Chapter III

RESULTS
The results are presented in four separate sections. The first section deals with the analysis of the qualitative data received from the observation and interview of children and adolescents and the next three sections are devoted to the analysis of the quantitative data obtained through baseline assessment questionnaires (i.e. problem behaviour checklist and bell adjustment inventory) before starting intervention programs. Based on the scores of the participants’ assessment of their behavioural problems, the whole group was divided into two groups through mediam. The high score means high problem behaviour and lowest score means less problem behaviour.

The second section reported the descriptive statistics for all the measures employed in the study (pre intervention). In addition, the results of 2x2 between groups model analysis of variance with adjustment as a function of age groups and behavioural problems group is presented.

Section three presented the representative case studies and last section showed the comparison and differences in adjustment and problem behaviour of participants with high problem behaviour before and after intervention.

**Section-1**

**Pilot study findings and reporting of Interview data**

To seek the problem behaviours in children and adolescents (N=400) the researcher has asked open ended questions before going through the standardized questionnaire of Problem Behaviour. The
responses made by both groups of participants were categorized into eighteen dimensions of problem behaviour related to self, school, peers and family. The content analysis was made and the emerged eighteen dimensions are presented in table 1.1.

**Table 1.1: Dimensions of problem behaviour emerged through interview data**

<table>
<thead>
<tr>
<th>Major Areas</th>
<th>Dimensions</th>
<th>Representative Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Conduct Problems</td>
<td>Aap jhoot bolate hain</td>
</tr>
<tr>
<td></td>
<td>Fear</td>
<td>Janwaro se darana</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>Hamesha chintit rahana</td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td>Samano ko fankana (Throwing Object)</td>
</tr>
<tr>
<td></td>
<td>Pessimism</td>
<td>Kyo paida huwe</td>
</tr>
<tr>
<td></td>
<td>Egoist</td>
<td>Discussion mai khud ko superior batana</td>
</tr>
<tr>
<td>Familial</td>
<td>Sibling Rivalry</td>
<td>Bhai-Bahano ki burai karana</td>
</tr>
<tr>
<td>Psychological</td>
<td>Self Punishment</td>
<td>Swayam ko kharonch lena</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Self inflation)</td>
</tr>
<tr>
<td></td>
<td>Carelessness</td>
<td>Kisi bhi kaam ko laparwahi se karana</td>
</tr>
<tr>
<td></td>
<td>Insecurity</td>
<td>Mere mata- Pita mujh per dhayan nahi dete hi</td>
</tr>
<tr>
<td></td>
<td>Introvert</td>
<td>Swayam se baate karana</td>
</tr>
<tr>
<td></td>
<td>Hyperactive</td>
<td>Ek sthan par jayada der tak na bathana</td>
</tr>
<tr>
<td></td>
<td>Lack of Confidence</td>
<td>Logo se milana main jhihakana</td>
</tr>
<tr>
<td>Sexual</td>
<td>Sexual Disturbance</td>
<td>Virodhi ling ke liya akarsan na hona</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Academic</td>
<td>Reading and writing</td>
<td>Apko tez pathana main pareshani hoti hain</td>
</tr>
<tr>
<td></td>
<td>Speech Problem</td>
<td>Baat karate samya haqalana (Stuttering)</td>
</tr>
<tr>
<td></td>
<td>Weak memory</td>
<td>Jaldi bhool jana (Forgetting)</td>
</tr>
<tr>
<td></td>
<td>Attention Seeking</td>
<td>Aap bewajhaya prshano ko punch kar dhyan khichana ki koshis karate</td>
</tr>
</tbody>
</table>

**Pre-Intervention Assessment**

The study is based on pre-post assessment. Section 2 and 3 includes all the statistical analysis done with pre-intervention assessment.

**Section-2**

**Descriptive and 2x2 ANOVA**

The 2x2 ANOVA was computed where two level of age groups i.e. children and adolescents and two levels of problem behaviour i.e. high problem behaviour and low problem behaviour was taken. High problem behaviour and low problem behaviour were identified on the basis of the scores from Problem Behavioural Checklist, where high score means more problem behaviour and low score means less problem behaviour.
Table 2.1: Mean and S.D. of Home Adjustment as a function of Age groups and Behavioural problem groups

| Home Adjustment | Adolescents | | Children | | |
|-----------------|-------------|-------------|-----------|-------------|
|                 | Low PB      | High PB     | Low PB    | High PB     |
| Mean            | 4.84        | 9.82        | 3.18      | 2.73        |
| S.D             | 2.77        | 4.98        | 3.00      | 1.86        |

Note: Problem Behaviour- PB

Table 2.2: Summary Table of ANOVA for Home Adjustment

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean squares</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group (A)</td>
<td>899.29</td>
<td>1</td>
<td>899.29</td>
<td>80.34**</td>
</tr>
<tr>
<td>Problem Behaviour Group (B)</td>
<td>94.45</td>
<td>3</td>
<td>31.48</td>
<td>2.81**</td>
</tr>
<tr>
<td>AXB</td>
<td>250.66</td>
<td>3</td>
<td>83.55</td>
<td>7.46**</td>
</tr>
<tr>
<td>Error</td>
<td>2294.54</td>
<td>205</td>
<td>11.19</td>
<td></td>
</tr>
</tbody>
</table>

Note: P<.01**, P<.05*
**Fig 2.1: Interaction effect of Age and Problem behaviour for Home Adjustment**

Table 2.2 presented the summary of ANOVA for Home Adjustment. The results showed that the F-ratio for the main effect of age group was significant. The adjustment level of adolescents participants \( (M = 9.82) \) was significantly higher than mean adjustment of children group \( (M = 2.73) \) in high and low problem behaviour groups which indicated that adolescents were less adjusted to their home than children. Similarly, the F-ratio for Problem Behaviour Groups was also found significant. The mean table indicated that mean Home Adjustment for low problematic behaviour group of adolescents \( (M = 4.84) \) was lower, than the mean of high problematic behaviour group \( (M = 9.82) \). In contrary to this in children group the mean adjustment for low problematic behaviour \( (M = 3.00) \) was higher, than the mean of high problematic behaviour group. These findings displayed that adolescent participants with less problematic behaviour have better Home
adjustment than high problematic behaviour participants. On the other hand, in children group of participants low problem behaviour children were showing better home adjustment than high problem behaviour children. However, this can be explained with the interaction effect, which had also reached to level of significance (Figure 2.1).

Table 2.3: Mean and S.D. of Health Adjustment as a function of Age groups and Behavioural problem groups

<table>
<thead>
<tr>
<th>Health Adjustment</th>
<th>Adolescents</th>
<th></th>
<th></th>
<th></th>
<th>Children</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low PB</td>
<td>High PB</td>
<td>Low PB</td>
<td>High PB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>4.71</td>
<td>8.47</td>
<td>2.81</td>
<td>2.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.D</td>
<td>3.27</td>
<td>3.76</td>
<td>2.34</td>
<td>1.54</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Problem Behaviour- PB

Table 2.4: Summary Table of ANOVA for Health Adjustment

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean squares</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group (A)</td>
<td>429.54</td>
<td>1</td>
<td>429.54</td>
<td>49.14**</td>
</tr>
<tr>
<td>Problem Behaviour Group (B)</td>
<td>83.15</td>
<td>3</td>
<td>27.71</td>
<td>3.17**</td>
</tr>
<tr>
<td>AXB</td>
<td>146.44</td>
<td>3</td>
<td>48.81</td>
<td>5.58**</td>
</tr>
<tr>
<td>Error</td>
<td>1791.62</td>
<td>205</td>
<td>8.74</td>
<td></td>
</tr>
</tbody>
</table>

Note: P<.01**, P<.05*
Table 2.4 presents the summary of ANOVA for Health Adjustment. The results showed that the F-ratio for the main effect of age group was significant. The adjustment level of adolescent participants (M=8.47) was significantly higher than mean adjustment of childhood group (M=2.23), which indicated that adolescents were less adjusted towards their health than children. Similarly, the F-ratio for Problem Behaviour was also found significant. The mean table indicated that mean Adjustment for low problematic behaviour group of adolescents (M =4.71) was lower, than the mean of high problematic behaviour group (M =8.47). In contrary to this in children group the mean health adjustment for low problematic behaviour (M=2.81) was higher, than the mean of high problematic behaviour group. These findings displayed that adolescent participants with less problematic behaviour were better than high problematic behaviour in their health adjustment. On other side, children group of participants with less problem
behaviour are not so good in health adjustment than high problem behaviour in their home adjustment. This can be explained with the interaction effect, which had also reached to level of significance (Figure 2.2).

