

Assisting Students with Conduct Disorders in Gweru Urban Primary Schools: Issues and Challenges

E. Gudyanga*, W.S. Nyamande* and N. Wadesango**

*Midlands State University, Zimbabwe

**Walter Sisulu University, East London Campus, RSA

KEYWORDS Counseling. Conduct Disorders. Primary Schools. Technical Support

ABSTRACT The study intended to establish the role played by the Schools' Psychological Services (SPS) in counseling children with conduct disorders (CDs) in Gweru Urban Primary Schools. The descriptive design was employed in this study. The sample was drawn from five primary schools in the district. Random sampling was used to select one school from each of the five cluster/ zones in Gweru Urban District. The questionnaire and interview schedule were used to elicit data from the respondents. Descriptive statistics were used to analyse the data collected. The main findings revealed that the role of Education Psychologists (E.P) and Education Officers (E.O) guidance and counseling in counseling children with (CDs) in primary schools is not clearly defined. Heads and teachers are not aware of the role played by these SPS personnel in counseling children. The SPS personnel are recommended to staff develop heads and teachers on the role of SPS in counseling children in primary schools. The SPS should systematically provide technical support to heads and teachers in counseling children with CDs. The SPS should systematically provide technical support to heads and teachers in counseling children with conduct disorders in primary schools.

INTRODUCTION

One of the greatest underserved populations in the schools today is that of students who have severe emotional and social problems (Frick and Lonely 1999). These children are common and many of us have come into contact with them or observed them. In fact just about every parent or teacher has at some time or another been frustrated and annoyed by the behavior of his/her student or child. Some cases are normally controllable but when the behaviors become chronic, excessive and far beyond the normal expected at a certain age, they are referred to as behavior disorders (Pfiffner et al. 2005). These children are included in the mainstream schools and in most cases the teachers in these schools are not alerted of the disorders when the children are admitted into their classes. This is partly because parents may not be aware that their child has a serious problem or they may fear their child may be refused admission into the school. Administrators responsible for admitting children into the schools cannot tell on admission that a child has a serious problem, unless they are informed by the parents or guardians. So the child with behavior disorders will be placed in the regular classroom alongside other children.

The lack of a precise and universally accepted definition of what behavior disorder is has cre-

ated problems in identifying characteristics, etiology as well as devising treatment. Many factors contribute to the difficulty in defining the condition among which are:

- Lack of a single symptom common to all
- There is no precisely defined normal behavior
- The variability expectation differs (Pfiffner et al. 2005)

In spite of this, Kauffman (1997) observed that there are many definitions currently available which indicate that the behavior deviates in an extreme way from the norm, recurs chronically, violates social or cultural expectation and requires intervention. There are six behavioral dimensions which include conduct, anxiety- withdrawal, socialized aggression, immaturity/attention problems, motor excess and psychotic behavior. Behavior disorders are easier to identify than to define or classify.

Children with CDs portray an obvious attention- seeking disruptive behavior. Classroom screening, testing, educational and psychological assessments help to confirm the condition. CDs in children present significant challenges in its effects on families, teachers and caregivers and in its treatment. Classroom teachers and other school personnel find difficulties in involving the children effectively in the learning process and facilitating their social and emotional development. According to Pfiffner et al. (2005), excessively aggressive and defiant behaviorally dis-

Address for correspondence:

Dr. N. Wadesango

E-mail: Wadesango-nwadesango@wsu.ac.za

ordered children have interpersonal problems with teachers, peers, parents and significant others. Children with CDs are usually less responsive to social reinforcement, less empathetic and less understanding of peers' behaviors and intentions. These anti-social behaviors lead to poor adjustment, risk of school failure and membership in defiant peer groups, school dropout, and eventual delinquency.

There are cases of youths who maimed others. An article in the chronicle of January 6, 2007, where Gweru youths appeared in court for murdering another youth on Christmas Eve indicates the gravity of the problem. Several youths are found on the streets in most cities in Zimbabwe and this is attributed to a variety of factors which include delinquency. Some youths leave home for streets because they cannot comply with the rules at home, school or community. There are also cases of youths who cannot comply with the rules or may have committed serious offences and want to evade trial. The family, school and community are finding it difficult to cope with the psychological demands of those children's criminal tendencies. This indicates that there are children with serious behavioral problems of conduct nature that need to be corrected at primary school level before they engage in criminal offences in the adolescence stage. Thus, counseling can be considered at this early stage where the behaviors usually surface.

