SUMMARY AND CONCLUSIONS
Conduct disorder has been defined as a wide range of behaviour in which the basic rights of others and major age-appropriate societal norms are violated.

There are several theories of conduct behaviour that focus on psychological and social relationship factors on some level. One explanation for conduct behaviour in children revolves around certain characteristics of family and specific members like parents that put children at risk for conduct disorder. In particular, familial norms and standards and familial interactions convey what forms of behaviour are acceptable and may inadvertently communicate that such behaviour is an acceptable way of life through actual examples. At times angry outbursts, violence and criminal acts may be perceived as the only effective method for overcoming barriers to achievement and satisfaction of needs.

Broken homes are considered as one of the strong predictors of delinquency and conduct disorder. Family dysfunction, parental inadequacies, conflict between parents, inadequate discipline, marital problems, mental illness etc, are found to be associated with increased incidents of conduct disorder among children and adolescents.
Conclusions

The present study is planned to examine some of the crucial factors both psychological and social in nature in relation to conduct disorder among adolescent children and to design and test the efficacy of an intervention strategy for the management of conduct disorder.

Sample

The sample consisted of 190 adolescent children of which 95 are conduct disordered and 95 normal. Each group included 65 boys and 30 girls. The sample of conduct disordered children were selected from schools and clinics based on the scores in Developmental Pathological Check List. Normal children were selected from schools and were also screened for normality using the same scale. The sample for intervention consisted of 7 (6 boys and 1 girl) conduct disordered children.

Conduct disordered Children

Inclusion criteria

1) Adolescent boys and girls of 14-16 yrs of age.

2) Children with a cut off score of 4 or above in the conduct disorder subscale of Developmental Psychopathology Check List for Children (Kapur, Barnabas, Reddy, Rozario & Uma, 1995) were taken as the conduct disordered group in this study.

Exclusion criteria
Conclusions

1) Adolescents with history of overall delay in developmental milestones and who exhibited psychotic and neurotic symptoms.

2) Children with single parent.

3) Children already on medication.

Normal children

Inclusion criteria

1) Adolescent boys and girls of 14-16 yrs of age.

2) Children who got a score below the cut off point of 4 as per the conduct disorder subscale of Developmental Psychopathological Check List for Children (Kapur, Barnabas, Reddy, Rozario & Uma, 1995) was taken as the normal group.

Exclusion criteria

1. Children with single parent.

2. Children who had psychotic or neurotic features and those who had developmental delays as per Developmental Psychopathological Check List for children.

Tools Used

The following tools were used in the study to measure the Psychosocial correlates of conduct disorder.

1. Parent – Child Relationship Scale.
Conclusions

2. Alienation Scale for Youngsters

3. International Personality Disorder Examination ICD-10 Module Screening Questionnaire

4. Parent Attitude Inventory

5. Family Interaction Scale

6. Developmental Psychopathology Check list for Children

7. Personal Data Schedule

Administration and Scoring

Data were collected from both parents of conduct disordered children, normal children and children themselves. The tools were administered to them individually particularly in referral cases. Group testing was done in school setting.

Scoring was done as per the directions provided in the manuals of the inventories and scales.
Conclusions
Description of Tools

1) Parent-Child Relationship Scale (Rao, 1989)

The Parent-Child Relationship Scale measures characteristic behaviour of parents as experienced by their children. The tool contains 100 items categorized into ten dimensions namely, protecting, symbolic punishment, rejecting, object punishment, demanding, indifferent, symbolic reward, loving, object reward and neglecting. Each respondent score the tool for both father and mother separately.

2) Alienation Scale for Youngsters (Ajaykumar and Sanandaraj, 1987)

The Alienation Scale for Youngsters measures the variable Alienation of the subjects. The subscale includes powerlessness, normlessness, meaninglessness and social isolation.

