family but also affect the attitudes and behaviour of the children to persons outside the family and also to social institutions.

Studies by Glueck (1950), and West and Farrington (1973) have shown the association between extreme parental criticism, rejection, neglect and conduct disorder in children.

Cass (1952, cited by Devi, 1983) has seen maternal dominance and overprotection causing maladjustment in adolescent delinquents.

Hoch (1967, cited by Devi 1983) in her study on Indian children has noticed that delinquents but not pre delinquents had defective parental attitude in the form of either rejection and neglect or over involvement and pampering.

Evidence for inadequate and inconsistent discipline in the genesis of conduct disorder has been consistently reproduced by various investigators like Glueck (1950), West and Farrington (1973) and Chazan and Threfall (1972)

Lukianowicz (1972) in a series of studies on delinquent children in remand home and child guidance clinic in Northern Ireland has found that majority of the fathers being either permissive or indifferent and mothers being nagging and rejecting. He found no difference in parents’ attitude
toward male child but has seen fathers having positive attitude and mothers having negative attitude to the female child.

Rutter (1977) observed that the best-adjusted child will have parents who are warm, nurturant, supportive and controlling with high expectations.

Koudelkova et al. (1977) has shown that the defective attitudes of fathers and mothers are responsible for maladjustments and delinquency in children.

Sharma and Sandhu (2006) examined association between parenting dimensions and externalizing behaviour and found that parenting significantly influences externalizing behaviours which include conduct disorder in children.

From the studies on parental attitudes it can be concluded that the attitude of the parents affects aspects of child and adolescent development and defective attitudes maintained by parents create drift in parent-child relationship and can harbour deviant behaviour in children which can lead to conduct disorder.

Family environment and interaction

The family has everywhere been society’s primary agency in providing for the child’s biological needs and simultaneously directing his development into an integrated person capable of living in society and transmitting its culture. A healthy family environment contributes much to the healthy development of a child physically and mentally. Disturbances in the family
interaction in most cases can lead to a lack in capacities to take on life with its challenges and can lead to problems in conduct.

Disturbed home situation can arise either due to separations, divorce or deaths leading to broken families or due to constant unhealthy interactions between parents and other family members or deprivation of parent from childhood.

Most studies of parental dysfunction have focused on the parents of the conduct disorder child. But Glueck and Glueck (1968) comments on grandparents of antisocial children and adolescents. According to them grandparents on both paternal and maternal sides, are more likely to show conduct disorder (i.e. Criminal behaviour and alcoholism) than are grandparents of youth who are not antisocial. Longitudinal studies have shown that aggressive behavior is stable across generation within a family.

Parental separation, divorce and marital discord, separation from one or both parent due to several factors such as parental death, institutionalization and divorce, (in general, separation during childhood) increase risk of psychiatric impairment on adolescent variety of conduct disorders (Rutter et al., 1970). In relation to conduct disorder, researches consistently demonstrate that unhappy marital relationship, interpersonal conflicts and aggression characterize the parental relation of delinquents and antisocial children (Ruter and Giller 1984).
Rutter (1971), Chazan (1972) and Wolkind (1973) have demonstrated the role of marital tension of parents in the production of antisocial behaviour and maladjustment in pre school children.

Earls (1980) and Fine (1980) have shown that marital tension and the situation at home before parents’ separation as the cause for conduct disorder in children rather than divorce itself.

Kelly (2000) reviewed important research of the past decade in divorce, marital conflict and children’s adjustment and acknowledged the idea that there are direct effects of marital conflict as well as indirect effects mediated through quality of parenting and parent child relationship.

One of the most important characteristics of parents of seriously delinquent violent juvenile is physical abusiveness toward their children and toward each other. There are several ways in which one might understand how abuse promotes violence. First, parental violence becomes a model of behaviour. Second, it often results in Central Nervous System (CNS) damage that contributes to a child’s difficulty controlling impulses and functioning well at school or in the community. Finally it engenders rage that is frequently displaced from the abusing parent onto other figures such as teachers and peers.

Webster–Stratton (1985) compared abusive and non abusive families with conduct disordered children to define the relative contribution of psychosocial, sociological and parent child interactional variables in 19
abusive and 21 nonabusive families with conduct disordered children. Mother’s report of having been abused as a child was found to be one of the most potent variables discriminating abusive from nonabusive families.

Conduct disordered youths are more likely than both non referred youths and clinical referrals without conduct disorder to be victims of child abuse and to be in homes where spouse abuse is evident (Widom, 1989).

And one of the most consistent findings about delinquency youths is that their family environments are low in warmth, high in conflict and characterized by inconsistent discipline. Beginning in early childhood, these forms of child reading breed antisocial behaviour and undermine both cognitive and social competence.

