

# Effective Social Work Intervention to Reduce Aggressive Behavior in School: A Case Study in Vietnam

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**Abstract** Individual social work is a professional method which social workers use in the school to help client identify and actively address the aggressive and negative behavior. The purpose of this paper is to assess the aggressive behavior of Vietnamese 14-year-old boy in secondary school. This paper presents an effective individual social work progress to reduce aggressive behavior in this case.

**Keywords:** *aggressive behavior, social work intervention, social workers*

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## 1. Introduction

Social work is still a new profession in Vietnam although it has long history of development in Western countries. In 1986, Vietnam government conducted a comprehensive economic renovation called "Doi Moi" which led to rapid change and development in economy and society. Over the last three decades, Vietnam has achieved a lot of progress in living standards and decreased high rate of the poverty. Along with economic growth that Doi Moi has brought, many social benefits have been on the rise such as developing services in education and health. However, Doi Moi has also created a range of social issues. The number of vulnerable group including the poor, the children in need of social protection, the disability, the elderly who are living without assistance from family has emerged quickly. Besides, several social evils including trafficking children and young women, HIV/AIDS, drug abuse, prostitution and crime have also increased [1]. In order to ensure the social development targets, Vietnam absolutely need to develop social work profession. Tran V. Kham (2015) showed that approximately 30% of the Vietnamese population currently needs professional social work services and practices [2].

The target of professional social work is to support the weak and vulnerable populations including children. The children who are abused and neglected are in priority. However, children who themselves harm or treat badly other children also need the attention of mainstream social work interventions because their confused and unruly behaviors effects on their peer, school, family members and even their own future adulthood.

In the settings of Vietnamese secondary schools, student misbehaviors and aggression in secondary school has been

on the rise. The data provided by MOET (2010) showed that there were about 16,000 incidents of classroom misbehavior (including aggressive behavior) which occurred in Vietnamese junior high schools between 2009 and 2010 [3]. According to Zahrt, D. M and Melzer-Lange (2011) there are approximately 3% to 7% of children and adolescents manifest aggressive signs [4]. The reason is that the children who meet the psychological change like to express and want to prove themselves as an adult in various forms. One of these forms is aggressive behavior.

Aggression has been understood as "Any form of behavior directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment" [5]. Aggressive behaviors can be direct or indirect like physical violence, abusive or threatening behavior (direct) and spreading rumors or deliberate social exclusion (indirect) [6].

These behaviors are considered as common developmental signs when limited in time. When they happened many times, they are viewed as psychiatric disorders such as Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) and Antisocial Personality Disorder (ASPD) [4]. Symptoms of psychiatric disorders include break the discipline at school, out of control easily, blame others for their errors, pick on other children, argue with adults, and display overwhelming anger... (ODD); hurting or killing animals, public property destruction, playing truancy, robbing, or running away from home... (CD); badly school performance, poor self-control, low tolerance... (ASPD). These behavior disorders may interfere their relationships with family, peers and even their school performance. Some physical violence behaviors also distress their parents and teachers as well [4].

During the adolescent years, many parents and teachers meet difficult in managing children's anger and aggression without support or assistance. Issues with controlling aggression can influence negatively on students and lead

to their school exclusions, social problems, behavior disorders, poor mental health and well-being and even participating in the illegal activities. Piquero and colleagues (2012) showed that children early aggressive behavior is linked to adult criminality. Another study also found that there was a link between children aggression and domestic violence and lower health outcomes in adulthood for both men and women [7]. Youth with aggression issues may meet serious, chronic or even anti-social behavior without appropriate interventions.

There are several intervention approaches have been studied to support children with aggressive behavior Domitrovich & Reenberg (2003) showed three categories in interventions intended to reduce aggression including [8] interventions that focus mainly on the child to decrease risk by improving their social and cognitive skills; interventions that improve the quality of the parent-child relationship by enhancing parental functioning, parental child-caring skills, or mixed interventions that integrate several different interventions under different contexts.

Some studies examined individual interventions which focus on behavior management of aggressive children. Traditional treatments for individual aggressive children consider aggressive behavior as the result of anger-control lackness, and the best way is to train on anger-control techniques for the children [9].