Table 2.5: Mean and S.D. of Social Adjustment as a function of Age groups and Behavioural problems group

<table>
<thead>
<tr>
<th>Social Adjustment</th>
<th>Adolescents</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low PB</td>
<td>High PB</td>
</tr>
<tr>
<td>Mean</td>
<td>8.78</td>
<td>14.30</td>
</tr>
<tr>
<td>SD</td>
<td>3.55</td>
<td>4.59</td>
</tr>
</tbody>
</table>

Note: Problem Behaviour- PB

Table2.6: Summary Table of ANOVA for Social Adjustment

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean squares</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group (A)</td>
<td>1864.77</td>
<td>1</td>
<td>1864.77</td>
<td>91.82**</td>
</tr>
<tr>
<td>Problem Behaviour Group (B)</td>
<td>47.97</td>
<td>3</td>
<td>15.99</td>
<td>0.78</td>
</tr>
<tr>
<td>AXB</td>
<td>452.55</td>
<td>3</td>
<td>150.85</td>
<td>7.42**</td>
</tr>
<tr>
<td>Error</td>
<td>4163.09</td>
<td>205</td>
<td>20.30</td>
<td></td>
</tr>
</tbody>
</table>

Note: P<.01**, P<.05*
Fig 2.3: Interaction effect of Age and Problem behaviour for Social Adjustment

The results of the analysis of variance presented in table 2.6 indicate that the F-ratio for the main effect of age group was significant. Adolescents with high problematic behaviour (M=14.30) have significantly poor social adjustment than their less problematic behaviour (M=8.78) counterparts and in the children group of participants this pattern is reversed. The main effect of problem behaviour groups was not found significant. However, the interaction of age and problem behaviour was found significant for social adjustment. (Figure 2.3)
Table 2.7: Mean and S.D. of Emotional Adjustment as a function of Age groups and Behavioural problems group

<table>
<thead>
<tr>
<th>Emotional Adjustment</th>
<th>Adolescents</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low PB</td>
<td>High PB</td>
</tr>
<tr>
<td>Mean</td>
<td>7.73</td>
<td>15.69</td>
</tr>
<tr>
<td>S.D</td>
<td>3.75</td>
<td>4.09</td>
</tr>
</tbody>
</table>

Note: Problem Behaviour- PB

Table 2.8: Summary Table of ANOVA of Emotional Adjustment

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean squares</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group (A)</td>
<td>2199.22</td>
<td>1</td>
<td>2199.22</td>
<td>100.34**</td>
</tr>
<tr>
<td>Problem Behaviour Group (B)</td>
<td>259.46</td>
<td>3</td>
<td>86.4</td>
<td>13.94**</td>
</tr>
<tr>
<td>AXB</td>
<td>645.05</td>
<td>3</td>
<td>215.01</td>
<td>9.81**</td>
</tr>
<tr>
<td>Error</td>
<td>4491.52</td>
<td>2</td>
<td>21.9045</td>
<td></td>
</tr>
</tbody>
</table>

Note: P<.01**, P<.05*
Table 2.7 showed the mean and S.D. values of the emotion adjustment in adolescents and children group of participants. It is evident from findings of ANOVA presented in Table 2.8 that the main effect of problematic behaviour was found significant with both age groups for the emotional adjustment. The participant of the adolescent group having high problematic behaviour have poor (M=15.69) emotional adjustment than the adolescents having less problematic behaviour (M=7.73). The main effect of problematic behaviour was also found significant and the interaction effect of age groups and problem behaviour was also found significant and presented in figures 2.4. It is clear from the figure that both age groups of participants who had high problem behaviour have poor emotional adjustment.

**Fig 2.4: Interaction effect of Age and Problem behaviour for Emotional Adjustment**

Table 2.7 showed the mean and S.D. values of the emotion adjustment in adolescents and children group of participants. It is evident from findings of ANOVA presented in Table 2.8 that the main effect of problematic behaviour was found significant with both age groups for the emotional adjustment. The participant of the adolescent group having high problematic behaviour have poor (M=15.69) emotional adjustment than the adolescents having less problematic behaviour (M=7.73). The main effect of problematic behaviour was also found significant and the interaction effect of age groups and problem behaviour was also found significant and presented in figures 2.4. It is clear from the figure that both age groups of participants who had high problem behaviour have poor emotional adjustment.
Section 3

Intervention

This section presents the 20 case studies of children and adolescent groups.

**Cases from Adolescent Group (N=10)**

In the intervention of adolescent participants was given ten sessions. After each session the home assignment was given to monitor their problems. The home assignment had 1-10 point scale in which high point of scale showed the high intensity of problem and low point showed low intensity.

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**Case 1: (A.D. 13yrs, Female, Semi-Urban, Class-6th)**

**Behavioural Problems** - The basic behavioural problem was anger. A.D. was the second youngest of four children; two of her siblings were also reported having anger problem or aggression. A.D.’s parents had little control over her unruly and aggressive behaviour, which was apparently activated with minimal provocation. On the state of anger, she destroyed things that would be in front of her. She described her recent anger (*Main aur mara chota bhai dono log khel rahe the. Mera bhai bahut baimani kar raha tha. Mujhe bahut gussa aaya. Maine uska baal pakad kar bahut pita*). She was presently concerned about physical symptoms, particularly (muscle tightness, to grasp teeth and jaw tightly, to dash down the foot)
Expectation for therapy: Positive

She had responded positively to individual behavioural intervention aimed at reducing levels of interpersonal conflict between her and others especially with siblings. She agreed that it might be beneficial for her to do some work on this particular problem area.

Session1: Client education about anger, stress and aggression. Researcher provided some question about her anger situation (i.e. What happened next? How did that make you feel? On a 10-point scale how much did your mood (anxiety, anger) go up or down? What did you lose or gain as a result of the situation?)

Session2: In the session of Self-Monitoring ‘A.D.’ reported anger experiences, she most typically had given accounts of things that had happened to her. For the most part, she described events physically and temporally proximate to her anger arousal (Mera matha thanak jata hain aur man karta hain ki sabhi log ko maar peet kar barabar kar do). She provided an account of provocations ascribed to events in the immediate situation of the anger is quite fitting (Main 1-10 scale me apne ko 10 mark doonge).

Session3: (Cognitive restructuring) A.D. was asked to record in her anger logs the thoughts she had at the time of an incident (Maine apne bhai ko pit kar kuch bura nahi kiya.Log janbhujh kar mujhe chidateya hain). These thoughts, and their role in experience and expression of anger, were discussed and explored in the session (When it was asked that your brother was younger than you, and he was not so caring as
you. So, if you were thinking like that, how are you feeling in this situation? A.D. answered “Tab main toda kam naraj hoti 10 main kewal 5”).

**Session 4:** (Decision-Matrix) She referred to a situation she had recently recorded her anger logs. This involved a friend questioning her aggression. This had made A.D. angry and she shouted. A.D. was asked to think about immediate benefits of aggression in this situation. She explained that by reaching in this way (maine gussa ko apne control se bahar paya, maine apne dost ko mana bhi kiya ki mujhsa mat ulajho)

**Session 5:** (Arousal Reduction) In this session A.D. was encouraged to practise on slow deep breathing, progressive muscle relaxation. In other context A.D. was encouraged to engage in personally chosen practices having arousal reduction aims, such as playing with her toys and dancing.

**Session 6-7-8:** (Behavioural Coping Skills) A.D. was encouraged for dealing with anger- evoking interpersonal situation. In this session, A.D. was invited to identify the negative automatic thoughts and distressing moods and then ask singing a song.

(Pleasant event scheduling) A.D. was invited to use regularly scheduled pleasant events. There were at least seven pleasant events in each day (mere chacha mere liya frock lekar aye the)

(Respectful assertiveness)- Coached A.D. was asked about people whose behaviour was distressing to her to change her behaviour using a
statement *(Jab aap gusate ho, mujhe bura lagata hain, main chahti hoon ki sabhi log miljul kar rahe)*

**Session 9**- Practising the cognitive, arousal regulatory and behavioural coping skills while visualizing and role-playing progressively more intense anger-arousing scenes from the personal hierarchies.

**Session 10**- Follow-up session- After six weeks A.D came to the researcher with positive remarks about herself and her family. *(Mujhe lagata hai ki maine gussa control karana sikh liya).* The problem behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.

The following Figures 3.1 and 3.2 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
The figure 3.1 clearly showed that the anger was declined in the participant which was the basic problem of the client and it also showed declined in the problems of fear and anxiety.

Figure 3.2: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to anger behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention it had showed increment (Figure 3.2).

Case 2: (V.K. 15yrs, male, semi-urban class 8th)

Behavioural Problems- The basic behavioural problem was fear. As any dog came near, V.K.’s panic steadily increased. Anticipating an encounter was almost as painful as the event itself. On seeing a dog at any distance he has started trembling, his heart beat running so high, started numbing and sweating. His problem was since he was nine yrs old. He had been growing into, rather than out of it. He remembered when it had first begun the morning he was coming to school from home with cycle, just at that time one dog bite his leg. It was a memory and experience that had become frozen in his mind and which he seemed destined to repeat, and this experience led to other behavioural problems like anger, irritation, not going out alone, school absence etc.

Expectation for therapy- Positive

His initial euphoria that a professional could help him quickly gave way to an even deeper sense of despair.

Session 1 Client education about anxiety and fear: - focusing on a recent ‘typical’ episode of anxiety, V.K. was asked to describe the circumstances that provoked anxiety and the specific fears that were activated. (What was it exactly that you feared you would do? V.K.-Hai, baghwan mera to haat pav hi phol gaya tha).
Session 2- Self-monitoring homework exercise (1-10 scale) was initiated from the very beginning of therapy and the key components of anxiety episodes were identified and draw the client into the collaborative process of evolving a formulation of his difficulties. (Maine dukan ke pas jab kuta dekha to mera haat pair kapane laga, sabhi log hans rahe the aur main apne ko bachane ke liya khambe ka sahara liya tha)

Session 3- Safety behaviour experiment- V.K. was invited to participate in a role-play of a feared situation under two sets of conditions, first with their safety behaviours ‘on’, i.e. deliberately engaged to control their anxiety symptoms, and then with their safety behaviours ‘off’ i.e. where they let go controls and risk allowing the worst to happen. After a short period the role-play is interrupted and V.K. was asked to describe how he felt during the exercise and rating each of his predictions on a 1-10 scale. (Shuru-Shuru mujhe laga ki mara dar kabhi nahi jayga par ab mujhe lagata hai ki main samanya ho gaya hoon. Main to apne ko 5 marks doonga)

Session 4- To minimize this risk, client was asked to touch a real pet dog of his friend and asked to write out his predictions of what he felt and rate each of his predictions on a 1-10 scale. This task was continued few days. (Shuru-Shuru main bhanyker dar laga, par ab agar kuta bandha hain to main use chu skata hoon)
Session 5- The next task for V.K. was to practise shifting his attention to the situation he found threatening and to begin to process actual feedback from others.