Patterson et al. (1989) argue that children who experience irritable and ineffective discipline at home and poor parental monitoring of their activities, together with a lack of parental warmth, are particularly likely to become aggressive in peer groups and at school. Such children experience aggressive means of solving disputes at home and is being given no clear effective guidance to do otherwise.

Wahler (1991) pointed out that conduct disordered boys cultivate their own deviance by driving social exchanges with their parents. In essence, the children are taught to behave in ways that push or elicit parent responses that foster the children’s conduct disorder status. This observation presents a view on which parental insensitivity sets the stage for child maladjustment. In this
hypothesis, the children diminish parental non-synchrony through antisocial behavior.

Although severity and consistency of punishment contribute to aggressive behaviour (Patterson et al., 1992) some evidence suggests that parent punishment may be a response to child aggression rather than an antecedent to it (Eron, Huesmann, and Zelli, 1991). It is likely that parents respond to annoying and deviant behaviour of the child and in the process inadvertently exacerbate the child’s deviant and then aggressive behaviour. The relation between child deviance and punishment is likely to be that each begets and promotes the other and in the process they both become more extreme.

Dadds et al’s (1992) analysis of family interaction pattern in the home revealed that conduct disorderd children express high levels of aversive behaviour and anger and are part of a family system marked by conflict and aggression

Sanders et al. (1992) assessed the family interactions of depressed, conduct-disordered, mixed depressed-conduct disordered and nonclinic children, aged 7-14 years, during a standardized family problem-solving discussion in the clinic. The child's and the mother's problem-solving proficiency, aversive behaviour, and associated affective behaviour (depressed and angry-hostile) were observed. Although all clinic groups had lower levels of effective problem solving than did nonclinic children, their deficiencies were somewhat different. Conduct-disordered children displayed
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both angry and depressed affect. In addition, conduct-disordered children had lower levels of positive problem solving and higher levels of aversive content than did non-conduct-disordered children. Depressed and conduct-disordered children had higher levels of self-referent negative cognitions than other group of comparison children. The study provides support for theories and treatment that stress the importance of family problem-solving and conflict resolution skills in child psychopathology.

Punishment practices often are extreme in the homes of conduct disordered youths. Such parents tend to be harsh in their attitudes and disciplinary practices with their children (Farrington, 1978; Kazdin 1985).

Apart from harsh punishment, studies have shown that more lax, erratic, and inconsistent discipline practices within a given parent and between the parents are related to delinquency. For example, severity of punishment on the part of the father and lax discipline on the part of the mother has been implicated in later delinquent behaviour. When parents are consistent in their discipline practices, even if they are punitive children are less likely to be at risk for delinquency (McCord, McCord and Zola, 1959).

Toupin, Dery, Pauze, Mercier, and Fortin (2000) examined the contributions of cognitive defects and family characteristics to conduct disorders in children. They experimented on 57 children (51 males and 6 females ) with conduct disorder (including oppositional defiant disorder and attention deficit-hyperactivity disorder) and 35 controls aged 7-12 years. The control group was recruited from the same school as conduct disorder
participants in special education programs. The result indicated that more parental punishment was one of the significant predictors distinguishing those with conduct disorder from control participants.

Punishment practices apart research suggest that other ways of controlling child behaviour are problematic among parents of antisocial youths. Parents of antisocial children are more likely to give commands to their children to reward deviant behaviour directly through attention and compliance and to ignore or provide adverse consequences for prosocial behaviour (Patterson et al., 1992). Fine grained analysis of parent-child interactions suggest that antisocial behaviour, particularly aggression, is systematically albeit unwittingly, trained in the homes of antisocial children.

In a sample of 177 clinic-referred children aged 7-13, an association was found between a diagnosis of conduct disorder and several aspects of family functioning like maternal parenting (Supervision and persistence in discipline) and parental adjustment (parental antisocial personality disorder and paternal substance abuse) by Frick et al. (1992). The study examined familial risk to oppositional defiant disorder and conduct disorder, parental psychopathology and maternal parenting.

Study by Raine, et al. (1994) shows that a combination of factors is needed to produce conduct disorder. It was shown in 4,269 Danish children that the presence of both birth complications and maternal rejection predicted, later violent criminality at age 18 years.
Sanchez et al. (1994) examined placebo factors response in aggressive children with conduct disorder that may differentiate placebo responders from non responders hospitalized in a structural setting. The sample consisted of 25 children, aged 6.25 to 11.95 years, with conduct disorder and a profile of aggressive and explosive behaviour, who were assigned to placebo treatment as part of a double-blind study of lithium. Responders were compared to non responders with respect to a detrimental psychosocial environmental score, age, IQ and baseline ratings on the Chider’s Psychiatric Rating scale and clinical global impressions. Responders had significantly higher detrimental psychosocial environmental score than non-responders. They were particularly more likely to come from violent homes and to have criminally charged parents.