The Department of Social Welfare is mainly concerned with counseling of children with conduct disorders and other behavioral problems in probation homes. However, as these children exist in primary schools where there is minimal influence of social welfare personnel, counseling is the responsibility of the SPS.

Conduct Disorders (CDs)

According to Henggeler et al. (1998), conduct disorders are defined as repetitive and persistent patterns of antisocial, aggressive, or defiant conduct. Such behaviors, when at most extreme for the individual, should amount to major violations of age-appropriate social expectations and is therefore more severe than ordinary child's mischief or adolescent rebelliousness. Conduct disorders are characterized as persistent pattern of conduct in which the basic rights of others and major-appropriate social norms or rules are violated. The behavior pattern typically is present in the home, at school, with peers, and

in the community (Herbert 1998). Pfiffner et al. (2005) defines conduct disorders as a persistent pattern of conduct in which basic rights of others and major societal norms and rules are violated. Special characteristics of conduct disorders include fighting, defiance, temper tantrums, destructiveness, negativeness, stealing, lying and ignoring rules. A diagnosis of CDs is met when three of fifteen anti-social disturbances are observed over a period of twelve months.

The disorder is manifested by recurrent anti-social behavior for example lying, fire setting, truancy, physical aggression or running away that causes distress to caregivers, parents and teachers and significantly impairs the individual's family, peer, school and community adjustment. In school settings, children with CDs tend to be of lower academic achievement and show poor levels of pre social behavior (Frick and Lonely 1999). Siblings or children with CDs have significantly elevated levels of behavioral problems as compared to children in general. The antisocial behaviors in children with conduct disorders may involve overt behavior disorders for example aggression and hostile acts against people or animals or covert behavioral disorders for example non-confrontational, + theft, truancy, lying, running away or a combination of overt and behavioural disorders. Thus, the presenting characteristics vary widely across individuals in the particular combination, severity, chronicity on frequency so much that it may be more appropriate to refer to conduct disorders rather than conduct disorder (Kendell et al. 1998). Prevalence rates of CDs are 6% to 16% in boys and 2% to 9% in girls. CDs afflict 75% of children referred for clinical intervention and have a 40% risk of development into serious psychological disturbances in adulthood (Mpofu 2000).

Conduct disorders may co-occur with a member of other childhood disorders such as Attention Deficit Hyperactive disorder, Oppositional Defiant Behavior, Anxiety Disorder, Depression and Learning Disabilities (Kazdin 1990). CDs may also co-occur with psychiatric illness such as bipolar personality disorder, depression or psychosis. CDs in children impose both objective and subjective burdens on families, caregivers, teachers, and the society.

Objective Burdens

Objective burdens include higher expenditures on health mental services and higher pro-

bability of adults with a history of CDs to be involved in criminal activities like murder, rape, arson and substance abuse (Kazdin 1990). Families and other caregivers may be thrown into financial and time expenses in attempting to make accommodations for a child with CDs. For instance a child with CDs may be expelled from school which would entail committing time to meetings with school personnel about the antisocial behaviors, finding an alternative school and making up for lost time. Teachers and peers of the child with CDs may experience significant disruptions of their school activities. Instructions by teachers may be ignored, the teachers and classmates may be attacked, and school property destroyed.

Subjective Burdens

Subjective burdens are the emotional toll families, teachers, peers, caregivers and the society experience due to the antisocial acts perpetuated by a child with a conduct disorder. For instance parents and families may be put in an adversarial position with social agencies such as schools, social welfare, and mental health in that they may be suspected of contributing to the conduct disorders, or get stigmatized. Families may also experience feelings of grief and loss at the antisocial behavior of a family member, which may be at variance with prior hopes and expectations for success in him or her. CDs in a family member confront the family with the possibility they may lose the individual to the prison system and or that his or her antisocial behaviors would be a perpetual drain on their emotions and quality of life (Mpofu 2000). Siblings or children with CDs have higher levels of behavioral maladjustments compared to the average child (Breyston and Eyberg 1994), which in fact could be reflective of the emotional toll of the criminal actions committed by children with CDs on their families, the school or the community. Therefore an understanding by school psychologist of the development and substance of CDs in children is important to helping families, caregivers, teachers and communities in the prevention, identification and treatment of CDs.