Session 6-7-8- Childhood experiences and traumatic memories that left him feeling inadequate and ashamed become the appropriate focus of the session. As these experiences were re-visited, client becomes able to identify the core beliefs and the assumptions these gave rise to, and to weave these into a more comprehensive, developmental formulation of his anxiety disorder.

In this session of therapeutic approach was to have V.K. write out summary of the critical insights and strategies he would take from intervention and identify some immediate and long term goals he wish to pursue.

In this penultimate session some standard question was given as a written homework assignment.

Session 9- Particular emphasis was given to the unique personal strengths he displayed in the course of intervention and how these might serve as important resources for him in months.

Session 10- Follow-up session: After six weeks of intervention at the follow up session the progress made was analysed and discussed. V.K. shared the recent event with his friend’s dog (mujhe jara sa bhi dar nahi laga, maine use biskut dekar use apana dost bana liya). The problem
behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.

The following Figures 3.3 and 3.4 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

![Figure 3.3](image)

**Figure 3.3: Scores on different problem behaviour in pre-intervention and post-intervention test**

The figure 3.3 clearly presented that the fear was declined which was the basic problem of the client and the whole intervention program for this client was focused on anger and aggression.
Due to fear and anger behavior the home, health, social and emotional adjustment of the participant was impaired but after intervention it had showed increment (Figure 3.4).

Case 3: (D.K. 17yrs, Female, semi-urban class-12th)

Behavioural Problems- The basic behaviour problem was Anxiety. D.K. was a seventeen yrs old girl. She complained about her anxiety. She got annoyed with herself when she could not tell something what she knew. This problem affected her academic achievement. She seemed hesitant to talk about her difficulties

Expectation for therapy- Positive

She was invited for a session to share the diagnosis. She decided that her close friend could be present as well.
Session 1: Building a formulation of the client’s unique experience of anxiety: - focusing on a recent ‘typical’ episode of anxiety, D.K. was asked to describe the circumstances that provoked inferiority and the specific fears that were activated. (*main jab padane ke liya khadi hoti hoon to mera pair kapane lagata hain*)

Session 2: Self-monitoring homework exercise was initiated from the very beginning of intervention and the key components of anxiety episodes were identified and draw the client into the collaborative process of evolving a formulation of her difficulties.

Session 3: Safety behaviour experiment- D.K. was invited to participate in a role-play of a inferior situation under two sets of conditions, first with their safety behaviours `on’, i.e. deliberately engaged to control their inferior symptoms, and then with their safety behaviours `off’ i.e. where they let go controls and risk allowing the worst to happen.

Session 4: To minimize this risk, D.K. was assigned homework after the role-play session and asked to write out her predictions of what she felt and rate each of his predictions on a 1-10 scale.

Session 5: The next task for D.K. was to practise shifting her attention to the situation she found threatening and to begin to process actual feedback from others.

Session 6-7-8: Childhood experiences and traumatic memories that left her feeling inadequate and ashamed become the appropriate focus of the session. As these experiences were re-visited, D.K. becomes able to
identify the core beliefs and the assumptions these gave rise to, and to weave these into a more comprehensive, developmental formulation of his anxiety disorder.

In this session of therapeutic approach was to have D.K. write out summary of the critical insights and strategies she would take from intervention and identify some immediate and long term goals she wish to pursue.

In this penultimate session some standard questions were given as a written homework assignment.

**Session 9** : Particular emphasis was given to the unique personal strengths she displayed in the course of intervention and how these might serve as important resources for them in months.

**Session 10** : Follow-up session: After six weeks of intervention at the follow up session the progress made was analysed and discussed. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.5 and 3.6 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Figure 3.5: Scores of different problem behaviour in pre-intervention and post-intervention test

The figure 3.5 clearly showed that the Anxiety was reduced in the post intervention test which was the basic problem of the client.

Figure 3.6: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to anxiety behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention health and social had showed increment (Figure 3.6).

**Case 4 : (XY, 14yrs, Female, Semi-Urban, Class-6th)**

**Behavioural Problems-** The basic behavioural problem was *anger*. XY was the youngest of three children; one of her friends was also reported as anger problem or aggression. She had little control over her aggressive behaviour. On the state of anger, she destroyed things that would be in front of her. She described her recent anger (*mai aur mari friend dono log ek saath bathe the, tabhi mari ek aur friend ne mujhe dhakka dekar niche gira diya aur hasane lagi. Mujhe bahut gussa aya aur maine scale se usake sar par maar diya, usaka sar phat gaya*). She was presently concerned about physical symptoms, particularly (*muscle strain, numbing*)

**Expectation for therapy: Positive**

She had responded positively to individual behavioural intervention. She agreed that it might be beneficial for her to do some work of this particular problem area.

**Session 1:** Client education about anger, stress and aggression. Researcher provided some question about her anger situation (i.e. *What happened next? How did that make you feel? On a 10-point scale how much did your mood (anxiety, anger) go up or down? What did you lose or gain as a result of the situation?*)
**Session 2:** In the session Self-Monitoring ‘XY’ reported anger experiences. She describes events physically and temporally proximate to her anger arousal (Mujhe pata nahi kya ho jata hain ki bas man karata ki sara saman tod kar phenk doo). As a rule, she provides an account of provocations ascribed to events in the immediate situation of the anger is quite fitting (Main 1-10 scale me apne ko 10 mark doonge).

**Session 3:** (Cognitive restructuring) XY was asked to record in her anger logs the thoughts she had at the time of an incident (maine apani sahali ko pit kar bura nahi kiya, maine apana badala liya). These thoughts, and their role in experience and expression of anger, were discussed and explored in the session (When it was asked that your friend was kidding with you. So, if you were thinking like that, how are you feeling in this situation? A answered “Tab main toda kam naraj hoti 10 main kewal 7”).

**Session 4:** (Decision-Matrix) She referred to a situation she had recently recorded her anger logs. This involved a friend questioning her aggression. This had made XY angry and she shouted. XY was asked to think about immediate benefits of aggression in this situation. She explained that by reaching in this way (wo question na poonch kar mujhe ukase rahi thi lakin maine apane aap ko bahut control karana sikh liya hain)

**Session 5:** (Arousal Reduction) in this session XY was encouraged to practise on slow deep breathing, progressive muscle relaxation. In other context XY was encouraged to engage in personality chosen practices.
having arousal reduction aims, such as playing with her toys and dancing.

**Session 6-7-8:** (Behavioural Coping Skills) XY was encouraged for dealing with anger- evoking interpersonal situation. In this session, XY invited to identify the negative automatic thoughts (*mujhe koi samjhata nahi hain*) and distressing moods and then ask drawing a flower.

(Pleasant event scheduling) XY was invited to use regularly scheduled pleasant event. There were at least seven pleasant events in each day. (*aaj maine chat se ugate suraj ko dekha bahut accha laga*)

(Respectful assertiveness)- Coached XY to ask people whose behaviour is distressing to her to change her behaviour using a statement (*Jab aap ko kabhi gussa aya tothanda pani pi lana chayia*)

**Session 9 :** Practising the cognitive, arousal regulatory and behavioural coping skills while visualizing and role-playing progressively more intense anger-arousing scenes from the personal hierarchies.

**Session 10 :** Follow-up session- At follow-up session XY showed her drawing book and told in the pleasant way (*maine sikh liya hain ki anger main apaka hi khoon jalata hain doosaro ka kuch nahi bigada hain*). The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.7 and 3.8 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively
The figure 3.7 clearly showed that the Anger behaviour was declined in the client which was the basic problem of the client and the whole intervention program was also effecting in declining the self punishment behaviour and associated fear.

Figure 3.8: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to anger behaviour the health, social and emotional adjustment of the participant was impaired but after intervention it had showed increment (Figure 3.8).

**Case 5: (B.M., 16yrs, female, semi-urban class 9th)**

**Behavioural Problems**- The basic behavioural problem was *fear with balloon*. As B.M. came near to any balloon, her panic steadily increased. Anticipating an encounter was almost as painful as the event itself. On seeing a balloon at any distance she has started trembling, her heart beat running so high, started numbing and sweating. Her problem was since she was six yrs old. She remembered when it had first begun the evening she was enjoying her elder sister’s birthday party, just at that time one balloon burst nearest to her. It was a memory and experience that had become frozen in his mind and which she seemed destined to repeat, and this experience led to other behavioural problems like anger.

**Expectation for therapy**- Positive

Her initial euphoria that a professional could help him quickly gave way to an even deeper sense of despair.

**Session 1**: Client education about anxiety and fear:- focusing on a recent ‘typical’ episode of anxiety, B.M. was asked to describe the circumstances that provoked anxiety and the specific fears that were activated.( *What was it exactly that you feared you would do? B.M. - pata nahi aachnak kya hua mera aankh ke samane andhara cha gya*).
Session 2: Self-monitoring homework exercise (1-10 scale) was initiated from the very beginning of intervention and the key components of anxiety episodes were identified and draw the B.M. into the collaborative process of evolving a formulation of her difficulties. (Maine jab kabhi gubbara dekhata hoon to mera haat pair kapan lagata hain, sabhi log hans rahe the aur main apne ko sambhalane ki koshish kar rahe thi)

Session 3: Safety behaviour experiment- B.M. are invited to participate in a role-play of a feared situation under two sets of conditions, first with their safety behaviours ‘on’, i.e. deliberately engaged to control their anxiety symptoms, and then with their safety behaviours ‘off’ i.e. where they let go controls and risk allowing the worst to happen. After a short period the role-play is interrupted and B.M. was asked to describe how she felt during the exercise and rating each of his predictions on a 1-10 scale. (Shuru-shuru mujhe laga ki main duniya main akeli hoon jise gubbara jasi chij se dar lagata hain par ab apne jase log ko dekh kar acha lagata hain. Main apane aap ko 8 marks dena chaungi)

Session 4: To minimize this risk, B.M. was assigned homework after the role-play session and asked to write out his predictions of what he felt and rate each of his predictions on a 1-10 scale.