Loeber, Green, Keenan and Lahey (1995) found that parental substance abuse as one of the key factors in boy’s progression to conduct disorder.

Slee (1996) studied the family climate and behaviour in families with conduct disordered children. The aim of the exploratory study was to investigate mother’s perceptions of family climate in families with a conduct disordered child in comparison with families with a normal child. The study revealed that mothers with a conduct disordered child perceived the family climate as less cohesive, less encouraging of the expression of feeling and more conflictual than their counterparts. The same mothers also perceived families to be more control oriented and less organized than their matched
controls. Independent behavioural observations supported the view that the mothers with conduct disordered children were control oriented.

The findings of the study of Whitbeck et al. (1997) on homeless and runaway adolescents suggested that runaway and homeless adolescents accurately depict troubled family situations that they choose to leave.

The study by McDonald et al. (2000) using multivariate analysis shows the association of both mothers and fathers’ reports of husband’s marital violence with child externalizing and internalizing problems among intact families seeking outpatient services for children’s problems. Children in the observed group were found to display levels of behaviour problem including externalizing behaviour, anxiety and depression than did children in the neither group, but they did not differ from children in the occurred group. Results indicate that the occurrence of interparental violence, rather than children’s observation of it, marks increased risk for child behaviour problems. This study of children living with their mothers in shelters due to their father’s violence toward the mothers shows the significance of interparental violence in its association with the child’s internalizing and externalizing behaviour problems which include conduct disorder symptoms.

Rey et al. (2000) examined whether there were differences in family environment among patients with attention deficit-hyperactivity disorder, oppositional defiant disorder and conduct disorder. The result showed that a poorer family environment was associated with conduct disorder and oppositional defiant disorder and predicted a worse outcome (e.g. admission
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to a non-psychiatric institution, drug and alcohol abuse). The study revealed an association with conduct disorder only.

Kilgore, Snyder and Lentz (2000) studied the contribution of parental discipline, parental monitoring and school risk to early-onset conduct problem in African American boys and girls. Perspective Analysis indicated that, after earlier conduct problem were controlled for, coercive parent discipline and poor parental monitoring at age 4½ were independent, reliable predictors of age 6 conduct problem for both boys and girls.

Little empirical work has explored the relation between destructive sibling conflict and conduct problem in children.

Garcia, Shaw, Winslow and Yaggi (2000) examined the destructive sibling conflict and conduct problem in young boys. Early report of behaviour problems and rejecting parenting were added to the analyses to control for these predictors and to examine interactive effects. The interaction between destructive sibling conflict and rejecting parenting predicted aggressive behaviour problem across time and a rise in aggression scores was evident for children who had high levels of both sibling conflict and rejecting parenting.

The results of Chermack et al.’s (2000) study on the relative influence of family history of alcoholism (FHA) and family history of violence (FHV) on reported childhood conduct problem and adult problem with alcohol, drugs and violence illustrated the relative importance of FHV as a risk factor in the developmental course leading to the problem of drugs and violence among
individuals with alcohol related problems enrolled in treatment for substance abuse or dependence.

Wakschlag *et al.* (1997) studied maternal smoking during pregnancy and the risk of conduct disorder in boys. Result showed that mothers who smoked more than half a pack of cigarettes daily during pregnancy were significantly more likely to have a child with conduct disorder than mothers who did not smoke during pregnancy appears to be a robust independent risk factor for conduct disorder in male offspring. Maternal smoking during pregnancy may have direct adverse effects on the developing fetus, a marker for a here to fore unmeasured characteristic of mothers that is of etiologic significance to the development of conduct disorder.

Biederman *et al.* (2000) found that the combination of conduct disorder and bipolar disorder in youth predicts especially high level of substance use disorders in relatives, which indicates the adverse effect of conduct disorder.

Toupin *et al.* (2000) studied the cognitive and familial contributions to conduct disorder in children. Findings indicate that children with CD are especially at risk for persistent antisocial behaviour.

Literature review on significance of family risk factors in development of childhood animal cruelty in adolescent boys with conduct problems by Duncan, Thomas, and Miller (2005) suggests that physical child abuse, sexual child abuse, paternal alcoholism, paternal unavailability and domestic
violence may be significant in development of childhood animal cruelty in conduct disorder children.