However, anger is not only cause of the aggressive behavior [10]. Aggressive behavior can be created by other different internal components or external components. Therefore, treatment based on anger-control might not be suitable for children who use aggressive behavior as a habit in problem-solving [11]. Especially, when they are in contact with other aggressive children, these children tend to underestimate their own level of aggression and continue their negative behavior [11].

Psychosocial interventions were investigated by Jennifer, Geraldine and Nuala (2015) which focus on managing children own behavior more effectively. These interventions range from *prevention interventions* at school level for all students to *selective prevention* for group of targeting students at risk or showing early signs of disorder, and *indicated treatment* for students who have clinical diagnosis of any behavior disorders. The aim of psychosocial interventions is to improve children's ability in reducing aggressive behavior by using psychological or social strategies, or both [12]. Child-individual interventions can be seen to use many strategies like relaxing techniques, life skills, self-control skills, conflict resolving skills training or abilities in adapting and solving problems. Kazdin (1988) also showed the most common techniques for reducing aggressive behaviors are training social skills. Training a child to reduce hostile cognitions and improve positive social relationships via role play activities, observation, modeling, practicing techniques, and skill application in real life [13]. Although a cognitive behavioral approach has typically been used in managing aggressive behaviors, there are other approaches like mind-body interventions have also been considered [12].

The study of Kazdin (1988) also mentioned the family and school as means of addressing children's behavior. Kazdin (1988) showed three types of effective intervention programs for aggressive children including parental functioning therapy, teacher counseling and

cognitive behavior models to solve problems. Each program offers benefits to aggression treatment [13]. The intervention on parental functioning therapy improves the family's responsibility in communicating and negotiating with their children. The purpose of family therapy is to enhance the roles of each family member and build more positive relationship to each other [13]. The intervention based on supervising teachers and parents produces a manner of being strong and capable of gaining student's goals. Parents and teachers learn to change children outcomes under the social workers' supervision and therefore to change the child's behavior [13].

Under the social work's perspective, there also some studies focus on aggression interventions in school. The self-control interventions are also considered as a choice of clinical social work treatment in order to address school aggression. Social workers can assist students to address problems by becoming educators providing self-help skills instead of therapists [14]. Ronen (2004) in his case study also pointed the successful example of using self-control model to decrease the negative behavior in children. The results showed that along with reducing aggression, children's ability in social interaction increased. It was no doubt that it was an effective way for social workers to intervene school conduct disorders [15].

In the scope of this paper, we attempted to implement a process of individual social work intervention which includes: assessment, making decisions, making intervention plan; termination and follow-up. The diagnosis plan was conducted by all authors; the first author designed and provided the treatment process under the supervision of other authors. This case study was developed from the results of the ministerial research and funded by Ministry of Education and Training (MOET), Vietnam.

The case study reported the results of successful individual intervention conducted with a 14-year-old student in the eighth grade from a secondary school in Hanoi's suburb. By showing the application of an effective social work process with the clients who has aggressive behaviors, we desire to prove the vital role of professional social work in reducing aggression in schools and improve the family-school relationship.

## 2. Content

### 2.1. Brief Description of the Client and the Problem

Tran V.T was a 14-year-old student who has had aggressive behavior for a long time. His aggressive behavior associated with parental neglect in childhood. He was born in Binh Duong and his parents had an unwanted marriage when their family didn't accept their love. They had to leave Hanoi and went to Binh Duong to live together and worked as industrial workers. After many years, his parents went back to Hanoi with the acceptance of their expanded family. When he was fifth grade, his parents were in conflict with each other and led to separation. He is living with his grandmother, mother and younger sister now (Figure 1, Table 1).

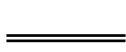
The home teacher brought T to the first author (Mr. Tu) who played as a school social worker to address aggression

in schools. At the time when Mr Tu met Tran.V.T, there are some issues about Tran.V.T as followed:

- i) In relationship with peers, T had physical violence behaviors
- ii) T felt that he was ignored by others. He thought that he was lack of love and care of family especially his father
- iii) In learning, he met difficulties in paying attention and had bad results. The worst scores that he had during the time in school was literature subject.
- iv) Teachers and classmates also said that he had relationship with bad friends outside the school.

