CHAPTER I

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According to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*; American Psychiatric Association, 1994), the two distinct types of disruptive behavior problems listed in diagnostic categories are attention deficit hyperactivity disorder and conduct disorder. These problems are found worldwide and often coexist together and are associated with similar patterns of social-emotional problems (Stormshak, Bierman, & Karen, 1998). Malhotra, Biswas, Sharan, and Grover (2007) showed the prevalence of 8.3%-17.9% in children and adolescent for ADHD and conduct disorder in north India.

Attention deficit-hyperactivity disorder (ADHD) is the common behavioral disorder among children. Its prevalence among school-age children is 8-12% world-wide (Faraone, Sergeant, Gillberg, & Biederman, 2003). In state of Delhi, India, the prevalence of ADHD is 28.5% in children belonging to the age group of 9-11 years, 40.9% in age group of 12-14 years and 30.6% in 15-17 years (Siddique, Banerjee, Ray, & Lahiri, 2011). Prevalence estimates based on behavioral definition of ADHD is 10-20% in general population in India and the west (Bhatia, Nigam, Bohra, & Malik, 1991; Baumgaertel, Wolraich, & Dietrich, 1995). Swanson et al. (1998), reported that, based on the definition used and the population sampled, prevalence rates vary widely from 1% to 23%. According to psychiatric definition of *DSM-IV* criteria, which includes aspects of onset of symptom, its long term nature, duration and impairment caused by it, the prevalence is 5-10% in the general population, whereas when *International Statistical Classification of Diseases and Related Health Problems*, 10th Revision (10th ed. rev.;
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*ICD*-10, World Health Organization, 1992) criteria for hyper-activity was used in those
studies, this prevalence rate declined to 1-2%. Prevalence of ADHD is higher in male as
compared to females. Boys are more commonly affected with ADHD than girls. ADHD
is found more in lower socio economic group as compared to middle and upper
socioeconomic children (Benjasuwantep, Ruangdaraganon, & Visudhiphan, 2002;
Siddique et al., 2011; Venkata & Panicker, 2013). It is reported that children with ADHD
have disrupted relationship at home (Keenan & Wakchlag, 2000). ADHD is associated
with a wide range of adverse psychosocial problems throughout the span of life,
including co morbidities, antisocial behaviors and substance use disorders (Palaniappan,
Seshadri, Girimaji, & Srinath, 2013; Spencer, Biederman, & Mick, 2007). Co-morbid
disruptive disorders are common in these children (Keenan & Wakchlag, 2000). The
other co morbidities of ADHD includes oppositional defiant disorder, conduct disorder,
bipolar affective disorder, major depressive disorder, communication disorder, substance
use disorder, obsessive compulsive disorder, tic disorder, learning disorder, elimination
disorder, social phobia and separation anxiety disorder (Palaniappan et al., 2013).
Children of ADHD with co-morbidities had poor global functioning when compared to
ADHD children without co-morbidities. It has caused a burden on various resources of
India like medical resources, psychological resources and societal resources (Srinath et
al., 2005).

The term conduct disorder (CD) refers to a persistent pattern of antisocial
behavior in which the individual repeatedly breaks social rules and carries out aggressive
acts that upset other people. *DSM-IV* mentions conduct disorder as one of the most
frequently diagnosed conditions in outpatient and inpatient mental health facilities for
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD children. CD has been classified along with oppositional defiant disorder and attention-deficit hyperactivity disorder (ADHD) in the attention-deficit and disruptive behavior disorders section of current Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000). The most essential feature of CD is repetitive and persistent pattern of behavior in which the basic rights of other people or major age-appropriate norms or rules of society are violated. DSM-IV-TR identified 15 criteria grouped into 4 major categories: (i) aggression to people and animals; (ii) destruction of property; (iii) deceitfulness or theft; and (iv) serious violations of rules. These criteria of behavior disturbance cause impairment in areas of academic, social or occupational functioning of children. Since the criteria for the diagnosis of conduct disorder vary widely and also the clinical manifestations differs at all developmental stages and because the databases of diverse studies are not consistent, the prevalence estimates broadly vary (Bauermeister, Canino, & Bird, 1994). Among Indian studies, Deivasigamani, (1990) has reported the prevalence of CD to be 11.13%. Sarkar, Kapur, and Kaliaperumal (1995), reported the prevalence rate of antisocial behaviour to be 7.1%. In a study of north India, conduct disorder was the most common psychiatric disorder observed in 4.5% of children (Anita, Gaur, Vohra, Subash, & Khurana, 2003), while a study from south India, Srinath et al. (2005) have reported a prevalence of as low as 0.2%. Esser and colleagues, (1990) reported a prevalence of 0.9%. DSM-IV-TR reported male and female children both are affected by conduct disorder. There is no difference in prevalence rate in different socioeconomic status. Prevalence of conduct disorder is almost same for urban and rural area (Anita et al., 2003). ADHD is common co morbidity in children with conduct disorder. Other co morbidities are anxiety and
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD depressive disorders, particularly in teenagers. In addition, studies suggested that course of CD is more severe and long term when children also exhibit ADHD. Satterfield and Schell (1997) revealed that conduct problem usually predict serious antisocial behaviour in adolescence and childhood. Conduct disorder harms the individual as it has been linked to academic underachievement and deficit in other areas of social and occupational functioning. It is also a problem for the society as the individual harms societal properties. Thus, conduct disorder is a major problem at the personal (individual level) and social level.