Research evidence shows that when parents give strong, controlling commands, children comply as long as the parents are present, but they do not comply as much when their parents are gone (Hetherington, 1983). These children hold resentment and guilt inside of them, and that breeds hostility. When their parents are absent, these children frequently run wild; authoritarian parents are never fully free to be absent, opinions (Briggs, 1970). This alienation from their parents can have long-term effects on the children. Baumrind (1989 cited by Ingersol 1989) believes that the so called "generation gap" is widened in authoritarian families. Other researchers agree that authoritarian parenting damages long-term relationships. Many times, when children from authoritarian homes finally break away from their parents, they avoid close relationships with their parents because they do not want to be smothered again (Nelsen and Lot 1991).

The review of literature on the relationship between conduct disorder and family environment/interactions show that an unhealthy family interaction can contribute to the severity of behaviour problems expressed by conduct disordered children.

Other related factors: socio-economic status, gender and birth order.

1. Socio-economic Disadvantage
Poverty, overcrowding, unemployment, receipt of social assistance (“welfare”) and poor housing are among the salient measures of socioeconomic disadvantage that increase risk for conduct disorder and delinquency as pointed out by (Hawkins Catalano and Miller, 1992).

The effects appear to be enduring. For example, low income in childhood predicts adult’s criminal behaviour 30 years later, (Kolvin Miller, Fleeting and Kolvin, 1988). Interpretation of the impact of low income and related indices of disadvantages is completed by the association of social class with many other known risk factors such as large family size, overcrowding and poor child supervision, among others. When these separate factors are controlled social disadvantage by itself does not always have shown adolescent relation to conduct disorder (Robins, 1978 Wadsworth, 1979). Also it is likely that socio-economic disadvantage exacerbate other factors. For example limited financial resources can decrease likelihood of child supervision (e.g. hiring baby-sitters) and increase stress (e.g. inability to repair an automobile and the attendant inconveniences). In general socio-economic disadvantage can be viewed as adolescent risk factor. However once all other associated features are controlled, the precise role of economic issues is not always evaluated.

There are contradictory findings in relation to socio-economic status and delinquency. The main reason is due to unsatisfactory criteria and each investigator using either the income or the social class to measure the socio-economic status.
Lukianowics (1972) has done extensive study on juvenile offenders and tried to find out if socio-economic status varies with sex of the delinquents and also with the population attending child clinics and remand home. He has found that three fifths of the children belong to lower class irrespective of their sex and place they are attending. Such studies are not available in Indian set up.

West and Farrington (1973) have found no association between fathers’ occupation and delinquency in children, but delinquency is seen associated with low family income.

Toupin et al’ s (2000) study indicated that more parental punishment and low socio-economic status were significant predictors distinguishing those with conduct disorder from control groups.

With regard to Indian studies relating conduct disorder to socio-economic background, Hoch (1967, cited by Devi 1983) had observed that most of the pre-delinquents and delinquents originated from high social class and none from working class. She explains this is due to non attendance of people belonging to low socio-economic class.

Similar observations were made by Murthy et al., (1974) and Nagaraja (1978) with respect to behaviour disorders of childhood delinquents attending psychiatric clinics respectively.

Rutter (1977) feels that low income predisposes the family to various problems that cause delinquency. He also feels that the higher representation
of delinquency in Britain could be due to the bias on the part of the police, who would arrest working class more than middle class.

Webster–Stratton (1985) compared abusive and nonabusive families with conduct disordered children and found that low family income as one of the most potent factor discriminating abusive and non abusive families.

Loeber, Green, Keenan and Lahey (1995) found the low socioeconomic status, as one of the key factors in boy’s progression to conduct disorder.

Wasserman, Miller, Pinner, Jaramillo (1996) studied the parenting predictors of early conduct problem in urban high risk boys. As part of a larger prospective study the authors examined concurrent and prospective relations among parenting and child antisocial behaviour in inner city at high risk for delinquent behavior. Demographics, parenting and child diagnosis were examined as they relate to child externalizing behaviour problems. Data support a cumulative risk model, whereby each of several adverse parenting factors further compounds the likelihood of child conduct problem.