As results, T had encountered serious punishment for his negative behaviors at school like suspension. However, he had not received any legal contact in the community yet.

Table 1. Genealogy diagram explanation

	Male		Marriage
	Female		Close Relationship
	Not closed relationship		Divorced
XXXXXX	Conflict		Out of Relationship
	Deceased		

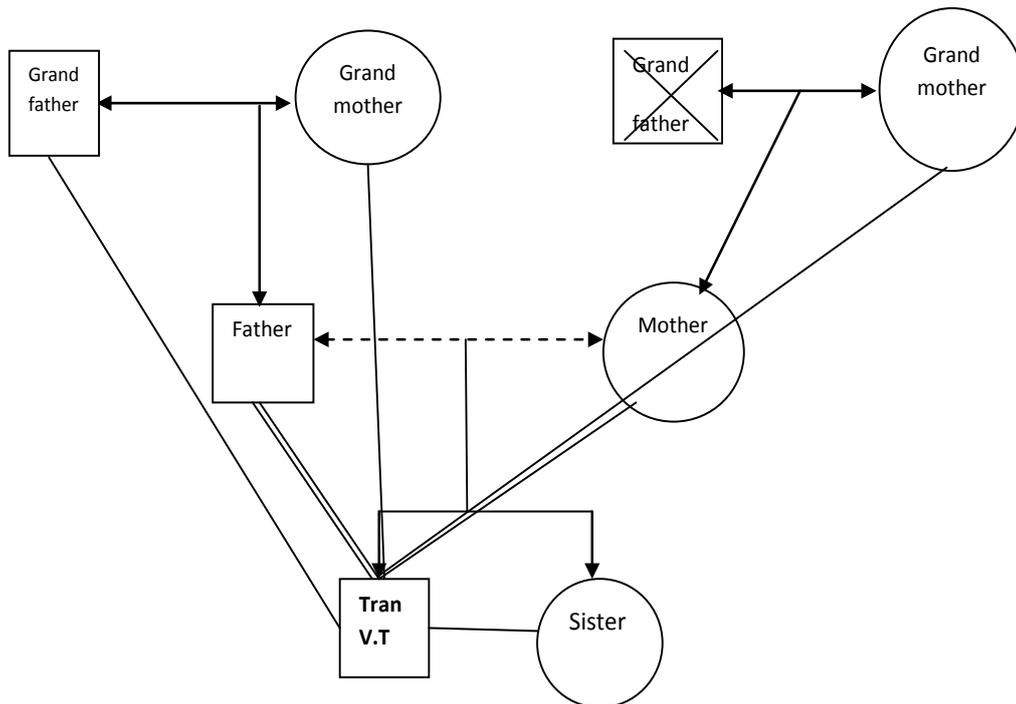


Figure 1. Genealogy diagram of client (Tran V.T)

2.2. Assessment

1) Assessment tools

Conners (1969) scale and Eyberg inventory [16] were used to find if T meet the criteria for behavior disorders or not. Conners (1969) include 12 items which was used to examine the child behavior disorders such as impulsivity, lack of control, hyperactivity and disobedience. Conners scale was completed by both the mother and the home teacher of Tran V.T. The Eyberg inventory for child behavior problems also is completed by both mother and teacher [17].

Along with using Conners scale and Eyberg inventory, the results from author’s own observation were written under the multi-systems approach. School documents, parent’s reports and client self-reports also were used to receive the necessary information. Looking at the results of the Conners, though Tran V.T met some attention difficulties, but these results did not meet the level of attention disorders. With the Eyberg inventory of child problem behaviors [17], Tran V.T just received 100 according to the mother and 110 according to the teacher

ratings. These scores showed that T met definitely diagnosis criteria of ODD which was listed in the DSM-V [18].

2) Interview session with mother

The first author conducted the conversation with Tran V.T and his mother. Tran V.T’s mother divorced her husband when he was 11 years old (fifth grade). T hardly ever met his father after getting divorce. T always tried to argue with his mother, do against her decisions and do anything he wanted without mother’s acceptance. She felt as if she had not any patience or energy to teach him. His mother said that he could spend a whole day just playing the computer or watching television, but could not spend just 30 minutes to do his homework or pay attention to class lesson. He told his mother that “the teacher is so crazy” and he hated her. The author could see the exhaustibility and helplessness in the mother’s eyes. She said to the author that she would move him to another school or even special education class if he did not change.