Causes of CDs

The majority of current neuropsychological studies on CDs in children and adolescents tend

to examine gross neurological abnormalities as basis for inferring of such studies are difficult to interpret for a number of reasons. Firstly, limitations on knowledge of the specific neurological factors involved in CDs leave room for numerous, viable alternative physiological or environmental explanations, for instance children in abusive families may suffer more injuries because they are victims of family violence and physiological after effects of injury may show as impaired performance on neurological measures. According to Schoenwald and Henggler (1999), chaotic family situations may synergize behavioral problems in an already biologically vulnerable child. Some parents or guardians could significantly contribute to a child's CDs for example, due to some ongoing marital problem or poor parenting skills. Children who evidence problems with impulsivity and intentional disturbances coupled with emotional liability also are prone to be abused by adult caregivers. Outcomes of such coercive interactions could show as neurological alternatives. Prenatal brain injury is significantly correlated with impulsivity and aggression later in life. In addition, children in violence-prone neighborhoods may develop CDs as coping mechanism.

Abnormalities in neuropsychological functioning may therefore be a consequence of previous exposure to violence rather than the cause of CDs in individual children and abusive family background showed significant reductions in behavioral excesses under placed treatment. Thus, an understanding of how cognitive processes are impaired by neurological deficits may be useful for this design of clinical intervention with children and adolescent with CDs. Herbert (1998:291) lists possible reasons for children's failure to substitute more adaptive, more mature behaviors' for their infantile and primitive coercive repertoire. The parents may neglect to condition pro-social skills for example seldom reinforcing the use of language or other self-help skills, they may provide rich schedules of positive reinforcement for coercive behaviors, they may allow siblings to increase the frequency of aversive stimuli, which are terminated when the target child uses coercive behaviors, they may use punishment inconsistently for coercive behaviors', they may use weak-conditioned punishers as consequences for coercion.

Aggressive behavior in children can be related to broader or long-term attitudes and child rear-

ing practices. Lax discipline, hostile attitudes in parents produce very aggressive and poorly controlled behavior in the off-spring. Parents with hostile attitudes are mainly unaccepting and disapproving of children, they fail to give affection, understanding or explanations to children and tend to use a lot of physical punishment, but not give reasons when they do exert their authority that is something applied erratically and arbitrarily.

General Characteristics of Children with CDs

Children with CDs are characterized by a range of social – cognitive distortions and ineffectual problem solving skills.

Adolescents with CDs tend to:

- Have difficulty anticipating consequences of their behavior
- Recall high rates of hostile cues present in social stimuli
- Attend to fear cues when interpreting the meaning of other's behavior in ambiguous situations to their hostile intentions
- Under- perceive their own level of aggressiveness.
- Under-perceive their responsibility for early stages of dyadic conflict.
- Generate few verbal and aggression solutions to social problems.
- Generate impulsively more action oriented and aggression solutions without thinking of non-aggressive solutions (Herbert 1998: 294)

METHODOLOGY

The survey method was used to establish the role played by the SPS in counseling children with CDs. A survey is an attempt to estimate opinions, characteristics or behaviours of a particular population by investigating a representative sample of that population (Wotman and Loftus 1988). A survey research allows the collection of a detailed description of existing phenomena (Leedy 1999). The population in this study included all primary schools in Gweru Urban and the SPS. All primary schools in Gweru Urban District were stratified according to clusters or zones A, B, C, D and E and one school was randomly selected from each of the five zones. Simple random sampling ensured that all schools

in the defined population had an equal and independent chance of being selected. All heads from the five schools were purposely included in the sample. Two guidance and counseling teachers from each of the five selected schools, the E.O guidance and counseling and Principal Educational Psychologist were also purposely included in the sample. Two pupils who had been counseled for conduct disorders were also purposely selected from each of the five selected schools. Two other teachers from each of the five selected schools were randomly selected. Thus the sample comprised five heads, ten guidance and counseling teachers, one Education Officer Guidance and Counseling, one Principal Educational Psychologist, ten pupils and ten other teachers N=37. Questionnaire and interview schedules were used to collect data.

RESULTS

Range of Behavioral Characteristics of Children with CDs

Most teachers of guidance and counseling indicated that they were aware of the most common behavioral characteristics of children with CDs. About 90% indicated that fighting was a common behavior among children with CDs, 16(80%) indicated defiance and temper tantrums respectively. Destruction was shown by 10 (50%) and 14 (70%) indicated negativism and stealing respectively. Lying was shown by 16 (80%) and ignoring rules by 14(70%). Only 2 (10%) indicated fire setting and 18(90%) showed that truancy and aggression were common among the children. Running away was suggested by 12(60%) of the teachers.

Types of Counseling Programmes in Schools

It emerged that most schools practice individual counseling were indicated by 6 (30%) respectively. None suggested any other counseling programmers in primary schools.