Hope and Bierman and the Conduct Problems Prevention Research Group (1998) examined the cross-situational patterns of behaviour problems shown by children in rural and urban communities at school entry. Behaviour problems exhibited in home settings were not expected to vary significantly across urban and rural settings. In contrast, it was anticipated that child behaviour at school would be heavily influenced by the increased exposure to
aggressive models and deviant peer support experienced by children in urban as compared to rural schools, leading to higher rates of school conduct problems for children in urban settings. Statistical comparisons of the patterns of behaviour problems shown by representative samples of 89 rural and 221 urban children provided support for these hypotheses, as significant rural-urban differences emerged in school and not in home settings. Cross-situational patterns of behaviour problems also varied across setting, with home-only patterns of problems characterizing more children at the rural site and school-only patterns of behaviour problems characterizing more children at the urban sites. In addition, whereas externalizing behaviour was the primary school problem exhibited by urban children, rural children displayed significantly higher rates of internalizing problems at school. The implications of these results are discussed for developmental models of behavior problems and for preventive interventions.

2. Gender

Johnson and O’Leory (1987) studied the parental behaviour patterns and conduct disorders in girls. When conduct disordered girls, 9 to 11 years old, were compared to non conduct disordered girls of the same age using parental reports about themselves and their children and child report of themselves and their parents and correlations were obtained between parental behaviour patterns and the behaviour patterns of the girls as perceived by three family members: mother, father and their target child, the pattern of results suggested that, in terms of aggressive behaviour patterns, female
children may be modeling the behaviour of their parents, particularly that of their mothers.

Zocolillo (1993) examined gender and conduct disorder and found that correlates of conduct disorder in girls are similar to those in boys (including aggression and internalizing disorders).

Chermack et al. (2000) examined gender differences regarding the relative influence of Family History of Alcoholism (FHA) and family history of violence on reported childhood conduct problem and adult problem with alcohol, drugs and violence. Overall the analysis illustrates the relative importance of FHV as a risk factor in the developmental course leading to the problem of drugs and violence among individuals with alcohol related problems enrolled in treatment for substance abuse or dependence. Further, there was evidence that women may be imparted more than men by family background variables (both FHA and FHV) in terms of the development of adults’ problem with alcohol, drugs and violence.

Bierman, et al. and the Conduct Problems Prevention Research Group, (2004) found significant predictability for both girls and boys when the broad spectrum of disruptive behaviours is used to indicate risk.
3. Birth Order

Birth order is related to the onset of conduct disorder as reported by some studies. Conduct disorder is greater among middle children in comparison to only children, first born or youngest children (e.g. Glueck and Glueck 1968, McCord et al., 1959).

Large family size (i.e. more children in the family) increases risk of delinquency (e.g Glueck and Glueck, 1968). Family size is obviously related to birth order. Efforts to separate family size and birth order factors have examined family size and the birth spacing of offspring. Children with older siblings are more likely to be delinquents. The older the siblings (i.e. the greater the space internalizing in age between them) the greater the likelihood of delinquency (Wadsworth 1979).

Increasing risk is associated with the number of brothers (rather than sisters) in the family (Offord, 1982). If one of the brothers is antisocial the others are at increased risk for conduct disorder.

Studies Related to intervention

The breadth of dysfunction of conduct disorder youth and their families makes the task of developing effective treatment demanding. Many different types of treatment have been applied to conduct disorder youths. Unfortunately, little outcome evidence exists for most of the techniques.

Treatments for conduct disorder have focused on psychosocial interventions and parent training and in some cases the use of medication.
They typically focus on helping young people understand the effect their behaviour has on others and developing skills for behavioural change. Treatment is rarely brief since establishing new attitudes and behaviour patterns takes time. However, early intervention that targets risks in multiple areas offers a child better opportunity for reducing and eliminating symptoms. Several effective psychosocial treatments have been identified for conduct disorder (Hanf, 1969; Henggeler, 1982; Henggeler et al., 1986; Kazdin et al., 1987; Kendall and Braswell, 1985; Patterson, 1982; Webster-Stratton, 1984).

Among the available psychosocial interventions, Parent Management Training (PMT) (Patterson, 1982) has been demonstrated to be especially promising. PMT has focused on altering coercive parent-child interactions that foster aggressive child behaviour in the home and that distinguish families with antisocial children.

Another promising treatment is cognitive behavioral Problem-Solving Skills Training (PSST) (Kendall and Braswell, 1985), which focuses on the cognitive processes and deficits that are considered to mediate maladaptive interpersonal behaviours.

Kazdin (1987) combined these two treatments by providing PMT for parents and PSST for children. This combined treatment has resulted in significantly less aggressive and externalizing behaviour at home, at school and greater overall adjustment in children than a contact-control group in which parents did not receive PMT but rather received contact meetings in which the children’s treatment was discussed. These positive changes were
sustained for up to one year following the treatment. Another effective psychosocial treatment is Videotape Modeling Parent Training (Webster-Stratton, 1984), which includes a videotape series of parent-training lessons and is based on the principles of parent training originally described by Hanf (1969). This treatment is administered to parents in groups with therapist-led discussions of the videotape lesson. Results show that after treatment, parents rate their children as having fewer problems and rate themselves as having a better attitude towards their children and greater self-confidence regarding their parenting role. Observation of the children and parents showed results similar to the parents' viewpoint.