Session 5: The next task for B.M. was to practise shifting his attention to the situation he found threatening and to begin to process actual feedback from others.
Session 6-7-8: Childhood experiences and traumatic memories that left him feeling inadequate and ashamed become the appropriate focus of the session. As these experiences were re-visited, client becomes able to identify the core beliefs and the assumptions these gave rise to, and to weave these into a more comprehensive, developmental formulation of his anxiety disorder.

In this session of therapeutic approach was to have B.M. write out summary of the critical insights and strategies he would take from intervention and identify some immediate and long term goals she wish to pursue.

In this penultimate session some standard question was given as a written homework assignment.

Session 9: Particular emphasis was given to the unique personal strengths she displayed in the course of intervention and how these might serve as important resources for them in months.

Session 10: Follow-up service after six weeks B.M. was looking fearless with balloon. She presented a cluster of balloon to the researcher. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.9 and 3.10 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Figure 3.9: Scores on different problem behaviour in pre-intervention and post-intervention test

The figure 3.9 clearly showed that the Fear was declined in the participant which was the basic problem of the client.

Figure 3.10: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to fear behaviour the social and emotional adjustment of the participant was impaired but after intervention it had showed increment (Figure 3.10).

Case 6: (D.M., 15yrs, male, semi-urban class-9th)

Behavioural Problems- The basic behavioural problem was poor performance in academics, classroom misbehave, pressure from parents for achievement in academics. D.M. was a fifteen yrs old boy. He complained about his anxieties particularly related to performance. He got annoyed with himself when he could not respond to teacher’s questions in the class room. This problem affected his academic achievement. He felt ashamed to talk about his difficulties. He had attention and concentration related difficulties and also complained about weak memory.

Expectation for therapy- Positive. He was invited for a session to share the diagnosis.

Session 1 : Building a formulation of the client’s unique experience of anxiety: - focusing on a recent ‘typical’ episode of academic problems, D.M. was asked to describe the circumstances that provoked problem and the specific fears that were activated (Pata nahi sab janate hua bhi teacher ke samane kuch bol nahi pata hoon)

Session 2 : Self-monitoring homework exercise was initiated from the very beginning of intervention and the key components of inferiority
episodes were identified and draw the D.M. into the collaborative process of evolving a formulation of his difficulties.

**Session 3:** Safety behaviour experiment- D.M. are invited to participate in a role-play of a inferior situation under two sets of conditions, first with their safety behaviours `on`, i.e. deliberately engaged to control their inferior symptoms, and then with their safety behaviours `off` i.e. where they let go controls and risk allowing the worst to happen.

**Session 4:** To minimize this risk, clients was assigned homework after the role-play session and asked to write about his predictions of what he felt and rate each of his predictions on a 1-10 scale.

**Session 5:** The next task for D.M. was to practise shifting his attention to the situation he found threatening and to begin to process actual feedback from others.

**Session 6-7-8:** Childhood experiences and traumatic memories that left his feeling inadequate and ashamed become the appropriate focus of the session. As these experiences were re-visited, client becomes able to identify the core beliefs and the assumptions these gave rise. In the next session D.M. have to write out summary of the critical insights and strategies he would take from intervention and identify some immediate and long term goals he wish to pursue. In this second last session some standard question was given as a written homework assignment.
**Session 9**: Particular emphasis was given to the unique personal strengths he displayed in the course of therapy and how these might serve as important resources for them in following months.

**Session 10**: Follow-up service: At a follow-up session six weeks later, to review the progress made during intervention, based on self-report, the tools of behaviour problem and adjustment were administered along with the feedback from the participant.

The following Figures 3.11 and 3.12 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

![Figure 3.11: Scores on different problem behaviour in pre-intervention and post-intervention test](image-url)
The figure 3.11 clearly showed that the academic problem including the lack of confidence was declined in the client which was the basic problem of the client.

Figure 3.12: Scores on different dimensions of adjustment in pre-intervention and post-intervention test

Due to academic problems the home, social and emotional adjustment of the participant was impaired but after intervention social and emotional had showed increment (Figure 3.12).

Case 7: (A.S., 13yrs, male, Semi-Urban, Class-6th)

**Behavioural Problems** - The basic behavioural problem was *self punishment*. A.S. was the single child of his parents. A.S.’s parents had little control over his unruly and aggressive behaviour, which was apparently activated with minimal provocation. On the state of anger, he throw things and harm himself. He described his recent anger (*Main jab*
T.V par apna cartoon nahi dekh pata hoon to main mummy papa ko to kuch nahi kar pata hoon lakin main apna kapada phad deta hoon ya apna ko kharonch leta hoon).

**Expectation for therapy:** Positive. He had responded positively to individual behavioural intervention aimed at reducing levels of behavioural problems.

**Session 1:** Client education about anger and aggression. Researcher provided some question about his anger situation (i.e. *What happened next? How did that make you feel? On a 10-point scale how much did your mood (anxiety, anger) go up or down? What did you lose or gain as a result of the situation?*)

**Session 2:** (Self-Monitoring) ‘A.S.’ reported anger experiences; he most typically gives accounts of things that have happened to him. For the most part, he described events physically and temporally proximate to his anger arousal (*Apne ko nuksan paucha kar kam se kam gussa shant ho jata hain aur santushisti pauchati hain*). As a rule, he provides an account of provocations ascribed to events in the immediate situation of the anger is quite fitting (*Main 1-10 scale me apne ko 9 mark doonge*).

**Session 3:** (Cognitive restructuring) A.S. was asked to record in his anger logs the thoughts he had at the time of an incident (*mujhe lagata hain ki log jab mera nature janate hain tomujhe paresan na kare*). These thoughts, and their role in experience and expression of anger, were discussed and explored in the session (*When it was asked that your*)
parents love you, and they worried about your future. So, if you were thinking like that, how are you feeling in this situation? A.S. answered “Tab main toda kam naraj hota 10 main kewal 5”).

Session 4 : (Decision-Matrix) he referred to a situation he had recently recorded his anger logs. This involved a friend questioning his aggression. This had made A.S. angry and he shouted. A.S. was asked to think about immediate benifits of aggression in this situation. He explained that by reaching in this way (mujhe normal hona hain tabhi to main aapke paas aya hoon, gusse main apna nuksan khud karata hoon).

Session 5 : (Arousal Reduction) A.S. wa s encouraged to practise on slow deep breathing, progressive muscle relaxation. In other context A.S. was encouraged to engage in personaly chosen practices having arousal reduction aims, such as playing with his toys and painting.

Session 6-7-8 : (Behavioural Coping Skills) A.S. was encouraged for dealing with anger- evoking interpersonal situation. In these sessions, A.S. was invited to identify the negative automatic thoughts and distressing moods and then ask painting any picture. A.S. was invited to use regularly scheduled pleasant event. There were at least seven pleasant events in each day (Pleasant event scheduling). A.S. was asked to name the person or persons whose behaviour is distressing to him to change his behaviour using a statement (Jab aap gusate ho, mujhe bura lagata hain, lakin main bahut der tak shant rah sakata hoon) (Respectful assertiveness).
Session 9: Practising the cognitive, arousal regulatory and behavioural coping skills while visualizing and role-playing progressively more intense anger-arousing scenes from the personal hierarchies.

Session 10: Follow-up session- At a follow-up session six weeks later, to review the progress made during intervention the problem behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.

The following Figures 3.13 and 3.14 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

Figure 3.13: Scores on different problem behaviour in pre-intervention and post-intervention test
The figure 3.13 clearly showed that the self punishment behaviour was declined in the participant which was the basic problem of the client and the whole intervention program for this client was focused on the self punishment behaviour and associated anger and aggression.

![Figure 3.14: Scores on different dimensions of adjustment in pre-intervention and post-intervention test](image)

Due to anger and self punishment behaviour the home, social and emotional adjustment of the participant was impaired but after intervention it had showed increment (Figure 3.14).

**Case 8 – (N.M., 17yrs, male, semi-urban class-12th)**

**Behavioural Problems-** The basic behavioural problem was *anxiety*. He complained about his anxieties related to lack of peers, inferiority about physical appearance and lack of confidence (*mera koi dost nahi hain*)
He got annoyed with himself when he presented himself before anybody. This problem affected his social interactions and academic achievement. He seemed hesitant to talk about his difficulties.

**Expectation for therapy**- Positive. He was invited for a session to share the diagnosis.

**Session 1**: Building a formulation of the N.M.’s unique experience of anxieties focusing on a recent ‘typical’ episode of inferiority. N.M. was asked to describe the circumstances that provoked inferiority and the specific fears that were activated (main *kahi nahi jata hoon kyonki Mari naak todi se tadi hain, log mujhe ghurate rahate hain*).

**Session 2**: Self-monitoring homework exercise was initiated from the very beginning of intervention and the key components of inferiority episodes were identified and draw the N.M. into the collaborative process of evolving a formulation of his difficulties. On 1-10 scale N.M. pointed 8 marks to himself, which indicates the severity of the problems.