The responses in Table 1 indicate that guidance and counseling in schools is done by teachers as 18(90%) teachers responded positively and 2(10%) responded negatively. Most schools do not have rooms for guidance and counseling as reflected by 18 (90%) negative responses and 2 (10) positive responses. Again 18 (90%) negative responses and 2(10%) positive responses

indicate that most schools do not have timetables for guidance and counseling. Counseling is conducted on the need arise basis. There is no gender-balance in the counseling core teams as shown by 16 (80%) negative responses and 4 (20%) positive responses. There were mixed views on the availability of guidance and counseling policy in schools as 8(40%) acknowledged its availability. 10 (50%) responded negatively while one not sure about the situation. All 20 (100%) respondents indicated that guidance and counseling in primary schools was not coordinated by the E.O guidance and counseling. Also the majority 18(90%) teachers indicated they did not receive any technical support from Educational Psychologists except 2 (10%) who responded positively. Only 4 (20%) teachers indicated they had recent cases of severe CDs while 16(80%) responded otherwise.

Educational psychologists do not visit schools for guidance and counseling issues as reflected by the responses of the teachers as 4 (20%) disagreed and 10 (50%) strongly disagreed and 6 (30%) were not sure. Responses on the assistance of children with CDs by Educational Psychologists were also negatively skewed as only 2 (10%) agreed, 4 (20%) unsure while 10 (50%) disagreed and 4(20%) strongly disagreed. There were mixed feelings on whether. E.O guidance and counseling assisted children with CDs as 2(10%) strongly agreed and 2 (10%) also agreed. There were 4 (20%) unsure, 4 (20%) disagreed and 8 (40%) strongly disagreed. Muscle as indicated is providing most of the technical support as 10 (50%) strongly agreed, 2 (10%) agreed and 2 (10%) were unsure while 6 (30%) disagreed. None strongly disagreed. It is a good practice to educate children with conduct disorders in regular schools as indicated by responses, 12(60%) strongly agreed and 8(40%) agreed. Most respon-

dents also accepted the notion that inclusive settings are better than probation schools, 10 (50%) strongly agreed and 8 (40%) agreed and only 2 (10%) disagreed. There were mixed feelings on whether or not children with conduct disorders are ridiculed in regular schools as 4 (20%) strongly agreed, 8 (40%) agreed, 4 (20%) were unsure, while 2(10%) disagreed and 2(10%) strongly disagreed. Of all the respondents 10(50%) strongly agreed and 6 (30%) agreed that inclusion of children with CDs ensures equity for all in education. Only 4 (20%) disagreed to the notion.

Analysis of Interview Data

Interview Responses from Heads of Schools

What are the General Functions of the Schools Psychological Services (SPS)?

Most heads indicated that the functions of the SPS are assessment of children for placement into the specials class. This confirms the results as indicated by teachers of guidance and counseling and other teachers in the schools.

What are the Guiding Principle in Guidance and Counseling of Children in Primary Schools?

Most school heads revealed that they had not come across any policy document on guidance and counseling except one who indicated the existence of the document in the school, the head however, admitted he was not familiar with the contents of the policy document and that it had not been made available to teachers including those doing guidance and counseling, this also confirmed the responses by most teachers that they were not aware of the existence of the policy document.

What are the Behavioral Characteristics of Children with Conduct Disorders (CDs)?

Table 1: Management of counseling services in schools N=20

Items	Responses					
	Yes		No		Total	
	N	%	N	%	N	%
Counseling is done by Guidance and Counseling (G.C) teachers	18	90	2	10	20	100
There is Guidance and Counseling room in the school	2	10	18	90	20	100
There is a timetable for Guidance and Counseling	2	10	18	90	20	100
There is gender balanced G.C core team	4	20	16	80	20	100
The policy on Guidance and Counseling is available in schools	8	40	12	60	20	100
EO guidance and counseling coordinates counseling in schools			10	100	10	100
Educational psychologists provide technical support in G.C	2	10	18	90	20	100
Recent cases of severe CDs in the schools	4	20	16	80	20	100

Most school heads confirmed responses by teachers that individual and group counseling were most common programmes implemented in the schools. Some also highlighted on peer and crisis counseling as being implemented, one school head explained that they had strict disciplinary measures such that it was not necessary to have a committee for guidance and counseling. It was not expected in the school to have severe forms of conduct disorders and the head indicated there were no recent reports of server cases.

How are Counseling Programmers Managed in Primary Schools?