3) International Personality Disorder Examination ICD-10 Module Screening Questionnaire. (Loranger, 1997)

IPDE ICD-10 module screening questionnaire of the IPDE was administered to the parents (father and mother). The subjects are asked to circle the true or false options for each of the 59 statements denoting the 9 personality disorder traits namely Paranoid personality disorder, Schizoid personality disorder, Dissocial Personality disorder (Antisocial personality disorder), Emotionally unstable personality disorder which includes Impulsive type and Borderline type, Histrionic personality disorder, Anankastic
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Personality disorder, Anxious (avoidant) personality disorder and Dependent Personality Disorder.

If three or more items from a disorder are circled, it indicates that the subject has failed the screening for that disorder and should be interviewed. In the present study the scores are taken just to explain that the subject has failed the screening test of a particular personality disorder denoting that he may have the chance of having that disorder traits in him that needs to be confirmed with the IPDE interview schedule for a diagnosis.

4. Parent Attitude Inventory. (Radhika and Thomas, 1999)

This scale is intended to measure the attitudes of mother and father towards various aspects of child rearing. The test measures four factors of parental attitude namely Independence, Acceptance, Punishment and Parental role.

5. Family Interaction Scale (Asha, 1987)

Family Interaction Scale (FIS) is a scale developed to measure family environment. The eight sub scales of FIS measure the social environmental characteristics of all types of families. The subscales of FIS are independence, cohesion, achievement orientation, intellectual orientation, conflict, social orientation, ethical emphasis and discipline.

Conclusions

Developmental Psychopathology Check-List is a screening tool to assess psychopathology in children, which is brief, comprehensive and developmental in perspective. The DPCL has 124 items and six sub scales. There are 8 items in the Conduct Disorder subscale of DPCL. They are (1) Stubbornness, (2) Disobedient, (3) Disruptive, (4) Quarrelsome, (5) Aggressive, (6) Temper tantrums, (7) Truancy and (8) Lying and stealing.

7. Personal Data Sheet

Personal Data sheet was used to gain information about personal details, family details, health and socio economic status of the subject.

Intervention

Though parents of all the 95 children were informed of the intervention programme parents of only 13 children were consented for intervention. However, only 7 children, 6 boys and 1 girl, were able to complete the entire session. Intervention was done based on the convenience and interest of parents and children. A minimum of five sessions and a maximum of 10 sessions of training were given to each subject. Intervention techniques included individual counseling, family counseling, anger management, relationship enhancement and relaxation therapy.

Analysis of Data.

The statistical analysis of the data included Analysis of variance (two-way), t-test, Levene's test for equality of variances, Multiple Comparison-
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Scheffe and Percentage Analysis. A profile analysis was also done to quantitatively assess the data on intervention sessions.

**Major findings of the study**

1. Conduct disordered adolescent children are found to perceive their fathers as less protective when compared to normal children.

   Conduct disordered boys and girls differ from normal boys and girls in their perception of fathers’ protective role.

2. Conduct disordered adolescents see their fathers as less loving. On the contrary, normal children see their fathers as more loving.

   Conduct disordered adolescent girls view their fathers as more loving than conduct disordered boys. They differ from normal boys and girls respectively in their perception of fathers as loving.

3. Compared to the group of normal children conduct disordered group perceive their fathers as giving less symbolic reward.

   Regarding symbolic reward normal boys and girls have better perception of their fathers as offering symbolic reward than conduct disordered boys and girls.

4. Groups of conduct disordered children view their fathers as providing less object reward. But normal children consider fathers as proving more object reward.
Conclusions
When conduct disordered boys and girls are compared it is seen that girls have favourable perception of fathers’ relationship in providing object reward than boys. Both the groups differ from normal boys and girls in their perception of fathers as giving object reward.

5. Conduct disordered adolescents perceive their fathers as more demanding, unlike normal children who perceive their fathers as less demanding.

Conduct disordered boys and girls consider their fathers as more demanding than normal boys and girls.