Henggeler et al. (1986) developed Multi Systemic Therapy (MST) which utilizes therapeutic interventions that are based on a family-ecological systems approach to delinquency and adolescent psychopathology (Henggeler, 1982). This treatment simultaneously considers the multiple systems of which an adolescent is a part (i.e., family, peers and extra familial systems) (Henggeler et al., 1986). The findings indicated that the use of a family-ecological treatment decreased conduct problems, anxious-withdrawn behaviours, immaturity, and association with delinquent peers significantly. Family-ecological treatment differs from traditional family therapy approaches through the emphasis placed on the utilization of theory and research findings within the field of developmental psychology and child-clinical psychology (Henggeler, 1982). The primary goal of family-ecological treatment is the reduction of an adolescent’s behavioural problems, but
additional benefits occur. For example, mother-adolescent and marital relations in families are evidenced to be warmer and the adolescent typically becomes more involved in family interactions.

Little and Kendall (1979, cited by Harris et al., 1991) identified three specific areas of potential deficit for the delinquent such as (a) lack of skills in interpersonal transactional (Problem solving), (b) difficulty in assuming another person point of view (role taking) and (c) inability to inhibit ones impulses (self-control). They suggested that a cognitive behavioural approach to these deficits could be integrated into residential and family based treatment programme.
Dodge (1993) pointed out that progress in understanding conduct disorder can be enhanced by reciprocal contribution between basic descriptive development psychopathology research and applied treatment studies. Basic research can guide treatment design, and treatment outcomes can test developmental theories. Conduct disorder seems to have self-perpetuating components pertaining to family, child-cognitive, per group and community systems. Interventions should be directed toward just Internalizing component. This may be successful in long-term prevention of serious conduct disorder because other forces counteract these changes. Two kinds of treatment studies are advocated, Internalizing directed toward developing adolescent technology of successful change procedures for individual process and a second using these multiple change procedures in adolescent comprehensive effort to prevent serious conduct disorder.
Ensink et al. (1997) evaluated the effectiveness of adolescent 12 week intervention programme for conduct-disordered boys aged 10-16 years at adolescent community mental health project in site Conduct disorder, khayelitsha. It was a descriptive study comparing a group of boys who participated in an intervention programme with adolescent non-participant group. The study result suggested that short-term community-based group therapy might be effective in treating delinquent behaviour among boys in an informal settlement. Nine of the 15 boys who were referred to for serious conduct problems participated in the intervention and the remaining 6 were non-participants. Six months after the Intervention, the treatment group showed a significant reduction in defiance, physical and delinquent aggression, as well as additional conduct problems. The non-treatment group showed a significant reduction only in defiance. The study result suggested that short-term community-based group therapy might be effective in treating deviant behaviour among boys in an informal settlement.

Dumas et al. (1999) describes the early Alliance interventions, an integrated set of four programs designed to promote competence and reduce risk for early onset conduct disorder, substance abuse and school failure. These interventions were evaluated as part of a prevention trial that begins at school entry and targets child functioning and socializing practices across multiple contexts (school, peer group, family) and multiple domains (affective social and achievement coping competence).
Ialongo, Poduska, Werthamer and Kellam, (2001) investigated the distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. The study evaluated the long-term impact of two first-grade preventive interventions on the occurrence of conduct problems and disorder and mental health service needs. This follow-up study was conducted five years later when the children were in the sixth grade (age 12). Three first-grade classrooms in each of nine urban elementary schools were randomly assigned to receive the intervention or serve as controls for the study. The two interventions were: The classroom-centered (CC) intervention, designed to enhance teachers’ management of the classroom and children’s social skills in first grade; and the Family-School Partnership (FSP) intervention, designed to promote communication between the parent and teacher and improve parent’s management of the child’s behaviour. By the spring of the sixth grade, children exposed to the Classroom centered intervention were significantly less likely than control children to have experienced aggression-related problems. They were less likely than controls to have received a diagnosis of conduct disorder, been suspended from school and received or been judged in need of mental health services. Also, both CC and FSP children were rated by teachers as exhibiting lower levels of conduct problems in sixth grade than control children. FSP intervention girls were significantly less likely to have been suspended in sixth grade than control girls. Overall, the CC intervention appeared to be the more effective of the two in reducing the prevalence of conduct problems and disorder at age 12 and in reducing mental service need and utilization.
In addition, the scientists found evidence that these later outcomes were due in part to success in addressing some of the early risks of attention/concentration problems and shy and aggressive behaviour. By helping children at age 6 to learn to accept authority, pay attention to task and participate socially can help them be successful at age 12 or later.