Most school heads revealed that there was a guidance and counseling committee in their schools. The committees were selected based on their qualifications, maturity and attitudes towards children in difficult circumstances. There were mixed views on the issue of timetabling. Some heads indicated that they had in their schools timetables for guidance and counseling while others indicated counseling was initiated where need arises. Only one head indicated the existence of a counseling resource room in the school. Others confirmed teachers' responses which indicated that there were no special rooms set aside for counseling purposes. A convenient place would be sought when there is need.

How are Counseling Services Coordinated in the Schools?

Most school heads indicated that they set up guidance and counseling committees using their own discretion. The selection of teachers was based on qualification. Heads indicated that the committees were gender- balanced but teachers' demographic data reveal that the guidance and counseling committees are female dominated. No head confirmed any assistance or communication from educational psychologists or education officer for guidance and counseling on matters of guidance and counseling of children including those with conduct disorders.

Involvement of Educational Psychologists and E.O Guidance and Counseling in the Counseling of Children with CDs

Most heads' responses showed that educational psychologists and the E.O guidance and counseling do not visit schools for counseling children including those with CDs. No staff development workshops have been held recently

on guidance and counseling of children. Heads' responses concur with teachers' responses which indicate that most technical support in guidance and counseling is provided by Midlands Aids Society Organization (MASO) through staff development workshops. The counseling is mainly for the affected and infected with HIV/AIDS and focusing on behavioral disorders.

Where do Children with CDs Benefit More in Inclusive Setting or Probation Home?

Most heads confirmed teachers' responses that children with CDs benefit more in inclusive settings than in probation homes. Only one head indicated that it was more preferable to place children with CDs at probation homes as others might imitate their behavioral problems in the ordinary school setting.

Interview Responses from the Educational Psychologist

According to the educational psychologists, general functions of the SPS include administering psychological tests, identifying children's behavioral or learning problems and design intervention strategies, assess special needs children, facilitates establishment of special education programmes and offer counseling services. The SPS, also in-service teachers on intervention strategies, deal with special needs students. Of all the stipulated functions, teachers and heads are aware of the role of administering psychological tests to children requiring special education services. They are not aware of all other functions including guidance and counseling of children with CDs.

The educational psychologist indicted that there was a policy on guidance and counseling of children in primary and secondary schools. However, was not certain whether it had been distributed to schools as this was the responsibility of the E.O guidance and counseling. Nevertheless, heads' responses revealed that the document had not been distributed to primary schools. The educational psychologist confirmed that there are no staff development workshops being held due to limited funds. Implementation of guidance and counseling of children including those with CDs is left to individual schools. It was indicated that the selection of the guidance and counseling committee has been left to the discretion of the school administration and this was confirmed by the heads' responses.

The educational psychologist is aware that most severe cases of conduct disorders were being referred by schools to the police victim friendly unit or social welfare who in turn may recommend placement at Blue Hills Probation Home. However, he indicated that he is a representative of the Ministry of Education at the victim friendly court. Inclusion is viewed as the best option for children with CDs as already indicated by most heads. Placement in the probation home can only be considered as a last option when all assistance has failed.

Interview Responses from E.O Guidance and Counseling

The E.O guidance and counseling revealed that implementation of guidance and counseling is based on the major recommendation of the 1999 Presidential Commission of inquiry into education and training with direct bearing on guidance and counseling. Director's Circular No. 23 of 2005 outlines the procedures to be followed in the implementation of guidance and counseling. But the E.O clearly indicated that the circular has been availed to secondary schools. Primary school heads have been left to decide with their teachers what is best for their children, and this confirms heads' and teachers' responses that they have not seen any policy document on guidance and counseling. The E.O guidance and counseling concurred with educational psychologist that visits to schools for guidance and counseling purposes and staff development workshops have been limited by lack of funds. The E.O highlighted that the composition of the guidance and counseling committee should include mature and sensitive teachers, be gender balanced and no school administrator to be included. Selection is left to the head. Most of these issues concur with the heads' and teachers' responses that all committees are female dominated. The E.O strongly recommends inclusion of children with CDs in regular schools and this is in line with views of head teachers and the educational psychologist.

Due to ethical reasons, it was not possible to interview children who had been recently counseled for severe conduct disorders. In most schools, recent cases had been referred to the police and matters were still under investigation. So interviewing the children concerned could interfere with the police investigations. Some heads indicated that the children concerned had

already been placed at Blue Hills probation school while other cases had unceremoniously left the school. In other schools, the children had reformed and interviewing them would remind them of the old behaviors, which might have triggered them.