Children with ADHD and conduct disorder have behavior, academic and peer problems which often causes serious impairments in academic performance, social adaptive and behavioral functioning, both inside and outside the home (Baumgaertel et al., 1995). At academic level, children with ADHD and conduct disorder have characteristics difficulties in reading and writing (Garg & Arun, 2013; Venkata & Panicker, 2013). These children have higher rates of failures and grade retention; very few reach for high school graduation and post-secondary education (Prahbhjot & Singhi, 2000). Children with ADHD and conduct disorder with comorbidities are likely to show school maladjustment which is measured as disorderly classroom behavior, violent social behavior and peer rejection (Stormshak et al., 1998). These children mostly display aggressive behavior because of school difficulties, problems in regulating emotion in interpersonal relations and handling interpersonal conflicts. Other than academic front, they also have problem in emotional adjustment and poor social behavior, impaired relationships with teachers, friends and parents.
Factors associated with academic underachievement and maladjustment in children with ADHD and conduct disorder are attention difficulties, problems such as anxiety and depression, emotional factors (Zavadenko et al., 2009), environmental factors, including low family income, genetically psychopathology and parental separation in CD, disrupted family relationships. Other factors like low self esteem, peer problems, difficulties in establishing interpersonal relationship and antisocial behavior are also associated (Nijmeijer et al., 2008). Thus, it is the need of time that these problems need to be tackled and it is important for the educators and other school personnel to be aware of effective interventions for this disorder and to support for their use across home and school settings.

Various treatment strategies like parent skills training combined with training of the child and appropriate use of medications are used for ADHD and CD (Turgay, 2005). Though there are medications available for treatment, but it has its own side effects (Greydanus, 2005). Daly, Creed, Xanthopoulos, and Brown (2007) have questioned the evidence for long-term use of stimulant medications for improving the learning disabilities and peer relationships in children with ADHD. Although 70-80% of children respond positively to a stimulant regimen but poor compliance to treatment, particularly while in school (Pelham et al., 1993), often leads parents to seek alternate approaches like behavioral interventions in the form of parent education, classroom interventions, academic interventions and social training teaching peer related interventions. More than 90% of patients become non-adherent to medication due to various reasons reported by parents like fear of side effects, difficult to follow-up in outpatient clinic, child refusal to take medication, apparent remission and ‘perceived’ no improvement (Garg & Arun,
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD (2013). Thus, because of the delimitation of medication treatment, Pelham et al. (1993) compared behavioral interventions with pharmacological therapy and showed that behavior interventions are as effective as pharmacological therapy. Behavioral interventions integrate play therapy, exercise and reward systems that have been shown to help the children with ADHD (Jensen, Arnold, & Swanson, 2007). These behavioral interventions are cost-effective (Jensen et al., 2005). In recent years, several complementary and alternative medicine techniques (e.g. meditation, yoga and parental training) have been used in the management of disruptive behavior disorders with encouraging results (Sadiq, 2007). This emphasizes the need of life skill training which targets the behavior by improving life skills of these children.

Barkley (2002) supported the view by asserting that almost all children with behavior disorders require psychosocial intervention to improve self-observation, coping skills and to improve other skills, which are often compromised by disease condition.

Among various psychosocial treatments available, parent behavior management training has been the most widely used treatment option for school age children. Small children can be manipulated and helped with the help of parents’ behavior management training. It has been shown to substantially impact behavior and compliance. It involves training parents to implement behavior therapy programs at home. In this training, parents learn the principles of behavior therapy techniques like token economy, reinforcement and functional behavior analysis. This technique is applied to the harmful behaviors and few specific behaviors are targeted to control their frequent occurrence. But, parent training intervention has its own limitations as these programmes are suitable in group setting. Parents also like to participate in group based sessions rather than
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD individual session (Cunningham et al., 1995). Both parents need to be involved to have better effects. Significant effects may have been found with involvement of fathers. In present world, due to rapid urbanization and industrialization, large number of young marital couples is employed, so due to increase work pressure and long work hours, inevitably they get less time to get involved in the sessions and spare extra time for attending the session. Cost effectiveness is another important issue for parents training. Cost and time spent on resources is a variable to be considered, if these behavioral treatment interventions are to be widely used (Danforth, Harvey, Ulaszek, & McKee, 2006). Life skill training to children complemented with pharmacotherapy could be comparatively less cost and time intensive than parent training and it will also prepare and make these children self sufficient to handle life challenges themselves rather than being managed by parents, conselors or teachers.