3) Interview session with the home teacher

The second session was taken with the teacher. The similar information was achieved about T rude attitude to

adults. He was extremely undisciplined and had a lot of negative behaviors with friends and school staff. He used to be a good student but gradually became worse. He received lower scores and his classmates could not tolerate him anymore. He did not attend any class activities and had not any interaction with classmates. Tran V.T always had physical violence with friends. He liked to laugh at or say unkind things about other peers in school. He totally refused to complete his homework and did not obey teacher's demands. Instead of coming home after school, T spent many hours playing computer in the internet store and played truant with bad guys. Over the last three months, T was suspended once for three days and his mother was called to meet the school principal twice about his issues.

4) *Individual meeting with Tran V.T*

The most important thing that social worker had to do to collect information was making individual session with Tran V.T. The author had to use multi-systems approach to assess the right problems of client. The author saw that Tran V.T tried to refuse his own responsibility for his aggressive behavior and blame others for causing that. Social worker observed that Tran V.T was a healthy boy, who looked not very unconfident. In the conversation, he sometimes appeared hyperactive and asked some strange questions which not related to the content, sometimes he was quiet. He said that he hated everything and no one cared him. According to the individual session, the author highlighted some core information in relationships that contributed to T's negative thought about others as follow:

i) He had not chance to meet his father for many years. He missed his father so much but just met him only on Tet holiday. Although he still kept in touch with his father, he did not receive any sponsor or emotional support from his father.

ii) In his family, his mother always thought to earn as much money as possible to bring up T and sister and he felt that he did not care. He always blamed his mother for leaving his father and let him live without father. His mother did not know who were his best friends and what he wanted.

iii) In class, peers looked down on him. Because of aggressive behavior, he gradually lost good friends. No one wanted to play with him; he could not share his own learning difficulties in class. He just wanted to receive attention from classmates.

The author observed that Tran V.T seemed to lack of attention or assistance from both family and school. He met some psychological issues. For example, he stated that he was upset and was unconfident in everywhere. Honestly, he did not know how to change his current situation and how to control his aggressive behaviors.

The author also saw the strength of Tran V.T and this would become his motivation of change (Table 2).

**Table 2. Strength and Weakness of Tran V.T**

Strength	Weakness
T used to be a bright adolescent with good verbal skills; He has good health; He loves to be encouraged and do not want to be criticized; He loves his family;	He lacks of father's caring He has relationship with bad students outside school; He lacks of motivation; He lacks of social skills to control negative emotion.

In the individual session with Tran V.T, the first author also found some reasons caused his aggressive behavior become more serious including:

i) Personal reasons: He felt unconfident about his family situation when their parents divorced; He lacked of social skills to self-control, self-protection skills and did not know how to share his own problems to others

ii) Family reasons: Parents divorced and did not care about children. Mother did not know how to interact with children.

iii) School reasons: There are few school support activities for vulnerable students. School curriculum just focused on teaching knowledge instead of social skills life skills. Prevention activities for school violence did not organize. Therefore, it was not very easy to find and support aggression case like Tran V.T.

The assessment process conducted with information collected above.

**2.3. Intervention Plan**

After assessment process, the author discuss with the clients (Tran V.T) to make decisions and make intervention plan which would help T change his aggressive behavior. Knowledge about the client's family and his situation were useful in making plan. Professional responsibility is for the welfare of children and their family. Social worker is not responsible to the client but to even himself, the agency, the community, and the profession.

In order to find best solution for T case, we follow some steps following to make decision [14,19].

*First of all, the author and T discussed to make decisions if T needed therapy or not.* According to collected information, T's aggressive behavior was one kind of psychiatric disorders (ODD) [18]. These behaviors started from many years ago, however, they were more serious over the last three months. These behaviors tended to develop and became high risk not only for himself also for community and society as well. Three authors saw that there were some internal (himself) and external resources (teacher, mother, peers) could be used to promote his motivation to change. By improving his peer relationship and asking her mother stop criticizing him, T totally could express positive attitude with his peers, teacher and mother. The environment factors must played an important role in behavior change process and T also needed to learn necessary social skills for self-control.