DISCUSSION

Implications of Demographic Data of Teachers of Guidance and Counseling and Other Teachers in Primary Schools

Most teachers included in guidance and counseling of children in schools range from thirty-one to above forty one years of ages and are mostly females. This shows that most mature females are involved in guidance and counseling of children in primary schools. This is according to the E.O guidance and counseling that mature and sensitive teachers should be included in guidance and counseling committees in primary schools. But on the issue that the committee should be gender balanced, there are mostly women included in the committees. This leaves a lot to be desired on the counseling of the boys who may fail to disclose their problems to female teachers. But the E.O guidance and counseling indicated that this should not be a cause for concern as young children both boys and girls tend to get attached to the mother more than they would be to the father. So the boys at primary school levels tend to be closer to female teachers who act in loco parentis for their mothers. They are likely to open up, to female teacher than to male teachers. While most teachers included in the study sample indicated long teaching experiences of above sixteen years, their experience in guidance and counseling range between zero and five years. This shows that guidance and counseling is a relatively new phenomenon in Zimbabwean primary schools. As highlighted in literature, following the adoption of the recommendation of the 1999 presidential commission of inquiry into education and training, the ministry has resolved to strengthen and institutionalize guidance and counseling from early childhood level to high school.

The Director's Circular No.23 of 2005 spells out implementation guidelines for the institutionalization of guidance and counseling programmes in primary and secondary schools. There is need for staff development workshop to provide teach-

ers with skills to implement guidance and counseling in primary schools. In most schools, it was indicated that the teachers of guidance and counseling are selected on the basis of their maturity and qualifications. The teachers involved in guidance and counseling hold either a certificate or diploma in special needs education, Bachelor of Science degree in counseling / psychology or special needs education. All these stated qualifications equip teachers with skills relevant to deal with children with special educational needs including those with conduct disorders. Other teachers in primary schools indicated they had similar qualifications, which enable the staff to assist one another on issues of guidance and counseling where necessary.

What Are The General Functions of the Schools Psychological Services (SPS)?

The general functions of the SPS according to the educational psychologist include administering psychological tests to individuals needing educational guidance and counseling, identify children's behavioral and learning problems, design intervention strategies, assess special needs children, facilitate the establishment of special education programmes and offer counseling services. However, most teachers feel that the major function of the SPS is assessment of children with special educational needs. This is because the educational psychologists only visit schools for assessment and not all other functions are made known to teachers. Heads and teachers' responses also revealed that the function of the SPS guidance and counseling are not clear to the teachers in primary schools.

What are the Behavioral Characteristics of Children with Conduct Disorders?

The majority of teachers and heads could identify the behavioral characteristics of children with conduct disorders. It is easy to identify children with conduct disorders, as most of the behaviors are observable, cause disruptions or hurt other children or even the teachers. According to literature, behaviors of children with CDs are easy to identify because they cause objective and subjective burdens on teachers, parents, and other caregivers. Interviews with heads indicated that they commit time with parents or guardians, may need time with the police or social welfare offic-

ers to discuss the anti social behaviors of children identified as having conduct disorders. These responses confirm literature as stated by Kazdin (1990). Teachers indicated that they and peers of children with conduct disorders experience significant disruptions of their school activities. Instructions by teachers are ignored, teachers and classmates may be attacked and school property destroyed. All these behaviors outline the need for counseling of children with conduct disorders. If left to continue uncontrolled, this behaviour may develop into defiant and criminal behaviors at secondary level or in adulthood. The teachers indicated that they are quite aware of the subjective and objective burdens passed by children with conduct disorders but are not aware of the underlying causes.

The teachers need technical support from the SPS to be able to distinguish conduct disorders and their causes and implement intervention strategies. Teachers need to be aware of the tell-tell signs of conduct disorders and the referral systems so that the children with the behaviors can be counseled or referred to SPS for counseling before the behaviors can develop into more serious acts of misconduct.

Most teachers indicated that despite the severity of the burdens imposed by children with conduct disorders in primary schools, the children learn best in inclusive settings. Only a few indicated that the behaviors may be spread to other children in the schools and would rather have children with conduct disorders placed in probation homes. But the thing now is an inclusion of children with special needs in regular schools as recommended at the Henggeler et al. (1998) conference. Children are expected to learn acceptable behaviors in inclusive settings while they receive appropriate counseling services. The SPS should enhance teachers' knowledge and skills in identifying and counseling children with conduct disorders by providing information through circulars. For instance, the circular on inclusion of children with special education needs including conduct disorders need to be made available in schools and let friends and teachers be aware of its contents.