Another type of behavior therapy available and has been used for children with disruptive disorder are behavioural therapy and cognitive behavioral therapy (CBT). It helps to improve thinking process by helping in problem solving, as well as anticipation and consequences of action. One of the types of cognitive behavioral intervention is termed as social skills training. It targets social skills directly. Even though social skills training have extensive face validity, treatment effects have not been strong. There are many limitation of CBT. It can be sometimes very hard to search and locate a good, well trained CBT therapist. Furthermore, CBT will not work for everyone (Association for behavioral and cognitive therapies, 2013).

Training in social skills and problem-solving are a part of interventions for children with conduct disorder and attention-deficit hyperactivity disorder (Bailey, 2001).
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These behavior and cognitive therapies and psychosocial interventions are grouped together in life skill training. Life skill training is one such approach, which helps in learning social skills as well as problem solving techniques. Life skill training is helpful to improve thinking process. Consequently, life skill training is a consolidated and inclusive approach which combines both cognitive behavior therapy and psychosocial therapies. These are suitable for children, adolescents and adults of all ages. As an outcome, there are many treatment options available; some of them are even similar to life skill training. In this research articles, life skill training was applied as a part of improving adjustment and academic performance.

According to World Health Organization (WHO), life skills may be defined as “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”. ‘Adaptive’ means that a person is flexible in approach and is able to adjust in different circumstances. ‘Positive behavior’ implies that a person is forward looking and can find a ray of hope and opportunities to find solutions even in difficult situations (World Health Organization, 1997a, para. 1). Children with ADHD and conduct disorder have difficulty in adaptive skills i.e. adjustment and problem solving skills, thus life skills plays a major role.

Life skill training is based on three areas of change. First area is knowledge. Other two areas are attitude and skill. So, knowledge, skills and attitude change with life skill training. Life skill training helps in development of wisdom and clarifies the value system. It focuses on behavior change based on developmental approach. A life skill enables to transform knowledge, skill, attitudes and morals into actual abilities i.e., what to do and how to do the work, given the scope and opportunity to do so. Supportive
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD learning environment is required to impart life skills. These life skills can be applied for children and adolescents of all ages. The main purpose of life skill is the promotion of health and well being of all children. It is observed that young people are mostly vulnerable for behavior related problems and life skills are usually targeted for children in the age group of 10-18 years. Life skill training is helpful for children with ADHD and conduct disorder to improve their behavior by improving their skills of decision making, problem solving, empathy etc. Other findings suggested that life skill training has positive results on mental health. It helps in building sense of self, self-esteem and self-efficacy. It helps in social and emotional adjustment and it decreases social apprehension. Life skill training improves school performance with regard to improvement in behavior, by increasing academic achievement and reducing absenteeism (e.g., International Center for Alcohol Policies, 2000). Mental health promotion among children and adolescents in schools by using life skills education (LSE) and teachers for imparting life skill education is not a new idea now. These facts of life skill training related to improvement in mental health, adjustment and academics led the researcher to test life skills on children with ADHD and conduct disorder in the present study.

Psychologists have concluded that most of the disorders like behavioral disorders and social corruption are due to the inability of individual to analyze and handle personal problems, lack of control and decreased capability to face complex situations and ultimately, lack of preparedness to solve the problems in a correct way. As a result, the most essential thing is to prepare the young people for better coping ability to deal with such difficult situations. This again suggests the requirement for education of life skills, since it is proved that these skills can improve the individuals’ capacity to manage
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD conflicts and complicated life situations. The psychologist also searched for the cause of many of socio-psychological problems like depression, alcoholism, delinquencies, interpersonal problems, loneliness, schizophrenia, etc. It is found that they are associated with the weaknesses in life skills and making social communications (Naseri, 2009). The importance of these issues of life skills and inability to maintain social relationship provoked the researchers to investigate the worth of life skills training, its impact on general health in children and to reduce their physical and psychological problems.

Life skills education involves a vibrant teaching process. One method which is kept in mind while teaching of life skills is based upon the social learning theory. This theory is based on the fact that children learn from their environment and also they learn from observing behavior of others as well as the way, others behave and consequences of that behavior. Another method of teaching life skills involves the process of participatory learning. Four basic components are involved in participatory learning. These four components are: 1) practical activities; 2) feedback and reflections; 3) consolidation and reinforcement and 4) practical application to face day to day life challenges. Various methods have to be used to enhance life skills in such children with ADHD and conduct disorder. The different methods used to facilitate the active involvement of children include group works in pair of two or more than two individual, brainstorming, games, role plays, storytelling and debates. In storytelling, the educator, instructor or children tell or read a story to a group. Storytelling is interesting way for these children of ADHD and conduct disorder because they need some attractive ways to make them sit and learn.