*The second step is to classify what goals and tasks should be achieved to address T's issues.* T's aggressive behavior could be seen as an out of control behavior problem. These behaviors should obviously reduce as soon as possible. It would be high risk if T still kept negative thinking about the world and himself and bring those on his own developing identity. After discussing with T, the major goal for intervention plan is to improve his positive behaviors and decrease negative ones. Making an intervention plan had been done by both social worker and client. Innovations of professional social work activities in the plan must be consistent with casework goals had been setting above.

Base on the major aim of intervention is to decrease T's disobedient and aggressive behavior, the author (Mr. Tu) who played as a social worker had discussed with Tran V.T to identify activities and their purposes in details (Table 3).

Table 3. Intervention Plan

Purposes	Tasks	Person	Time
Reduce psychological issues and improve self-control skills, social skills and life skills	Individual counseling with Tran V.T (using cognitive intervention and self-control model)	Social worker	16 sessions (4 month)
Improve family relationship	Mother counseling	Social worker	4 sessions (1 month)
Improve self-control and social skills	Provide social skills and life values	Social worker	4 sessions (1 month)
Address conflicts at school and promote learning motivation	Home- Teacher supervision	Social worker, home-teacher	10 sessions (5 weeks)

## 2.4. Implement Plan and Evaluation

The aim of intervention process is to help the client to clarify the problem and to make changes from this understanding. The relationship is the most important thing of social work intervention. Warmth, caring, and congruence therefore have been identified as essential qualities during the implementing process.

Social work skills were used including interviewing, recording, letter writing, referrals to other agencies and services if needed, and helping the client to use internal and external resources.

The author afforded to support and strengthen the T's self-help and self-control ability through emotional releasing strong aggressive emotion, clarification of the problem, and sympathetic listening.

The role of social workers in this case study was counselor (individual counseling with mother and Tran V.T), planner (making intervention plan), supervisor (teacher supervision) and student (provides social skills and social values; provide self-control techniques for client to manage emotion and behavior).

### 1) Home-Teacher Supervision

Under the agreement of school principal and Tran V.T, social worker (the first author- Mr Tu) started intervention by meeting the home-teacher. Social worker spent 2 times a week to talk with T's teacher. On one side, the purpose of this conversation was to improve the relationship between T and his teacher as well as his peers. On the other side, conversations with the home-teacher would help T to address conflicts at school and promote learning motivation. The author first called the teacher through mobile phone and then met directly in school. Mr Tu told the teacher that her current punishment methods had been ineffective. For example, when the teacher sent him out of class or the principal suspended him for aggressive behavior toward friends, he would go to the internet store without being afraid of his mother responses instead of changing these behaviors. Mr Tu suggested teacher to use more effective punishments like staying in class in the break time if he had disturbed other students. Teacher also used positive reinforcements at the same time to create and promote T's learning motivation. For instance, if T did his homework and acted in a polite or proper way with others, he would have rights to skip any lecture that he did not want to attend. Mr Tu also instructed T's teacher to send letters, emails or even call his mother to tell her about his good behavior in school.

Besides, Mr. Tu shared more information about T's family situation for the teacher. This made her understand more about T therefore gradually sympathized and changed her ineffective way of treatment on him.

Through teacher supervision, Mr Tu also showed the home-teacher how to organize more common activities in class such as going outside, going picnic or watching movies together... These would be good opportunities for students to understand each other and improve their relationships.

A slight change emerged in T's behavior in class and school after the first two weeks. The number of T's skipping lectures reduced gradually. We also saw that giving him positive reinforcements made him love going to school and involved more in learning process. The teacher reported that although T could not finish all the homework, he started paying attention in lessons and was remarkable for his punctual class attendance after five weeks. The teacher said that when she smiled at him, thanked him for not disturbing others, he was so happy and no longer bad-mannered to her or to other teachers.