What Are the Guiding Principles in Guiding and Counseling in Primary Schools?

There is a policy on guidance and counseling of children in primary and secondary schools.

The educational psychologist and E.O guidance and counseling confirmed the existence of the Director Circular No. 25 of 2005. The circular stipulates how guidance and counseling should be implemented in primary and secondary school. The E.O highlighted that the circular had been distributed mainly to secondary schools and core teams that had been systematically set up, while in primary schools it had been left to the head and his/her administration to decide how guidance and counseling should be implemented. This lack of guiding policy in primary schools on guidance and counseling has resulted in counseling programmes in the different schools taking different forms. Some programmes are very effective while other leave a lot to be improved.

In some schools, members of the administration are included in the committee and this contradicts the circular, which states that members of the school administration should be excluded from the guidance and counseling committee. Committees in most schools are female dominated. Again this is not in line with ministry policy which outlines that a gender balanced core team of at least four teachers should be selected for the function of assisting in guidance and counseling of children including those with conduct disorders. It has been realized that numbers of teachers in the core team vary from school to school, indicating inconsistency in the implementation of the guidance and counseling program.

According to the ministry circular, teachers assigned to the core team should be allocated a reduced subject and co-curricular workload to facilitate the additional duty. But this is difficult in the primary schools as each teacher has a class. Anywhere, the heads and teachers did not indicate they had problems or needed any reduced workloads to accommodate guidance and counseling.

Only one school indicated the existence of guidance and counseling resource room. Others use offices and classrooms, which are not ideal and children may fail to open up especially in offices where they fear the administrators. Classrooms are too open, which may compromise the confidentiality of the child's situation. One school preferred to use some open space, which again is likely to draw attention of other children and again compromising confidentiality.

Inconsistencies highlight are a result of lack of exposure to the guiding policy on guidance and counseling in primary schools. Each school

is doing it in its own way and hence counseling of children with conduct disorders in primary schools is not consistent with ministry expectations. There is need for the schools psychological services to provide technical support in the implementation of guidance and counsel in primary schools

What Counseling Programmers Are Available in Primary Schools to Assist Children with CDs?

Responses by heads and teachers show that individual, group, peer, and crisis counseling programmes are in place in most schools. The used approach and choices is highly determined by the situation. A particular programme cannot address all issues concerning children with conduct disorders. The educational psychologist and E.O guidance and counseling were not aware of programmers in primary schools. They both indicated that this was situational and the school head and other administrators were to make their decisions. Individual counseling is popular with all schools. Literature indicates that individual children with CDs can be engaged in counseling on in self- instruction and social skills training. Though the programmes in most schools for counseling children with CDs are not so systematic, most teacher and heads indicated that engaging individual children in self – talk to help them achieve self – control. Some children are basically engaged in problem solving though not so well organized. According to Kazdin (1990), problem- solving skills training teaches children with conduct disorders, self-regulation and impulse control. The heads indicated that children trained to stop, calm down, and think before acting.

Some heads indicated that they use stiff disciplinary measures and punishment such that they do not encounter any severe cases of CDs. In another school, it was indicated that any identified cases would be referred to the police as they fear the behavior might be imitated by other children in the school. These described cases revealed that there are no properly established counseling programmes in the schools concerned to deal with cases of CDs. However, the teachers in these schools claimed to be engaged in some counseling, the administrators deal with most cases and teachers are left to deal with those infected and affected with HIV/AIDS. These

teachers as indicated by their responses are staff developed by MASO which is mainly concerned with HIV/AIDS issues. There is need for staff development courses so that heads and teachers are aware of counseling programmes and approaches that they can employ in counseling children with CDs. The SPS according to Director's Circular No. 23 of 2005 has the responsibility of organizing the workshops. Ongoing in service training for guidance and counseling teachers should be institutionalized at cluster, district, provincial and national levels through the better school programmes.

How is the Counseling of Children with CDs Co-ordinated in Primary Schools?

Responses by heads and teachers show that neither the educational psychologist nor the E.O guidance and counseling co-ordinate counseling programmes in primary schools in Gweru urban district. The E.O confirmed these responses as he indicated that he was mainly involved in secondary schools where students are mature and need guidance and counseling in specific areas. The Director's Circular No. 23 of 2005 specifies that E.O guidance and counseling will co-ordinate and monitor the implementation of programmes in each province. Educational psychologists have the duty to provide technical support in developing counseling programmes, administering psychological tests and handling referrals for more specialized assistance. But the heads and teachers are not aware of these roles and hence do not refer cases of CDs to them as stated by the circular. As already been indicated severe case of CDs are referred to the police victim friendly unit or social welfare.