This story telling is a popularly used technique to relate with children all over the world. There are lots of stories available like grim brothers, Arabian nights, little
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD mermaid etc. India is worldwide known for its rich collection of children’s literature. The Panchatantra belongs to the oral practice of the primordial India. It is perhaps the oldest collection of stories in Indian culture which is still surviving and used in modern era. ‘Pancha’ means five and ‘tantra’ means principles of good life namely - Discord among friends, gaining friends, of crows and owls, Loss of gains and Imprudence. Panchatantra is a collection of some 87 interwoven stories of animals speaking like human beings. These are stories lord Shiva told to Parvati, his consord. There is also another story about panchatantra “A king, who was worried that his three sons are without the wisdom to live in a world of wile and guile, called for a learned man named Vishnu Sharman to teach them the ways of the world. Since his wards were dimwits, Vishnu Sharman decided to pass on wisdom to them in the form of stories. Panchatantra is translated in more than 50 languages. These stories are popular and told throughout the world. These stories have been used for various purposes e.g. teaching management principles or interpersonal skills. With some modifications in the content and the method of delivery, these stories can be used for teaching life skills (Joshi, 2008).

Children with ADHD are hyperactive and have attention deficit, it is very difficult to hold their attention for teaching complex ideas and thoughts for long, stories become the medium to hold the attention and attract these children to learn.

Children with conduct disorder are involved in many antisocial activities. Panchatantra stories can create an environment of fair dealings and work and attachment to goodness because of their hold on the imagination and the content of the stories. The nature of stories enables to “rehearse” moral decisions, strengthening the child solidarity with the good.
Relevance of the study

- Children are the most important asset and wealth of our nation. Healthy children makes healthy nation. Children less than 15 years of age constitute about 40% of our population and school aged children i.e. 6 to 14 years of age constitute 22% of the population (Ministry of health and family welfare, 1995-96).

- Cornerstone of behavior is laid by parents. The organization of child’s social skills, approach and attitude are laid at home. In present world, due to rapid urbanization and industrialization, large number of young marital couples is employed, so due to increase work pressure and long work hours, inevitably they get less time to look after and care for their children. As a result of these situations, the emotional, behavior and psychiatric problems are increasing (Gaur, Vohra, & Khurana, 2003).

- The incidence and intensity of mental health problems among the adolescents is at a steep rise. Age of onset of mental health problems is decreasing among the adolescents. This has become a cause of deep concern for parents, teachers, health practitioners and the adolescents. They precipitate gradually, manifest subtly and their effects are wide spread and massive. We need to look into the etiology, their effects and remedial and preventive measures to address these health problems.

- ADHD and CD are the problems of children and adolescents. India being the youngest nation, the prevalence of children with ADHD and CD is high (Siddique et al., 2011). They are maladjusted and score poorly in academics. If not handled early and effectively (since they are curable and treatable), would become chronic and acute and would pose a major and a serious problem in the society.
Early identification and treatment strategies can minimize negative impact of the disorder (ADHD) and repeated and long-term failure, discouragement, and can also reduce the academic difficulties at school. This will promote better adjustment in children ADHD (Galera, Melchior, Chastang, Bouvard, & Fombonne, 2009). On the other hand, delay in the detection and treatment of ADHD in preschool age children may cause developmental problems, comorbidities, and other psychopathology, disturbances in family functioning and various other psychiatric problems like substance abuse.

The children of ADHD and conduct disorder usually exhibit high levels of both hyperactive, inattentive, and oppositional-aggressive behavior and show the varying degree of school maladjustment. The indicators of maladjustment in these children are unmanageable classroom behavior, failures, violent social behavior, and peer rejection (Stormshak et al., 1998). Thus, it is important for educators and other school personnel to be aware of effective interventions for this disorder and to support for their use across home and school settings.

Often coping skills are compromised in all children with ADHD which require psychosocial intervention to improve self-observation, coping skills, and to enhance interpersonal skills (Barkley, 2002).

There are lots of researches on medication aspects in children with ADHD and conduct disorder. Studies related to the results of behavioral intervention in ADHD are far and few in number as compared to those on stimulant treatment in ADHD (Pelham, Wheeler, & Chronis, 1998). “Improvement in the core symptoms of ADHD, in academic performance, social skills, defiant and
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aggressive behavior have been seen with the use of behavioral intervention such as response cost for unwanted behavior and positive reinforcement” (Verma, Balhara, & Mathur, 2011). Srinath et al. (2005) emphasized the implications for clinical training, practice and policy initiatives. Jamal et al. (2008) emphasized the need of several approaches directed to the child, family, the primary health care services, the school and the community to reduce the prevalence and incidence of ADHD. Life skill training can act as one such approach.