**Session 3**: Safety behaviour experiment- N.M. are invited to participate in a role-play of a inferior situation under two sets of conditions, first with their safety behaviours ‘on’, i.e. deliberately engaged to control their inferiority symptoms, and then with their safety behaviours ‘off’ i.e. where they let go controls and risk allowing the worst to happen. N.M. was also asked to deliver news and quotes of great leaders in the assembly at the school and for this the help of his class teacher was sought.
**Session 4**: To minimize the risk of feeling of inferiority, client was assigned homework after the role-play session and asked to write out his perceptions of what he felt and rate each of his predictions on a 1-10 scale. *(Assembly hall main dar laga par jab sabne tareef ki to achha bhi laga, main 1-10 scale main 6 marks doonga)*

**Session 5**: The next task for N.M. was to practise shifting of his attention to the situation he found threatening and to begin to process actual feedback from friends and others.

**Session 6-7-8**: Childhood experiences and traumatic memories that left him feeling inadequate and ashamed become the appropriate focus of these sessions. As these experiences were re-visited, client becomes able to identify the core beliefs and the assumptions that gave rise.

In this session N.M. write out summary of the critical insights and strategies he would take from intervention and identify some immediate and long term goals he wish to pursue. In this penultimate session some standard question was given as a written homework assignment.

**Session 9**: Particular emphasis was given to the unique personal strengths he displayed in the course of intervention and how these might serve as important resources for them in months. Role- Play was provided to him to reduce his anxiety.

**Session 10**: Follow-up service: At a follow-up session six weeks later, N.M looking confident, the base line measures of problem behaviour
and adjustment were given again along with the feedback from the participant.

The following Figures 3.15 and 3.16 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

**Figure 3.15: Scores on different problem behaviour in pre-intervention and post-intervention test**

The figure 3.15 clearly indicated that the anxiety was declined in the participant which was the basic problem of the client and the whole intervention program for this client was focused on the conduct disorder.
Due to anger and anxiety behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention only home and health had showed increment (Figure 3.16).

Case 9: (T.K., 14yrs, Female, Semi-Urban, Class-6th)

**Behavioural Problems** - The basic behavioural problem was *Hyperactivity*. T.K. was the youngest child. She had little control over her behaviour. As her teacher revealed that she was difficult to deal with in the classroom because she didn’t sit still, made a lot of noises, distract other students from studies and seemed to enjoy teasing and hurting other children.
Expectation for therapy: Positive

She had responded positively to individual behavioural intervention. She agreed that it might be beneficial for her to do some work of this particular problem area.

Session 1: Client education about hyperactivity. Researcher provided some question about her situation (i.e. What happened next? How did that make you feel? On a 10-point scale how much did your mood go up or down? What did you lose or gain as a result of the situation?)

Session 2: In the session 2 (Self-Monitoring) She was provided a list of problems that was made by her during the classroom. She had to indicate all these problems on a 1-10 point scale. She was aware of her erratic behaviour and rated herself 7.

Session 3: (Cognitive restructuring) T.K. was asked to record in her stress logs and the thoughts she had at the time of any misconduct in the classroom. These thoughts, her feelings and their role in experience and expression of stress, were discussed and explored in the session.

Session 4: (Decision-Matrix) She referred to a situation she had recently recorded her anger logs. This involved a friend questioning about her behaviour. This had made T.K. angry but she was silent. T.K. was asked to think about immediate benefits of her behaviour in this situation.

Session 5: (Arousal Reduction). During this session T.K. was encouraged to practise on slow deep breathing, progressive muscle
relaxation. In other context T.K. was encouraged to engage in personally chosen practices aimed for arousal reduction, such as playing and helping other students in their problems.

**Session 6-7-8:** (Behavioural Coping Skills) T.K. was encouraged for dealing with anger- evoking interpersonal situation. In this session, T.K. was invited to identify the negative automatic thoughts and distressing moods and then ask drawing a flower.

(Pleasant event scheduling) T.K. was invited to use regularly scheduled pleasant events. There were at least seven pleasant events in each day. (*aaj mummy khush ho kar mujhe das rupaya di hain*)

(Respectful assertiveness)- T.K. was asked to talk to other persons like classmates and teachers about her misconduct and teasing behaviours which may help her to change her misbehaviour and strengthen her social and interpersonal skills.

**Session 9 :** Practising the cognitive, arousal regulatory and behavioural coping skills while visualizing and role-playing progressively more intense anger-arousing scenes from the personal hierarchies.

**Session 10 :** Follow-up service: At a follow-up session six weeks later, T.K. seems to involve in studies and don’t distract others, the base line measures of problem behaviour and adjustment were given again alongwith the feedback from the participant. The following Figures 3.17 and 3.18 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Figure 3.17: Scores on different problem behaviour in pre-intervention and post-intervention test

The figure 3.17 clearly showed that the hyperactivity behaviour was declined in the posttest which was the basic problem of the client and the whole intervention program for this client was focused on the hyperactivity behaviour and associated anxiety.

Figure 3.18: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to hyperactivity behaviour the home, health social and emotional adjustment of the participant was impaired but after intervention home, health and social had showed increment (Figure 3.18).

Case10: (M.M, 13yrs, male, Semi-Urban, Class-6th)

Behavioural Problems- The basic behavioural problem was self punishment. M.M. was the eldest child of his parents. On the state of anger, he throws things and harms himself. He described his recent anger (main hamesha class main first aata hoon par abki bar mara result kharab ho gaya, mere dost chidane lage isi liya maine apna haat kat liya).

Expectation for therapy: Positive. He had responded positively to individual behavioural intervention aimed at reducing levels of behavioural problems.

Session 1: Client education about anger and aggression. Researcher provided some questions about his anger situation (i.e. What happened next? How did that make you feel? On a 10-point scale how much did your mood (anxiety, anger) go up or down? What did you lose or gain as a result of the situation? )

Session 2: (Self-Monitoring) M.M. reported anger experiences; he most typically gives accounts of things that have happened to him. For the most part, he described events physically and temporally proximate to his anger arousal (Main bahut tanav main tha isliya apna haat kat liya
aur sharm bhi aa rahi thi). As a rule, he provides an account of provocations ascribed to events in the immediate situation of the anger (Main 1-10 scale me apne ko 8 mark doonga).

Session 3 : (Cognitive restructuring) M.M. was asked to record in his anger logs, the thoughts he had at the time of an incident (pata nahi maine asa kyu kiya). These thoughts, and their role in experience and expression of anger, were discussed and explored in the session.

Session 4 : (Decision-Matrix) he referred to a situation he had recently recorded his anger logs. This involved a friend questioning his stress. This had made M.M. polite. M.M. was asked to think about immediate benefits of his behaviour in this situation. He explained that by reaching in this way (mujhe future main asa kabhi nahi karana hain mari mummy ka haal bura ho gaya tha)

Session 5 : (Arousal Reduction) M.M. was encouraged to practise on slow deep breathing, progressive muscle relaxation. In other context M.M. was encouraged to engage in personally chosen practices such as playing with his toys and painting which are aimed to reduce arousal and strengthening his social and interpersonal skills.

Session 6-7-8 : (Behavioural Coping Skills) M.M. was encouraged for dealing with anger- evoking interpersonal situation. In these sessions, M.M. was invited to identify the negative automatic thoughts (Agar main phir fail ho gaya) and distressing moods and then ask solving any maths problem. M.M. was also invited to use regularly scheduled pleasant events. There were at least three pleasant events in each day as
stated by M.M. (Pleasant event scheduling). M.M. was asked to talk to classmates and teachers about his misconduct behaviours which may help him to change his misbehaviour and strengthen his social and interpersonal skills. (Respectful Assertiveness)

**Session 9**: Practising the cognitive, arousal regulatory and behavioural coping skills while visualizing and role-playing progressively more intense anger-arousing scenes from the personal hierarchies.

**Session 10**: Follow-up session- At a follow-up session six weeks later, M.M looked confident and talked about his future plan. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.19 and 3.20 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

![Graph showing effectiveness of intervention](image)

**Figure 3.19**: Scores on different problem behaviour in pre-intervention and post-intervention
The figure 3.19 clearly showed that the self punishment behaviour was declined in the participant which was the basic problem of the client and intervention program for this client was also reduced his academic problems.

**Figure 3.20: Scores on different dimensions of adjustment in pre-intervention and post-intervention test**

Due to anger and self punishment behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention home, health and social had showed increment (Figure 3.20).
Cases from Children group

Since in the children group the participants were aged 5 to 10 (Mean Age = 6.9) years for intervention therefore, the strategy for intervention was organized according to their ages and behavioural problems. Therefore, these cases are not presented session wise but in all the ten sessions were the objective goals, and strategies adopted were explained for ten cases separately. The researcher had involved classmates, friends, teachers and sometimes parents during the interaction with children.

Case -11 (C.P., 6 yrs, male, semi-urban class-2\textsuperscript{nd})

Behavioral Problems: C.P. displayed acts of aggression everyday in class. He gets into arguments with other students and often hits and pushes them. C.P. also does not comply with class teacher’s requests to stop behaving inappropriately. Consequently, his behavior is distracting to other students, he is falling behind in class, and his grades are beginning to drop.

Possible Explanations for Difficulty: C.P. may not understand that his behavior is inappropriate, and he may not know how to respond to others in an appropriate manner. He may be modeling behavior that he has previously seen, such as on television and also displayed by his father. During family background and history taking, he uttered about father’s aggressive behavior and also the aggression displayed by his elder brother. He may also be trying to get the attention of his classmates and/or his teacher.
Goals and Objectives: C.P. is expected to comply with teacher requests when he acts out in class. The goal is to reduce his aggressive behaviors, both verbal and physical. Ultimately, he is expected to attend school each day without displaying any act of physical and verbal aggression.