Conduct Problems Prevention Research Group (2002a) evaluated the first 3 years of the Fast Track prevention trial with children at high risk for adolescent conduct problems. In the study over 9,000 kindergarten children at 4 sites in 3 cohorts were screened and 891 were identified as high risk and then randomly assigned to intervention or control groups. Beginning in Grade I high-risk children and their parents were asked to participate in a combination of social skills and anger-control training, academic tutoring, parent training and home visiting. A multiyear universal classroom program was delivered to the core schools attended by these high-risk children. By the end of third grade, 37% of the intervention group was determined to be free of serious conduct-problem dysfunction in contrast with 27% of the control group. Teacher ratings of conduct problems and official records of use of special education resources gave modest effect-size evidence that the intervention was preventing conduct problem behaviour at school. Parent ratings provided additional support for prevention of conduct problems at home. Parenting behaviour and children's social cognitive skills that had previously emerged as proximal outcomes at the end of the 1st year of
intervention continued to show positive effects of the intervention at the end of third grade.

Conduct Problems Prevention Research Group. (2002b), using the Fast Track randomized prevention trial set out to test hypotheses from the Early-Starter Model of the development of chronic conduct problems. 891 high-risk first-grade boys and girls (mean age 6.5 years) were randomly assigned to receive the long-term Fast Track prevention or not. After 4 years, outcomes were assessed through teacher ratings, parent ratings, peer nominations and child self-report. Positive effects of assignment to intervention were evident in teacher and parent ratings of conduct problems, peer social preference scores and association with deviant peers. Assessments of proximal goals of intervention (e.g., hostile attributional bias, problem-solving skill, harsh parental discipline, aggressive and prosocial behavior at home and school) collected after grade 3 was found to partially mediate these effects. The findings are interpreted as consistent with developmental theory. Stumphauer’s (1976 cited by Kapur 1995) observation about western correctional institutions that the remand homes and orphanages rather than being adolescent place where youths are rehabilitated provided an environment where youths learn new antisocial behaviour is even more applicable to Indian correctional facilities and other institutions where destitute children are taken care. Research studies carried out on these have pointed to the pessimistic future for the children staying there.
Parent focused approach, family therapy, functional family therapy, multidimensional treatment foster care, multi systemic child or adolescent focused therapy, like cognitive behavioural and behavioural therapies, traditional psychotherapy, mentoring and school based interventions are used for the treatment of conduct disorder. The study by Conduct Problems Research Group (2004) examined the effects of the Fast Track program, which is a multi component, intensive intervention for children with early-onset conduct problems and continues from 1st grade through high school. Prior research has shown that Fast Track produces small positive effect sizes on children's social and behavioural outcomes at the end of 1st and 3rd grades in comparison to control children. This study addressed the important question of whether this intervention reduces cases of serious problems that can occur during the 4th and 5th grade years. Fast Track did have a significant but modest influence on children's rates of social competence and social cognition problems, problems with involvement with deviant peers and conduct problems in the home and community, compared to children in the control condition. There was no evidence of intervention impact on children's serious problems in the school setting at Grades 4 and 5. This evaluation indicates that Fast Track has continued to influence certain key areas of children's adjustment throughout the elementary school years, reducing children's likelihood of emerging as cases with problems in their social, peer or home functioning.
Problem Solving Skills Training (PSST) consists of developing interpersonal cognitive problem-solving skills. Several outcome studies have been completed with impulsive, aggressive and conduct disordered children and adolescents. Extensions of the problem-solving skills training approach have been examined in a few recent studies.

Yu et al. (1986) examined the effectiveness of the Rochester Social Problem Solving Program with psychiatric outpatients whose primary diagnoses were conduct or behaviour disorder. The study provides some support for the utility of problem-solving training.

Developments have also been achieved in the application of social skills training procedures designed to enhance peer relationship and promote interpersonal competence as well as reduce aggressive behaviour.

Bierman and Furmann (1984) found that peer involvement in adolescent co-operative group experience enhanced the impact of conversational skills training on social performance and peer relations.