- Life skill training is an effective and efficient tool for empowering the children with ADHD and conduct disorder to face the challenges of life and to act responsibly to take initiative and take control. It is based on the assumption and fact that when youth are able to rise above emotional impasses and frustrations arising from daily conflicts, entangled relationships and peer pressure, they are less likely to involve and resort to dangerous anti social or high risk behaviors.

- Although the studies of life skills to fix the problems of adolescents with drug and substance abuse, HIV/ AIDS, reproductive and sexual health problems are carried out but studies addressing the problem of ADHD and conduct disorder by the training of life skills are not reported. The present study makes an attempt to address the problem of ADHD and conduct disorder by training of life skills and facilitate their academic performance and level of adjustment. It also shall investigate if life skills approach could have some therapeutic effects on the child’s status of ADHD and conduct disorder.

- Life skills training programme have reported signs of improvement in problem solving, communication and coping skills (Botvin & Kantor, 2001; Perry, 1987).
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It is these indicators and trends that are often qualitative and anecdotal in nature. This indicates the potential need of this approach for use in improving social and emotional mental health problems.

- Life skill interventions attend to multiple domains. Lack of self awareness, problem solving skill and empathy are the listed risk factors for various mental health problems, including ADHD and CD. Consequently, life skill training as preventive interventions and treatment strategies are best aimed at reducing these risk factors and promoting protective factors.

- The life skills create opportunities to practice effective social skills individually as well as in groups. In these interventions, various strategies are used like praise, positive reinforcement, correction and redirection of inappropriate behaviors. These strategies help to develop social skills individually. In groups also, it is effective since life skills include storytelling in which stories are enacted by the children that build social interactions. Effective interactions can be discussed with specific attention to the steps involved. For example, discussing the process of effective conversation and discussing process of active listening and showing how effective listening makes such interaction possible.

- These life skills adjust instructional strategies to address social skills deficits by arranging the physical environment effectively and clearly stating instructional objectives and behavioral expectations throughout stories. Stories of various characters simulates real life challenges that children may encounter in their daily routine at school, home, and in the community to place social skills in their practical contexts (Steedly, Schwartz, Levin, & Luke, 2008).
Present study has wide significance in various other areas. It is beneficial in terms of adjustment and academic achievement of children with ADHD and conduct disorder. It is also beneficial for the clinical psychologist, teachers, parents, medical professionals to deal effectively with such children.

This study will throw light on the importance of storytelling as a strategy of life skill training. The stories in life skill training are focused on social and emotional learning strategies that encourage reflection, empathy, improve interpersonal relationship and self-awareness. They encourage children of ADHD and conduct disorder to think that their individual actions and words have significant consequences. It helps to develop children’s ability to take different perspectives and viewpoints. It teaches children to critically analyze and think through situations and various challenges by rehearsing possible outcomes.

There are many studies of life skill training to improve adjustment and academic achievement of adolescents. But very few tested the efficacy of life skill on children with ADHD and CD. This study will introduce life skill training as one of the method to improve the areas of adjustment and academic achievement of adolescents having disorders like ADHD and conduct disorder.

**Statement of the Problem**

A research problem refers to the identification of problem or difficulty which a researcher experiences in the context of either a theoretical or practical situation and wants to obtain a solution for the same.
“The effect of training of life skills on the academic achievement and the adjustment of the adolescents having conduct disorder and attention deficit hyperactive disorder.”

Objectives

- To study the level of adjustment and academic performance of children with attention deficit hyperactive disorder (ADHD) and conduct disorder (CD).
- To study the effectiveness of life skills training (effect of life skill training on life skills) through the art of storytelling for children with attention deficit hyperactive disorder (ADHD) and conduct disorder (CD).
- To study the effect of life skills training on adjustment of children with attention deficit hyperactive disorder (ADHD).
- To study the effect of life skills training on adjustment of children with conduct disorder (CD).
- To study the effect of life skills training on academic performance of children with attention deficit hyperactive disorder (ADHD).
- To study the effect of life skills training on academic performance of children with conduct disorder (CD).

Operational definitions

- **Adolescents** - Adolescents of age 10-19 years according to *WHO*. It is period of growth and development in human being. It starts after childhood and ends before adulthood.
- **Adjustment** – Adjustment refers to home, health, social, emotional and total adjustment. Home adjustment refers to adjustment at home in various situation
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and parents, health adjustment refers to adjusting to situations without the effect on health, social adjustment refers to adjusting in social situation and having good interpersonal relationship, emotional adjustment refers to adjustment without any emotional conflicts and emotional problems, and total adjustment refers to gross adjustment. Adjustment may take place by adapting the self to the environment or by changing the environment.