Strategies: To determine how frequently C.P. displayed acts of aggression during class, the following strategies are applied:

1. At the beginning of the day, put several rubber bands on one of your wrists and when you display an act of verbal or physical aggression, remove one rubber band to your other wrist. At the end of the day, 16 rubber bands out of 30 rubber bands was transferred to your wrist, it showed the frequency of problem behavior.

2. After the frequency of C.P.’s behaviors is obtained, the following strategies to reduce his problem behaviors were assigned with the help of his class teacher. His class teacher was told to do- that when C.P. begins acting out, quickly moves other students away from him. Stand in a position that you are facing C.P. at an approximate 45-degree angle. Keep a distance of approximately a leg’s length between you and C.P. Remain calm while speaking to C.P. Do not stand in front of the door unless it is necessary. This may appear threatening to C.P and cool him down.

3. Another strategy adopted with C.P. was that he had given two choices- one, if you keep quite during class room session you will receive extra free and play time and another choice was that if you will
keep talking you will not receive any free and play time. When C.P. refused to comply the request he was asserted by the teacher to comply this with the set amount of time given to him. Additionally, the teacher was also requested by the researcher to indicate the location as necessary of compliance. For instance, teacher said to C.P. “I want you to go back to your seat (the location) immediately (time) and listen to the class discussion.”

4. Role playing along with other classmates and teacher was used as a strategy to make the C.P. visualize his manifestation of aggression and trauma and make him understand how irrational his behavior is.

5. To foster the coping skills relaxation and play therapy strategies were also adopted.

**Follow up session:** C.P. showed compliance with teacher’s requests and his interpersonal behavior with classmates become less and less interfering and aggressive and he found himself more accepted in the class. The problem behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.

The following Figures 3.21 and 3.22 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
The figure 3.21 clearly showed that the anger was declined in the participant which was the basic problem of the client and the speech problem of the client was also reduced.

Figure 3.22: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to anger behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention only home had showed increment (Figure 3.22).

Case -12 (P.T., 9yrs, male, semi-urban class-5th)

Behavioural Problems- P.T. is a fifth grade student who constantly interrupts the teachers. When the students are working independently and the teacher is going around the room working with students, P.T. makes animal noises to get the teacher’s attention and throw paper balls on other students to distract them. P.T. did not do his homework and his relation with other classmates was not good. He is rejected by classmates

Possible Explanations for Difficulty: When the teacher’s attention was withdrawn or focused on other students, for gaining attention P.T. made annoying noises to make class laugh. When the teacher calls him on it, he would say that someone else did it. The result of his behaviours is that teachers scold him, punish him and many a time avoid as they have to concentrate on other students also. His teacher had told the researcher that his parents were also fed up of his behaviour and asked the researcher to intervene.

Goals and Objectives: P.T. is expected to comply with teachers’ requests when he acts out in class. The goal is to reduce his attention seeking behaviors. Ultimately, he is expected to attend school each day without displaying any acts of making noise.
**Strategies**: To determine how frequently P.T. displayed acts of making noise during class, the following strategies are applied:

1. At the beginning of the day, put several rubber bands on one of your wrists and when P.T. displayed an act of animal noise, move one rubber band to your other wrist. At the end of the day, 18 rubber bands out of 30 rubber bands was transferred on other wrist, it showed frequency of misbehavior.

2. After the frequency of P.T.’s behaviors is obtained, the following strategies to reduce his problem behaviors were assigned with the help of his class teacher. His class teacher was told that when P.T. begins acting out, quickly moves other students away from him. Stand in a position that you are facing P.T. at an approximate 45-degree angle. Keep a distance of approximately a leg’s length between you and P.T. Ignore all noises made by him. Remain calm while speaking to P.T. This may appear threatening to P.T and cool him down.

3. Another strategy adopted with P.T. was that he had given two choices- one if you keep quit during class room session you will receive extra free and computer time as you told about your liking work and another choice was that if you will keep making noise you will not receive any free and computer time. When E.P. refused to comply request he was told by teacher that you have to comply this with the set amount of time given to him. Additionally, the teacher was also requested by the researcher to indicate the location as necessary of compliance. For instance, teacher said to P.T. “you need to stop
disrupting the class. So we can get finished and go to the special computer activity we have planned. If you don’t then you can not participate.”

4. Along with other classmates and teacher role playing was used as a strategy to make the P.T. visualize his manifestation of aggression and trauma and make him understand how irrational his behavior is.

5. To foster the coping skills relaxation and play therapy strategies were also adopted.

**Follow up session:** P.T. showed compliance with teacher’s requests and his interpersonal behavior with classmates become less and less interfering and aggressive and he found himself more accepted in the class. The problem behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.

The following Figures 3.23 and 3.24 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
The figure 3.23 clearly showed that the anger behaviour was declined in the participant which was the basic problem and in the figure also showed the effectiveness of intervention program to reduce the conduct disorder, selfpunishment, hyperactivity and academic problems.

Figure 3.23: Scores on different problem behaviour in pre-intervention and post-intervention
Due to anger behaviour the social adjustment of the participant was impaired but after intervention it had showed no effect (Figure 3.24).

Case -13 (J.Y., 7yrs, male, semi-urban class-3rd)

Behavioural Problems: J.Y. was a highly intelligent boy, and he did extremely well in his previous exams. He gets into arguments with her younger sister and often hits and pushes her. Her sister is 3 years younger to him. J.Y. also does not comply with mother’s requests to stop behaving inappropriately. Consequently, his behavior is distracting to other family member.

Possible Explanations for Difficulty: J.Y. may not understand that his behavior is inappropriate, and he may not know how to respond to sister in an appropriate manner. He may be modeling behavior that he has previously seen to his mother behave like this with sister. He may also be trying to get the attention of his parents.

Goals and Objectives: J.Y. is expected to comply with mother requests when he acts out in home. The goal is to reduce his aggressive behaviors with sister.

Strategies:
To maintain a healthy relationship with his sister J.Y. was provided following strategies:

1. The researcher met with J.Y. and his parents to find out the real problem of J.Y. His mother revealed that she never gave full attention to him due to his little sister and he may feel that I am ignoring him.

2. J.Y. agreed to come to researcher without his parents. Play therapy was given to J.Y.to know his behavior. He had very few conversations with the researcher and played increasingly violently with toys. After playing to an extended period of time the researcher tried to talk to him and asked J.Y. to tell about his experiences with his sister. He was not very responsive to these questions and at one point he expressed anger. Next two sessions the researcher continued playing with him and conversing about sister and appropriateness of behavior and sharing.

3. At the next session J.Y. was asked to come with his sister. Sometimes he was asked to help his sister in the play to develop interpersonal relationship skills.

4. J.Y.’s violence was almost absent. The researcher had some discussion with him about his negative feelings towards his sister. Shortly after, J.Y. told his parents to buy him a new game so that he might play with his sister.

5. The researcher had also discussed with his parents about behavior management skills and parenting style.
Follow up session

The researcher discussed J.Y. and he accepted the need to terminate the sessions. At the last session, he made positive comments on his sister; his parents had taken him to watch a movie alongwith his sister and bought a toy to enjoy with his sister. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.25 and 3.26 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Figure 3.25: Scores on different problem behaviour in pre-intervention and post-intervention

The figure 3.25 clearly revealed that the siblingrivalry behaviour was declined in the client which was the basic problem and the figure also showed hyperactivity and siblingrivalry was reduced after intervention.

Figure 3.26: Scores on different dimensions of adjustment in pre-intervention and post-intervention test

Due to siblingrivalry behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention health and emotional had showed increment (Figure 3.26).
Case -14 (K.M, 9yrs, female, semi-urban class-4th)

**Behavioural Problems-** K.M is a fourth grade student. She is average in academic achievement. When she is talking with friends looking normal but in front of the teacher she started stuttering.

**Possible Explanations for Difficulty:** K.M. has fear to present herself before teacher and classmates. She may have any panic experience with teacher. She may also be trying to get the attention of her teacher.

**Goals and Objectives:** K.M. is expected to comply with teacher requests when she acts out in class room. The goal is to reduce her speech problem with teacher.

**Strategies:**

To determine how frequently K.M. displayed acts of spelling mistake during class, the following strategies are applied:

1. At the beginning of the day, put several rubber bands on one of your wrists. When K.M. displayed an act of verbal problem with mistake of any spelling, move one rubber band to your other wrist. At the end of the day, count how many rubber bands you have transferred to your other wrist.
2. After the frequency of K.M.’s behaviors is obtained, the following strategies to reduce her problem behaviors were assigned with the help of her class teacher. Her class teacher was told to do- that when K.M. begins reading her favorite story books, quickly ringing a bell with the tone of beep for using the wrong pronounce. Remain calm while speaking to K.M for reading again. Give a home assignment for tough pronounce and spelling.

3. Another strategy adopted with K.M. was that she had given two choices one if you read a phrase without any mistake daily during class room session you will receive extra free and play time and another choice was that if you will not to do so you will not receive any free and play time.

4. Planned a speech programme weekly on the cultural activity of school to reduce the speech problem of K.M.

5. Talk-orientation activity such as debate was also organized for K.M.

**Follow up session**

The researcher discussed K.M. and she accepted the need to terminate the sessions. At the last session, she made positive comments about some school experiences she had enjoyed. The problem behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.
The following Figures 3.27 and 3.28 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

**Figure 3.27: Scores on different problem behaviour in pre-intervention and post-intervention**

The figure 3.27 clearly showed that the speech problem was declined in the client which was the basic problem and the figure also showed that after intervention client’s academic problems was also reduced.
Figure 3.28: Scores on different dimensions of adjustment in pre-intervention and post-intervention test

Due to speech problem behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention it had showed increment (Figure 3.28).