### 2) Mother Counseling

After 10 supervision sessions with T's home teacher, the author started mother counseling. The counseling happened one time per week and took four weeks. The purpose of this activity is to improve the relationship between T and his mother. In the meetings, Mr Tu and T's mother tried to analyzed T's behavior, examined the results of his aggressive and disobedient behaviors and then found effective ways to help him. As a mother, she always wants to bring her children best thing. However, she had spent much time on earning money without addressing emotional need of her son. Mr Tu taught T's mother how to avoid making unwanted behavior stronger, how to limit his disliked behavior, and how to increase positive behavior. It was not very easy for T's mother to stop criticizing and lecturing him. One of the best ways that Mr 4 let T's mother practice several times was to avoid paying attention on T's impolite way on her. Instead of that, she constantly reinforced on well thing he done. After that, T's mother evaluated T' change behavior everyday with the support of the author. The first author also talked with T's grandmother about the same content.

After four weeks, the mother could easily felt a slight change emerged in the atmosphere at home. T and mother started making conversations without arguing. Especially when T participated individual counseling, T's mother felt sure about T's change.

### 3) Individual Counseling with Tran V.T:

After five weeks of teacher supervision and four weeks of maternal counseling, the first author started individual intervention with Tran V.T. A vital prerequisite for effectively individual intervention is to build truthful collaboration with clients It is also necessary in children and adolescents' interventions which requires social worker to use simple language, even familiar slang terms to understand them and talk with them at their level [15].

The purpose of individual counseling is to reduce his own psychological issues and improve self-control skills. In order to do this, three authors had discussed and decided to use the Self-Control Model which was developed by Ronen and Rosenbaum (2001) to address various children problems [20]. The aim of this model is to provide skills for children to help and control themselves effectively. These valuable skills will make their well-being future become possible and easier. Improving children's self-help skills enables them to have successful outcomes in their basic learning and social interaction.

This model consists of four modules including:

*The first module called cognitive restructuring* focused on psychological counseling to change T's thought on his responsibility in life. On the one side, T considered himself as an independent child who could do anything on his own and control anyone around. On the other side, he was unconfident, scared, nervous and being afraid of isolated feeling. He tried to express aggression to improve his strength; however, he was easily vulnerable.

In the first few sessions, the author wanted T to know that being strong means alone. Mr. Tu showed him that his teacher, mother and other children could easily make him feel angry or explode because they could totally control him. The author also said that T could use another way to prove his strength without aggression. Aggressive behavior was only wrong and needed to evaluate. Obviously, it was not very easy for T to accept immediately these. He tried to persuade social worker to believe his beliefs and ignored all.

However, he gradually started self-monitoring and self-observed on his past behavior. During three weeks after the first session, he did not argue with any classmate and began to do some good habits such as reading books and finished assignments.

This part was to help T realize the strength inside everybody and how to control themselves. After four weeks, T was able to be more confident, reduce negative feeling and accept the redefinition of his aggression. When T saw the nature of his behavior, he would not hesitate to make all efforts to change.

*The second module is problem analysis:*

This part focus on showing client the relationship between his behavior and the way others reacted to him. The author told T to find out how the teacher behaved, how the teacher response to other children's behavior, and what his classmates did.

For example, Mr Tu and T analyzed the way that T's home-teacher treated him. He said that the teacher hated him and always blamed him for things he had not done. She had never smiled to him, nevertheless, the teacher showed much love on other students. In order to build positive thought, Mr Tu discussed with T to list the ways the teacher tried decide what the intended meaning of his behavior. T have recognized that there are different interpretations for others' behaviors. The same exercises also were done with T's friends.

*The third module is attentional focus:*

In order to promote achievement in learning and social life, some techniques were used such as relaxation, concentration, and self-monitoring. T learned how to identify his own emotions and predict what behavior

could happen. This helped him to control and monitor his own behavior. The practicing exercise was standing in front of a mirror and watched facial expressions. Mr. Tu asked him "How strong you feel?" "What could help you to change this emotion?" The author showed T some releasing techniques like learning how to take deep breathing, self-count, self-talk, etc. The author instructed T to write his feeling down on notebook called *self-help notebook* and find anything that made him feel better in bad situation like listening to music, talking with a friend, reading a book, going out, etc. T also conducted a self-report everyday by writing down one positive thing he did for himself and scored it.