(a) Home Adjustment- Home adjustment signified adjustment in the family situations. Home adjustment was measured in terms of satisfaction or dissatisfaction with home life like quarrel within family member, sibling and other family members etc.

(b) Health Adjustment- Health adjustment signified adjustment in terms of health. If a person is not well adjusted, they generally have somatic and physical complaints which are measured by health adjustment scores. Health adjustment was measured in terms of the problems in physical fitness, health related problems and severity of diseases.

(c) Social adjustment- Social adjustment implied adjustment in social areas like difficulties in socialization, hesitant to talk with others and lack of interest in social activities.

(d) Emotional adjustment- Emotional adjustment means showing appropriate emotions in life situations (Crying spells, being happy, showing anger on things, handling emotions, being shy, nervousness, anxiety etc).

- Academic achievement – Academic achievement was defined as the children’s better attention and concentration, being able to read continuously, solves
mathematical calculation, intermittent academic exercises like calculation, language writing, essay writing, general knowledge. Rating of teachers, counselor and psychologist was used for measuring academic achievement.

- **Conduct disorder** - Conduct disorder (CD) is a behavioral and emotional disorder of childhood and adolescence. Children with conduct disorder act inappropriately, break laws, disobey on the rights of others and violate the behavioral expectations of others.

- **Attention deficit hyperactive disorder** - A condition in which a person (usually a child) has an unusually high activity level and a short attention span. Children with the disorder may act impulsively and may have learning and behavioral problems.

- **Life skills** - Skills which teaches to live life in healthy and adaptive manner. Life skill in the form of story-telling is used in this study. Stories of panchatantra are used to teach 10 life skills laid by WHO. Life skills are termed as abilities for adaptive and positive behavior that enable individuals to deal with the demands and challenges of everyday life, effectively.

There are total 10 life skills, which are divided in two parts. One related to thinking, which is termed as thinking skills. Thinking skill involves problem-solving, decision making, self awareness, critical thinking and creative thinking. Other related to dealing with people which is termed as social skills. Social skill involves skills to communicate effectively, make healthy relationships, building empathy towards others, handling emotions and helps in coping stress to manage their lives in a healthy and useful manner. Thinking skills are helpful at personal
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD level and social skills improve interpersonal skills and it does not essentially depend on logical thinking. These skills are used in combination. The combination of both these types of skills is required to achieve assertive behavior and to negotiate effectively. Another type of skill is emotional skill. This skill is helpful in making rational decisions and also makes person able to understand to one’s own point of view. For this, it is important for a person to be able to understand one’s own self. Hence, self management is an essential skill. It include managing and coping with feelings of self and others, emotions of self and other people, coping with stress and resisting peer pressure and dealing with family pressure. Following life skills were used in the present study:

a) Self Awareness - Self-awareness means awareness and recognition of self. Awareness about individual’s own characteristics, his own powers, strength and weaknesses, various desires of life and dislikes in life. It is very important part of life. It helps an individual to know the areas of life and situations where he can be stressed and what things he can manage. Self awareness in an individual is considered as a prerequisite to develop effective communication and maintain good interpersonal relations with others. It is also an important tool to develop empathy with others.

b) Critical Thinking - Critical thinking means intense thinking and it is an ability to critically analyze the information to solve the problems. When the person is in difficult situation, it’s the critical thinking which helps to save the person. It helps in analysis of situation. This is also important in health issues. Life skill makes use of this aspect of critical thinking that it helps an individual in recognition and
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD assessment of factors which can affect health e.g. harmful practices of drug use can deteriorate health.

c) Creative Thinking - Creative thinking means new ways of observing or doing things. It connotes creating something new and creative. In trouble situation, creative thinking means finding a new perspective to solve the problem. It has four components which include: fluency, being flexible, maintaining originality and lastly elaboration. Fluency means generating new ideas. Flexibility refers to shifting perspective easily. “Conceiving of something new” is termed as originality and elaboration means building and constructing new ideas.

d) Problem Solving - Problem solving helps an individual to deal effectively with problems in day to day lives. Many unresolved significant left out problems often cause mental stress and give rise to physical strain.

e) Effective Communication - Effective communication means an individual is able to express himself in all situations both verbally and non-verbally in ways that are appropriate to their culture and values. Effective communication means being able to express one’s opinions, desires, wishes, fear and suspicions. It also means “being able to ask for advice and help in a time of need”.