The circular also stipulates that remedial tutors representing SPS at district level should assist schools in strengthening their guidance and counseling services in close liaison with educational psychologists and E.O guidance and counseling. Views of heads and teachers did not show that they knew these officials had anything to do with guidance and counseling. Even the educational psychologist and E.O guidance and counseling did not indicate that the remedial tutor had anything to do with guidance and counseling in primary schools. This failure to establish proper links in guidance and counseling in primary schools does not ensure proper counseling procedures for children with CDs therefore, there is

need to establish in primary schools proper co-ordination channels to assist heads and teachers to deal effectively with children with CDs

CONCLUSION

It is clear from the discussion that SPS personnel, that is educational psychologist and E.O guidance and counseling are not effectively involved in counseling children including those with CDs in primary schools in Gweru urban district. There are staff development workshops that impart the necessary skills and information into the teachers and how to organize and implement guidance and counseling programmes in primary schools. Though most teachers involved in counseling have degree qualification in counseling, psychology or special needs education, they still need guidelines in the implementation guidance and counseling in primary schools. Implementation in different schools can be described as haphazard as it is not according to policy. There is no guarantee on the inclusion of children with CDs as each school uses its own discretion on referral and counseling of children with CDs. Some children with CDs have been unfairly referred to blue hills probation school when they could have benefited from counseling.

RECOMMENDATIONS

The study reveals that the SPS is not actively involved in the counseling of children with conduct disorders. Teachers and heads are not aware of the role of the educational psychologist and E.O guidance and counseling in counseling children with CDs. The following recommendations are made to enhance effective communication and ensure involvement of SPS personnel in counseling children with CDs in primary schools.

- There is need for the SPS to staff develop teachers and heads on the general functions of the SPS and its role in guidance and counseling of children.
- Educational psychologist need to provide heads and teachers with technical support in counseling children in primary schools
- Educational psychologist, E.O guidance and counseling need be directly involved in actual counseling of children with CDs in primary schools.
- E.O guidance and counseling needs to be available and co-ordinate counseling act-

ivities in both primary and secondary schools

- All primary schools need to be provided with the ministry policy document and heads and teachers staff developed on the guidelines of the policy guidance and counseling
- Literature on counseling programmers and approaches should be available to heads and teachers in primary schools

REFERENCES

- Breyston E, Eyberg SM 1994. *Parent-child Interaction Therapy: Effects on Untreated Siblings*. New York: Becah.
- Director's Circular No. 25 2005. Schools Psychological Services. Harare: Government Printers.
- Herbert M 1998. *Clinical Psychology: Social Learning, Development and Behavior*. New York: John Wiley and Sons.
- Henggeler SW, Schoenwald SK, Borduin CM, Rowland MD, Cunningham PB 1998. *Multi-systemic Treatment of Antisocial Behavior in Children and Adolescents: Treatment Manuals for Practitioners*. New York: Guilford Press.
- Frick PI, Lonely BR 1999. *Outcomes of Children with Oppositional Defiant Disorder and Conduct Disorder*. New York: Plenum.
- Kauffman JM 1997. Characteristics of Emotional and Behavioral Disorders of Children and Youth. Sixth Edition. From <<http://eric.ed.gov/?id=ED406799>> (Retrieved on 12 August 2013).
- Kazdin AE 1990. *Problem-solving and Parent Management in Treating Aggressive and Anti-social Behavior*. Washington DC: APA.
- Kendell PC, Mars AL, Chu BC 1998. *Cognitive Behavior Therapy*. Oxford: Elsevier Science.
- Leedy PD 1999. *Practical Research: Competencies for Analysis and Application*. Columbus: Merrill.
- Mpofu E 2000. *Social Acceptance in Adolescents with Physical Disabilities*. Doctoral Thesis, Unpublished. University of Wisconsin, Madison.
- Pfiffner LJ, McBurnett K, Rathouz PJ, Judice SM 2005. Family correlates of oppositional and conduct disorders in children with attention deficit/hyperactivity disorders. *Journal of Abnormal Child Psychology*, 13(5): 551-563.
- Schoenwald SK, Henggeler SW 1999. *Treatment of Oppositional Defiant Disorder and Conduct Disorder in Home and Community Settings*. New York: Plenum.
- Wotman CB, Loftus EF 1988. *Psychology*. New York: Alfred A Knof.