*This fourth module provides necessary social skills and life values for the client.*

Social skills consists of communication skill, create relationship skills or emotion-control skills, problem-solving skills, self-control skills [11,22]. We designed various exercises for T to practice these skills. Besides, we cooperated with the home-teacher and school staff organizes life skills class in school. We also provided T some basic life values such as peace value and respect values. The more times T practiced exercises, the more chances of success would come [21].

The main effort in this self-control model is to help T overcome his urgently anger and reduce his physical violence behavior to others. We focus on helping T use social skills, social values and self-control techniques in his real life.

## 2.5. Terminal and Follow-Up

Individual social work intervention process with T and environment factors lasted totally six months including 10 sessions with his home-teacher (five weeks); 4 mother counseling sessions (four weeks), and then 16 client individual counseling sessions (four months). Each sessions lasted 1 hour and a half. After six months, his mother and the home-teacher also accomplished the Connors scales. As results, post-therapy ratings are much lower than pre-therapy ratings with both mother and the home-teacher. We could obviously see the change in T's behavior. The numbers of family calls to T's mother or suspensions for physical violence behavior from school reduced. That demonstrated an impressive change with T in school environment.

In the last week of intervention, the mother said that she was so happy because of positive feedback from T's home-teacher and school principal. The last time she was called by the school principal to announce that her son was progressive and did not receive any complaints. The principle even joked her that he felt bored because of T no longer visited his office. The teacher said that T began to speak nice words, listen to the teacher, and complete homework and present better in class. T himself reported that in self-report notebook that he was 'happy', he felt that "everyone seems changing their attitude on him".

A time when the client can look back with a pleasant feeling on what has been received and we can see the signals that the client are able to cope with his situations we ended the process. Although we decided to terminate this case and finished six month of intervention, T still attended three months of follow-up.

## 2.6. Outcome Evaluation

During the whole intervention, an impressive outcome emerged in a 14 year-old student. His aggressive and disobedient behavior reduced significantly. The individual social work method showed the efficacy for changing children having aggressive behavior. When T reduced his aggressive behavior, his peer relationship gradually became better. He integrated and interacted more positively with others and knew how to manage his emotion.

The home-teacher was provided useful methods and skills to provide positive reinforcement strategies, appropriate punishments, and ways to encourage as well. This change helped T reduce negative behaviors to peers and other teachers. Even after terminal, T still expressed good at school and received supported from classmates and teacher. However, the teacher's changes were not enough to help T pay attention to learning, doing homework and improve communication skills with friends. He needed to provide personal skills and educate social values.

After directly counseling with the mother, the positive behavior and caring helped T's mother receive the more obedient reaction from her son. More conversations were conducted between mother and son. However, his mother could not teach him social life skills and she did not know how to eliminate his negative automatic thoughts about others and society.

Therefore, T really need more support especially individual intervention from social worker.

## 3. Conclusion

Through the case study, we highlighted some conclusions as followed:

*Firstly*, social work with individuals who met behavior disorders criteria is one of the main parts of a general social work practice. This proved that social workers do not only work with children who are victims of aggression but also work with the children who are aggressors. Choosing an effective intervention for aggressive behavior can be an important thing in professional social work. If the social worker can do it well, this can help to reduce aggression in schools and develop prevention activities for children in schools and other educational settings.

*Secondly*, the school social worker has a range of roles in address school issues from the prevention level to indicated treatment level. However, the individual social work present proves their effectiveness for eliminating aggressive behavior [15]. This case intervention may need great mental or physical effort and continually support as well in order to be done successfully.

*Thirdly*, one of the most effective approaches to individual social work is multi-systems approach. Each client also has suffered from different issues. The responsibility does not only belong to the client but to environmental factors. In dealing with multi-problems cases social worker must followed a process to determine what need of clients, what the client lacks in order to make decisions and intervention plan The intervention plan also takes into consideration the importance of the systems impacting and being impacted by each other (family,

school, peer relationship). Three different interventions including teacher supervision, parental counseling and individual counseling with Tran V.T were examined to receive the best achievement in individual social work process. These activities contributed to a understanding that several intervention settings can lead to different changes in one case study.

This current case study also indicated that school social worker is fully capable of organizing and performing an effective intervention process including: assessment, making intervention plans, implementing different interventions and evaluation.

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