f) Decision making - Decision making helps an individual to deal effectively with decisions about individual’s own lives. Decision influences health because whatever a person does for his own health depends on his ability to make decision. It is important for a person to know how to actively make decisions about their actions in relation to healthy assessment of different options related to health and to learn and foresee the effects of those different decisions.
g) Interpersonal Relationship Skills- Interpersonal relationship skills help an individual to relate in positive ways with the people they interact with. Interpersonal relationship skill means being able to make good relationship and keep friendly relationships. This is of great importance for an individual’s mental and social well-being. It is important for the family i.e. maintaining good relations with family members and family is considered as an important source of social support. Interpersonal relationship skill is not only about developing relationship, it also means that a child is able to end the relationships constructively.

h) Empathy - Empathy means to understand other’s feeling. It means to be “in other’s shoes” to feel where it pinches. Often it is considered as an important prerequisite for a successful relationship with our loved ones and mainly society, empathy helps to understand and care about other peoples’ wishes, desires and feelings. Empathy can help an individual to accept others, even though the other person is different. Without understanding others’, life of individual will be alone, everybody will become selfish; everybody will act and behave according to their own self-interest. Individual dwell in relationships with many people like parents, brothers and sisters, siblings, cousins, neighbors, uncles, aunts, class fellows and friend. To communicate own needs and desires to these people, it is important to understand self as well as others. Empathy is a tool to express what a person knows, to express his own thoughts and ideas and it also helps to manage critical issues. Empathy also helps an individual to be able to draw support from other people and also other person tries to understand them. This can improve social interactions, in all situations especially in case of diversities like ethnic and cultural diversity.
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i) Coping With Stress - Coping with stress means recognizing the stress, sources of stress in individual’s lives, identifying how the stress affects the individual life and acting and coping in ways that help the person to control levels of stress. Different coping mechanisms used by person are changing environment or lifestyle or may be learning methods of relaxation.

j) Handling Emotions - Handling emotions means involving recognizing emotions within the individual and others and identifying the ways in which emotions influence individual thinking and behavior. Handling means being able to respond to emotions effectively. There can be positive effects of emotions where an individual learns constructively to manage emotions whereas intense emotions like anger, sadness and irritability may have negative effects on health. It may cause various physical disorders.

- **Training** - Process of bringing a person, to an agreed standard of proficiency, by practice and instruction.

- **Storytelling** - Storytelling is one of the methods to impart life skills. In storytelling, the educator, instructor or children tell or read a story to a group. This story telling can be supplemented with the help of pictures, comics, photo novels, filmstrips and slides, to increase its impact. Children are encouraged to think about, analyse and discuss important (behavior related) points, strategies and principles of life or morals rose by the storyteller through the simple stories. There are various benefits of storytelling. It can help children to think about local problems and develop critical thinking skills. Children can engage their creative skills in writing stories or a group can work interactively to tell stories. Story
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telling lends itself to drawing analogies or making comparisons and helping children to discover healthy solutions.

- **Panchatantra**- The Panchatantra collection represents the earliest folk tale form in the world of literature. It imparts various morals that should be followed for a healthy living. Several people believe that they are as old as the Rig-Veda. Panchatantra tales are available in several languages and versions and circulated in the world but Sanskrit original of Vishnu Sharman is the one that is popular in India.