Case -15 (L.M., 6yrs, male, semi-urban class-2\textsuperscript{nd})

**Behavioural Problems:** L.M. is an unhappy boy of seven who has many fears. He gets angry quickly, and either picks fights with other children or wanders off alone. Although he is a bright child he does not read well, and makes so many careless mistakes in his schoolwork that he gets low grades.

**Possible Explanations for Difficulty:** L.M. may not understand that his behavior is inappropriate, and he may not know how to respond to others in an appropriate manner. He may be feeling insecure. He may also be trying to get the attention of his parents and/or his teacher. He is a bright student so he may be easily feeling boredom with the teacher’s teaching strategy.

**Goals and Objectives:** L.M. is expected to comply with teacher requests when he acts out in class. The goal is to reduce his aggressive behaviors, both verbal and physical. Ultimately, he is expected to attend school each day without displaying any acts of physical and verbal aggression.

**Strategies:**
To determine how frequently L.M. displayed acts of aggression during class, the following strategies are applied:

1. At the beginning of the day, put several rubber bands on one of your wrists. When L.M. displayed an act of verbal or physical aggression, move one rubber band to your other wrist. At the end of the day, 11 rubber bands were transferred to other wrist.

2. After the frequency of L.M.’s behaviors is obtained, the following strategies to reduce his problem behaviors were assigned with the help of his class teacher. His class teacher was told to do- that when L.M. begins acting out, quickly move other students away from him. Stand in a position that you are facing L.M. at an approximate 45-degree angle. Engage to L.M. in a creative work as solve a puzzle game. Keep a distance of approximately a leg’s length between you and L.M. Remain calm while speaking to L.M. Do not stand in front of the door unless it is necessary. This may appear threatening to L.M and cool him down.

3. Another strategy adopted with L.M. was that he had given two choices one if you keep quit during classroom session you will receive extra puzzle game and play time and another choice was that if you will keep talking you will not receive any free and play time. When L.M. refused to comply request he was told by teacher that you have to comply this with the set amount of time given to him.

4. At the same time that these school events were occurring. L.M. had several individual sessions with the researcher in which he worked
on coping skills to deal with anxiety-provoking situations, such as being insecure at school. He was taught the difference between anxiety-arousing thoughts and the kinds of self-talk he could use to reduce anxiety.

5. The researcher provide some teaching techniques to teachers for making more creative and interesting their teaching style.

**Follow up session**

Within one month L.M.’s behaviors was determined. L.M. showed compliance with teacher’s requests and his interpersonal behavior with classmates become less and less interfering and aggressive. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.29 and 3.30 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Figure 3.29: Scores of different problem behaviour in pre-intervention and post-intervention test

The figure 3.29 clearly showed that the conduct problems associated with aggression was declined in the client which was the basic problem and the figure also showed that after intervention client’s academic problems was also reduced.
Due to conduct problems the home, health, social and emotional adjustment of the participant was impaired but after intervention home, social and emotional had showed increment (Figure 3.30).

Case -16 (R.D, 8yrs, male, semi-urban class-5th)

Behavioral Problems: R.D was a ten-year-old who had been out of school almost continuously for five months. In the previous class he had got first position. He did exceedingly well in his half yearly examination of 5th class. Then, just after the beginning of the annual exam, he contracted severe fever. He was worried that he would lose ground academically. He tried to go back to school, but he worried about what to say to the other boys and how to explain his long absence.
**Possible Explanations for Difficulty:** R.D. may not understand that his behavior is inappropriate, and he may not know how to respond with situation in an appropriate manner. He may be fear and anxiety to be failure. As during family background and history talking he uttered about father’s pressure for academic achievement. He may also be trying to get the attention of his classmates and/or his teacher.

**Goals and Objectives:** R.D. is expected to comply with teacher requests when he acts out in class. The goal is to reduce his anxiety behaviors, both verbal and physical. Ultimately, he is expected to attend school each day.

**Strategies:**

To determine the problems of R.D., the following strategies are applied:

1. The first day of the intervention plan his father brought him to school and although he was crying and protesting.

2. During classroom there was a lot of interesting and creative game or work to do help with other children. It was helpful R.D.’s interpersonal relationship skill and also social network.

3. At the same time that these school events were occurring. R.D. had several individual sessions with the researcher in which he worked on coping skills to deal with anxiety-provoking situations, such as being teased by children at school. He was taught the difference between anxiety-arousing thoughts and the kinds of self-talk she could use to reduce anxiety.
4. His parents also discussed with the researcher about behavior management skills.

**Follow up session**

After about 2 months R.D. was going to school regularly without any tension, although during that period there were many ups and downs in his behavior. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

**Figure 3.31: Scores on different problem behaviour in pre-intervention and post-intervention**
The following Figures 3.31 and 3.32 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

The figure 3.31 clearly showed that the anxiety with academic problems was declined in the client which was the basic problem and the figure also showed that after intervention client’s introvert behaviour and fear was also reduced.

![Figure 3.32: Scores on different dimensions of adjustment in pre-intervention and post-intervention test](image)

Due to anxiety and academic problems the home, health, social and emotional adjustment of the participant was impaired but after intervention social and emotional had showed increment (Figure 3.32).
Case -17 (K.T, 6yrs, male, semi-urban class-2nd)

**Behavioural Problems-** K.T a bright appealing 6 yrs old boy was refusing to go to school, seemed frightened much of the time, and demanded that his mother sit in the classroom with him. At home, he was very jealous and aggressive toward his younger sister.

**Possible Explanations for Difficulty:** He had occasional contact with a few children outside of school but no real friends. K.T was frightened in any new situation, for example, going on the bus to a place he had not visited before. He complained frequently that no one liked him.

**Goals and Objectives:** K.T. is expected to comply with researcher. The goal is to reduce his behavioural problems and obvious unhappiness. Ultimately, he is expected to attend school each day without displaying any acts aggression.

**Strategies:**

To reach the desired behavior of K.T., the following strategies are applied:

1. The researcher met with K.T. and his parents to find out what was K.T.’s problem. K.T. didn’t say much. K.T. seemed quite fearful.

2. K.T. agreed to come to researcher without his parents. Play therapy was given to K.T.to know his behavior. He said little to the researcher and played increasingly violently with toys. Most of the days consisted of K.T.’s violent play. Few of the rare quiet periods the
researcher asked K.T. about his experience with his sister. He was not very responsive to these questions although at one point he expressed anger at his father.

3. As the time proceeded K.T. broke more toys. The researcher didn’t criticize K.T. for breaking the toys. The researcher would add a few new ones. As time went on, there were some positive developments K.T. became less violent in his play. He talked more and began bringing toys from home to show the researcher.

4. K.T.’s violence was almost absent. The researcher had some discussion with him about his negative feelings toward his sister. Shortly after, K.T. told his parents that he would like to go to school regularly so that he might play with other children.

Follow up Session

The researcher discussed K.T. and he accepted the need to terminate the sessions. At the last session, he made positive comments about some school experiences he had enjoyed; his parents had taken him to a movie, and a toy he had taught his sister to play with. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.33 and 3.34 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Figure 3.33: Scores on different problem behaviour in pre-intervention and post-intervention

The figure 3.33 clearly showed that the sibling-rivalry and academic problem was declined in the client which was the basic problem.

Figure 3.34: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to sibling rivalry and academic problems the home, health, social and emotional adjustment of the participant was impaired but after intervention home, health and emotional had showed increment (Figure 3.34).

Case -18 (H.M, 8yrs, female, semi-urban class-4th)

Behavioral Problems: H.M. was an 8-year-old girl who had refused to go to school unless her mother accompanied her and stayed throughout the day.

Possible Explanations for Difficulty: H.M. may not understand that her behavior is inappropriate. She may be in fear with stressful school setting. She may also be trying to get the attention of her parents and/or her teacher. Another possibility is that something else is going on in her environment that is influencing her behavior.

Goals and Objectives: Her parents and researcher had come up with a plan, and the researcher had also asked for cooperation from the teacher and other school staff. The goal is to reduce her school related anxiety and insecurity. Ultimately, she is expected to attend school each day.

Strategies:

To determine the problems of H.M., the following strategies are applied:

1. The first day of the intervention plan her parents firmly told her that she was going to school and that her father would take her so
that her mother go to her friend’s home to learn new dish. Her father brought her to school and although she was crying and protesting.

2. H.M. began telling the teacher she wanted to go home. The teacher asked her to return to her desk. This happened several times until her teacher who had been informed about the intervention, took her to the school clerk who had also been instructed how to deal with H.M.

3. After several hours, lying on a cot in the clerk’s office began to seem boring and H.M. asked to go back to the classroom.

4. After a short time she again told the teacher she wanted to go home, but the teacher reminded her that her father would soon be arriving. In the meantime the teacher suggested that she help her by erasing the board, a job that many children enjoyed. When it was time for her father to arrive, her teacher took H.M. down to meet him and gave him a brief summary emphasizing how helpful H.M. had been and how she was sure she would continue to do well.

5. As soon as H.M. got her father she began to scream and cry and continued this at dinner. She shouted that she would never go to school again. The next morning she refused to go to school but her father took her to school as before, and after he left, the initial events of the day before repeated. However, H.M. spent a much briefer time in the clerk’s office she asked to go back to class.
The teacher again tried to provide her with some enjoyable tasks in the classroom.