Rose and Lecroy (1985) associated group training with certain benefits, such as repeated opportunities for social modeling and feedback, observation of both alternative response during conflict and co-operative situations and group norms and the development of friendships. It is also noted that self-control training provided exposure to problem-solving and perspective taking, while social skills training provided instruction in helping, sharing and offering support to peers.
According to Dubow et al., (1987) the combination of cognitive and social skills training procedures with aggressive preadolescent has led to post training improvements on teacher measures of aggression and prosocial behaviour relative to cognitive or social skills training only groups but was comparable inefficacy to an attention/play condition. Data obtained at six months follow–up revealed the maintenance to improvements for the attention/play intervention only.

A similar intervention by Baum et al., (1986) had been found as enhancing performance of relaxation postures, physiological control and role-played social skill from baseline levels.

**Working with adolescent family**

Adverse family factors consisting of marital disharmony and mental illness in the parents as well as difficulty in relationship manifested in poor and inconsistent discipline are some of the issues that may be dealt with by counseling the family. When these problems cannot be corrected or can only partially be modified the child may be taught how to distance himself emotionally from these difficulties or physically through placement in residential schools, homes of relatives who care for the child etc.

Among the Intervention programs involving Parent Management Skills Training, the initial work of Patterson (1981, cited by Kolko 1989) and his colleagues is well known. The program provides parents with an overview of
social learning before individualized training in observational methods, positive reinforcements, time-out and contingency contracts.

Griest et al. (1982) incorporated adjunctive methods to enhance parental motivations and accessibility by altering specific family conditions that have been found to commonly interfere with treatment participation (e.g. marital, social isolation). Parent management skill training is primarily directed towards parents and family therapy approaches to intervention attempt to address overall family system functioning and structural organization.

A recent comparative investigation by Sayger et al. (1987 cited by Kolko 1989), included one form of strategic therapy that emphasized several issues such as rule setting, personal values and the family functions of conduct problem.

Kolko et al. (1991) examined the impact of group treatment programs on the social skills and peer relations of hospitalized conduct disordered and attention deficit disordered children. Significantly greater post treatment improvements were found at one year follow up for the child who were with the social cognitive skills training group. Child diagnosis did not differently affect treatment outcomes.

Gloria and Ronald (1990) examined critical pretreatment variables related to the engagement and retention of families in mental health services designed to reduce serious childhood aggression. One hundred and twenty
four families of 5 to 9 year old boys who met diagnostic criteria for conduct disorder were randomly assigned to receive either parent only, child only or combined parent child treatments. Premature termination was greatest in the parent only condition. Pre-treatment attributional motivations that were externalizing–oriented showed a clear association with premature termination. Moreover, assignment to a treatment condition that did not match parents' incoming motivations was predictive of premature termination. Overall, the findings have implications for further study of barriers and facilitators for the delivery of mental health treatment for childhood conduct problems especially with regard to pretreatment motivational cognitions and engagement issues.

Kingspern et al., (1991) evaluated the effectiveness of various degrees and circumstances of programme completion of young offenders in adolescent residential treatment center. A two year follow-up was conducted on the socialized coping of conduct disordered boys who were admitted to adolescent residential treatment center. Subjects who completed treatment did better in general than subject who did not complete treatment.

Based on the longitudinal treatment studies of conduct disorder, Reid (1993) had proposed adolescent developmental approach to its prevention. Outcome studies for the treatment of CD and antisocial behaviour demonstrated that although none have been entirely successful, many interventions have powerful effects on various symptoms that comprise the disorder, highly predictive antecedent and risk factors. The development of conduct disorder and the potency and interrelationship among antecedent and
mediating variables is traced through the preschool and early elementary school years. Development and treatment research findings are synthesized to suggest possible integration of interventions that are promising for future preventive trials in the preschool and elementary school periods. It is concluded that multisetting interventions after school are essential.

Dogra and Veeraraghavan (1994) studied the effectiveness of psychological interventions on children with aggressive conduct disorder, which included play therapy and parental counseling. The results obtained revealed that psychological intervention was successful in bringing about adolescent change in the child with aggressive conduct disorder as compared to the group that did not undergo the intervention.

Nix et al, and the Conduct Problems Prevention Research Group (2005) examined whether the link between risk factors for conduct problems and low rates of participation in mental health treatment could be decoupled through the provision of integrated prevention services in multiple easily-accessible contexts. It included 445 families of first-grade children (55% minority), living in four diverse communities and selected for early signs of conduct problems. Results indicated that, under the right circumstances, these children and families could be enticed to participate at high rates in school-based services, therapeutic groups and home visits. Because different sets of risk factors were related to different profiles of participation across the components of the prevention program, findings highlight the need to offer
services in multiple contexts to reach all children and families who might benefit from them.

Though this type of intervention techniques are used there still exists controversy regarding successful management of conduct disorders. As far as Indian scene is concerned, in spite of its significance, there is a dearth of intervention studies reported so far.