**Conceptual framework**

Hodge, Danish, and Martin (2013) outlined a comprehensive conceptual framework for life skills interventions by integrating aspects of Basic Needs Theory (BNT) and Life Development Intervention (LDI). In the present study, the researcher planned to follow this model. In particular, model emphasized on the integration of two features one is, the three basic psychological needs of autonomy, competence, and relatedness and second is the needs-supportive motivational climate from basic needs theory with the life development intervention (LDI) framework. When these three basic psychological needs are satisfied, people experience positive psychological development and optimal psychological well-being. This well being is the stated outcome goals of any life skills programs. Life Development Intervention’s emphasis is on self-directed change, being goal-directed and focusing on the future. It is based on the understanding of things that needs to be done in the present, to reach best possible future of an individual. Life Development Intervention is more than a conceptual framework for understanding the process of positive change. LDI also describes an intervention
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD methodology based on a psycho educational approach. This approach involves a skills-based teaching format to promote positive development. In this study, storytelling is used as teaching format to promote positive changes in individual. The specific goal of LDI is to increase the likelihood of success by enhancing personal competence through the teaching of life skills (LS) (Danish & Forneris, 2008). In this study also storytelling is used an intervention which enhance personal competences by teaching of self awareness, improving interpersonal relationship, improving communication, etc. Danish, Forneris, Hodge, and Heke (2004) defined life skills as “those skills that enable individuals to succeed in different environments in which they live. These environments can be school, home and their neighborhoods. Life skills can be behavioral (communicating effectively with peers and adults) or cognitive (making effective decisions), interpersonal (being assertive) or intrapersonal (setting goals)”. BNT includes (a) the three basic psychological needs of autonomy, competence, and relatedness and (ii) the needs-supportive motivational climate (see Figure 1.1). Autonomy is defined as being the perceived origin of one’s own behavior and having an authentic sense of self-direction and volition. Autonomy may result in increased opportunities for decision making. Autonomy enables an individual to set their own goal and works toward the attainment of goals and they feel competent after achieving the goal. In this study, children were taught decision making skills, problem solving skills for autonomy. Autonomy is viewed as an important component of Life skill interventions directed at improving an individual’s problem-solving and coping skills. Competence refers to individuals feeling effective in their ongoing interactions with the social environment and experiencing opportunities to exercise and express their capacities. The children were made confident in social
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD interaction and they answered questions with the other children. The other skills taught were interpersonal skills, communication skill for improving competence. This definition of competence is also both interpersonal (e.g., effective in one’s ongoing social interactions) and intrapersonal (e.g., exercise and express one’s capacities). Relatedness refers to having a sense of belonging both with other individuals and with one’s community, feeling connected to others, and caring about and being cared for by others. Other elements of LS programs that have clear connections to the basic need of relatedness include “cooperation with others” and “consideration for others’ feelings” and “increased social interest” and “social responsibility”. The characters and behaviours of various animals in the stories teaches empathy and caring for others to the children. Relatedness incorporates both caring about others and being cared by others. When these three needs are satisfied, people experience positive psychological development and optimal psychological well-being. This model considers the three psychological needs of competence, autonomy, and relatedness to be “innate psychological nutriments that are essential for ongoing psychological growth, integrity, and well-being” for all individuals regardless of age, gender, or culture. Life skill interventions should be designed to directly support the satisfaction of these three basic psychological needs. In this study also, the life skills are designed in such a way that it teaches these three basic psychological needs. The context or setting within which life skill programs are delivered is also a crucial factor to consider. From a basic need theory perspective, the influence of a needs-supportive motivational climate is viewed as a critical environmental influence for the satisfaction of the three basic needs. A needs-supportive motivational climate refers to the goals and behaviors emphasized with respect to the three basic needs and the
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD values that are salient in the social environment created by significant others. Hence, it is essential to assess the influence both the content and context of the environment around the individual. Content of a Life skill intervention includes storytelling, exercises related to the stories clubbed with other behaviour dynamics and other activities designed to gratify autonomy, competence and relatedness. Context means environment surrounding the individuals participating in the life skill intervention (Figure 1.1). The general goal of life development intervention is to enhance personal proficiency. From an LDI perspective, personal competence is proficiency means the ability to do life planning, be self-sufficient and seek the other. With this, the individual will have the ability to work well, play well, love well, think well, serve well, and be well. In this study it is done by the method of various stories where ability to plan, love for each other are taught with help of different characters. Furthermore, when Life skill values are central to an individual’s sense of self, those values are more likely to motivate Life skill-related actions. The BNT model represents an increasing internalization of values, as well as increasing self-regulation, as one’s basic psychological needs are progressively satisfied. From a BNT perspective, the more that individuals internalize the basic needs (see Figure 1.1); the more likely they are to develop the ability to “generalize” Life Skill to a number of life contexts (e.g., school, home and play). The integrated life development intervention and BNT life skill model is depicted in figure 1.1. It characterizes life skill development as occurring through the satisfaction of the three basic psychological needs of autonomy, competence, and relatedness. Such Life Skill development begins with participation in Life Skill intervention program (left-hand side of Figure 1.1). The specific content (i.e., storytelling see examples in Figure 1.1) of a life skill program that
Life skill training, Adjustment, Academic achievement, Adolescent with ADHD and CD follows the Life Development Intervention / BNT LS model help to satisfy one or more of the psychological needs of autonomy, competence, and relatedness (see Figure 1.1). According to the LDI/BNT conceptual model, the life skill intervention will only be successful in satisfying these three needs if the motivational climate created and nurtured by the life skill educators is needs-supportive. Due to this, the social environment within which the life skill program is taught should specifically support these three basic psychological needs (see Figure 1.1). A needs-supportive motivational climate is created when participants in an life skill program are provided with choice and a rationale for tasks, their feelings are recognized, are provided with opportunities to show initiative and independent work are provided, participants are given noncontrolling competence feedback and the use of guilt producing criticism and overt control is avoided by the life skill educator. Peers and fellow participants can also influence the creation of a needs-supportive motivational climate through similar means as the life skill educator. If the LS program and the needs-supportive motivational climate are effective, then the participant will likely report greater satisfaction of his or her three basic psychological needs. According to the integrated model (LDI and BNT LS model), such an outcome will increase the potential for program participants to be able to generalize their life skills to multiple life area (right-hand side of Figure 1.1).
Figure 1.1: Conceptual framework for life skill training of the study adopted from the study of Hodge, Danish, and Martin with modification.
CHAPTER II

REVIEW OF LITERATURE