6. At the same time that these school events were occurring, H.M. had several individual sessions with the researcher in which she worked on coping skills to deal with anxiety-provoking situations, such as being separated from her mother or being teased by children at school. She was taught the difference between anxiety-arousing thoughts and the kinds of self-talk she could use to reduce anxiety.

7. The researcher also discussed with her parents about parenting style and behavior management skills.

**Follow up Session**

After about 2 months H.M. was going to school regularly without her mother, although during that period there were many ups and downs in her behavior. The problem behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.

The following Figures 3.35 and 3.36 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Figure 3.35: Scores on different problem behaviour in pre-intervention and post-intervention

The figure 3.35 clearly showed that the fear was declined in the client which was the basic problem. The figure also showed that conduct disorder, hyperactivity and speech problem was declined.

Figure 3.36: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
Due to fear behaviour the home, health, social and emotional adjustment of the participant was impaired but after intervention home and health had showed increment (Figure 3.36).

Case -19 (J.P., 5yrs, male, semi-urban class-2nd)

Behavioural Problems: J.P. is a 7-year-old boy who refused to talk in school. J.P. lived with his mother, little brother, grand mother, along with one aunt and her two children. J.P.’s mother had to work, and went on to describe a large, close-knit family network.

Possible Explanations for Difficulty: J.P. may not understand that his behavior is inappropriate, and he may not know how to respond to response in school in an appropriate manner. He may also be trying to get the attention of his mother and/or his teacher. He may be feeling insecure with school environment.

Goals and Objectives: The goal is to reduce his stressful behaviors, both verbal and physical. Ultimately, he is expected to attend school each day without displaying any acts of physical and verbal aggression.

Strategies:

To find out the eject problems of J.P. during class, the following strategies are applied:

1. The researcher held all the sessions at J.P.’s house. At the first session, his grandmother needed to be filled in on what the
problem was – that J.P. did not talk in school and that the teacher were concerned that he could not make progress. She argued that none of the family were good in school but that J.P. was clever, a leader in the neighborhood, and good with the computer they had bought for him.

2. In the individual session, J.P. showed the researcher a clubhouse he and his friends had built. He spoke very frequently.

3. In this session the all family presented the following reason for J.P.’s silence: first, they thought J.P.’s silence in school was an act of protest for being bused out of his neighborhood for integration purpose, and second, they had extracted a promise from J.P. that if he were allowed to return to his neighborhood school, he would talk.

**Follow up Session**

The follow-up in one month found that J.P.’s mother and grandmother had met with the school officials armed with a letter of support from the researcher and that J.P. had been transferred to a school in his neighborhood and was talking. The problem behaviour checklist and adjustment inventory was administered again along with the feedback from the participant.

The following Figures 3.37 and 3.38 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.
Although the client has no specific problem, but after intervention session the client’s anger, sibling rivalry and speech problem was declined. (Figure 3.37)

Figure 3.38: Scores on different dimensions of adjustment in pre-intervention and post-intervention test
The pre test of the client showed the home, health and social adjustment of the participant was impaired but after intervention it had showed increment (Figure 3.38).

**Case -20 (S.P., 5yrs, male, semi-urban class-1st)**

**Behavioural Problems:** S.P. displays acts of aggression everyday in class. The basic behavioural problem was hyperactivity. He had little control his behaviour. As his teacher revealed that he was difficult to deal with in the classroom because he didn’t sit still, made a lot of noise, and seemed to enjoy teasing and hurting other children.

**Possible Explanations for Difficulty:** S.P. may not understand that his behavior is inappropriate, and he may not know how to respond to others in an appropriate manner.

**Goals and Objectives:** S.P is expected to comply with teacher requests when he acts out in class. The goal is to reduce his aggressive behaviors, both verbal and physical. Ultimately, he is expected to attend school each day without displaying any acts of physical and verbal aggression.

**Strategies:**

To determine how frequently S.P. displayed acts of aggression during class, the following strategies are applied:

1. At the beginning of the day, put several rubber bands on one of your wrists. When S.P. displayed an act of verbal or physical aggression,
move one rubber band to your other wrist. At the end of the day, 21 rubber bands out of 30 rubber bands were transferred to other wrist. It meant S.P. had highly intensity of problems.

2. After the frequency of S.P.’s behaviors is obtained, the following strategies to reduce his problem behaviors were assigned with the help of his class teacher. His class teacher was told to do– that when S.P. begins acting out, quickly move other students away from him. Stand in a position that you are facing S.P. at an approximate 45-degree angle. Keep a distance of approximately a leg’s length between you and S.P. Remain calm while speaking to S.P. Do not stand in front of the door unless it is necessary. This may appear threatening to S.P and cool him down.

3. Another strategy adopted with S.P. Was that he had given two choices one if you keep quiet during classroom session you will receive extra free and play time and another choice was that if you will keep talking you will not receive any free and play time.

4. In this session S.P. was encouraged to practise on slow deep breathing, progressive muscle relaxation.

5. In other context S.P. was encouraged to engage in personality chosen practices having arousal reduction aims, such as playing and helping other student in their problems.

6. S.P. was encouraged for dealing with anger- evoking interpersonal situation.
Follow up Session

This plan is to be evaluated based on how often S.P. continues to displayed hyperactivity. At the beginning of the plan, the frequency of S.P.’s behaviors was determined. But S.P. showed improvement after three weeks and had reduced his problem behaviors in the last session of intervention. The problem behaviour checklist and adjustment inventory was administered again alongwith the feedback from the participant.

The following Figures 3.39 and 3.40 are showing the effectiveness of intervention for reducing problem behaviours and increasing adjustment respectively.

![Figure 3.39: Scores on different problem behaviour in pre-intervention and post-intervention](image.png)
The figure 3.39 clearly showed that the hyperactivity and conduct disorder was declined in the client which was the basic problem. The figure also showed that anxiety, anger, hyperactivity and speech problem was declined.

![Figure 3.40: Scores on different dimensions of adjustment in pre-intervention and post-intervention test](image)

Due to hyperactivity behaviour the health, social and emotional adjustment of the participant was impaired but after intervention health and social had showed increment (Figure 3.40).
Section 4

Post Intervention

In this section the findings of effectiveness of intervention are presented. To examine this, the scores of post intervention test on behavioral problems and an adjustment scale of intervention group was compared with their pre-intervention scores.

Table 4.1: Means, S.D.s and Paired Sample t-test for problem behaviour in Intervention Group

<table>
<thead>
<tr>
<th>Behavioral Problems</th>
<th>Pre Intervention Test (N=20)</th>
<th>Post Intervention Test (N=20)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td>239.80</td>
<td>19.38</td>
<td>185.15</td>
</tr>
</tbody>
</table>

Note- P<.01**     P<.05*

Table 4.1 presented the findings the t-test computed to find out the differences in pre intervention scores and post intervention scores for behavioural problems in the intervention group. The t-test (t=8.24**, P<.01) was found significant. The mean score for post intervention was reduced for behavioural problems which indicated that after intervention overall behavioural problems of intervention group were reduced in comparison to their base line assessment.
Table 4.2: Means, S.D.s and Paired Sample t-test for Adjustment in Intervention Group

<table>
<thead>
<tr>
<th>Adjustment</th>
<th>Pre Intervention Test (N=20)</th>
<th>Post Intervention Test (N=20)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td>26.95</td>
<td>20.88</td>
<td>18.20</td>
</tr>
</tbody>
</table>

Note- P<.01**  P<.05*

Table 4.2 showed the t-test to find out the differences in pre intervention scores and post intervention scores for adjustment. The t-test (t=3.72**, P<.01) was found significant. The mean score for post intervention was increased for adjustment which indicated that after intervention adjustment of intervention group were increased in comparison to their base line assessment.

Means, S.D.s and One way ANOVA for Problem Behavior and Adjustment

To find out the effectiveness of the intervention the one way ANOVA was computed with problem behavior and adjustment as dependent variable between intervention group and non intervention group. The non intervention group consists of the participant (N=20) who had high behavioral problems but had not given their consent to participate in intervention program. However, their previous scores were
used for the comparison with intervention group. The table 4.3 & 4.4 presented the descriptive and one way ANOVA results.

Table 4.3: Means, S.D.s and One way ANOVA for Problem Behavior

<table>
<thead>
<tr>
<th>Behavioral Problems</th>
<th>Intervention Group (N=20)</th>
<th>Non intervention Group (N=20)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S.D</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>175.70</td>
<td>2.95</td>
<td>217.30</td>
</tr>
</tbody>
</table>

Note- P<.01**  P<.05*

Table: 4.3 showed the mean values and S.D. of Behavioural Problems of participant in two groups i.e. intervention group and non-intervention group. Table 4.3 also reported the summary of the one way ANOVA. The results revealed that the F-ratio was found significant for behavioural Problems in intervention and non-intervention groups. The participants of non-intervention group (M=217.30) have significantly high behavioural problems than participants with intervention (M=175.70). It seemed that after intervention behavioural problem were declined in the comparison of non-intervention group. The post intervention interview with client also reported improvement in their particular behavioural problems and for the problem for which the intervention designed in particular.
Table 4.4: Means, S.D.s and One way ANOVA for Adjustment

<table>
<thead>
<tr>
<th>Adjustment</th>
<th>Intervention Group (N=20)</th>
<th>Non intervention Group (N=20)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S.D</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>22.30</td>
<td>2.31</td>
<td>11.15</td>
</tr>
</tbody>
</table>

Note- P<.01**  P<.05*

Table 4.4 presented the mean and S.D. of participants of intervention and non-intervention group for adjustment. Table 4.4 also stated that F ratio for the main effect of adjustment was found significant. The participants of intervention group had positively assessed the adjustment (M=22.30) as compare to non-intervention group (M=11.15).

*******