6. Fathers are viewed by their conduct disordered children as more indifferent. Normal adolescents regard their fathers as less indifferent.

Conduct disordered boys and girls consider their fathers as more indifferent than normal boys and girls who have a comparably better perception of their fathers.

7. Conduct disordered adolescents, compared to normal children, are found to perceive their fathers as giving more symbolic punishment. Compared to girls, boys regard themselves as getting more punished symbolically.

8. Conduct disordered adolescents perceive their fathers as giving more object punishment than normal adolescent group.
Conclusions

Conduct disordered boys seem to have poor perception of their fathers giving object punishment.

9. Fathers are perceived as rejecting by their conduct disordered children. On the other hand, normal adolescents see their fathers as accepting. Conduct disordered boys perceive their fathers as more rejecting than conduct disordered girls.

10. Conduct disordered group of adolescent children perceive their fathers as more neglecting, but normal children regard their fathers as not neglecting.

Boys perceive their fathers as more neglecting than girls.

11. Conduct disordered group of adolescents perceive their mothers as less protective, unlike the normal children who perceive their mothers more protective.

Conduct disordered boys and girls do not differ in their views regarding mothers’ role as protective.

12. Conduct disordered adolescents when compared to normal children, perceive their mother as less loving.

There is no significant difference among conduct disordered boys and girls in the perception of mothers’ relation as loving.
Summary and Conclusions

13. Conduct disordered children regard their mothers as providing less symbolic reward than normal children who perceive their mothers as providing more symbolic reward.

Conduct disordered boys and girls do not differ in their perception of mothers’ relation as providing symbolic reward.

14. Conduct disordered children have a negative perception of their mothers as providing object reward than that of normal children.

There is no difference among conduct disordered boys and girls in their perception of mothers as providing object reward.

15. Conduct disordered children and normal children do not differ in their perception of mothers’ relation as demanding.

Conduct disordered boys and conduct disordered girls do not differ in their perception of mothers’ relation as demanding.

16. Conduct disordered children view their mothers as more indifferent than normal group of children.

Conduct disordered boys and girls do not differ in their perception of mothers’ relation as indifferent.

17. Conduct disordered and normal children are similar in their perception of their mothers’ relation as giving symbolic punishment.
Conclusions

Conduct disordered boys and girls do not differ in their perception of mothers as giving symbolic punishment.

18. Conduct disordered children perceive their mothers as giving more object (physical) punishment than the mothers of normal children.

Compared to conduct disordered girls’ perception of their mothers, conduct disordered boys consider their mothers as punishing them by physical means. They perceive their mothers are giving more object punishment.

19. Conduct disordered children consider their mothers as more rejecting than normal children who perceive their mothers as less rejecting. Conduct disordered boys have a more negative perception of their mothers relation as rejecting than that of conduct disordered girls.

20. Conduct disordered children perceive their mothers relation as more neglecting than normal children.

Conduct disordered boys have a more negative view of their mothers’ relation as neglecting than conduct disordered girls.

21. Conduct disordered adolescents are found to be more alienated than normal adolescents. Conduct disordered adolescents are found to feel powerlessness, normlessness, meaningless and social isolation more than normal children.
Conclusions

Conduct disordered boys feel more alienated, powerless, normless and also meaninglessness in life than conduct disordered girls. Conduct disordered girls feel more social alienation than normal group of girls.

22. Undesirable personality characteristics like paranoia and dissocial tendencies are found in parents of conduct disordered children than parents of normal children.

Compared to fathers of normal boys traits of dissocial (antisocial) personality characteristic was found to be more in fathers of conduct disordered boys.

The most prevalent personality characteristics found among mothers of conduct disordered boys are dependency, anxiety, anankastic and schizoid tendency.

Compared to parents of conduct disordered boys, parents of conduct disordered girls are found to have less number of unhealthy personality traits. Both mothers and fathers of conduct disordered children are found to possess dissocial (antisocial) personality trait to a considerable extent.

23. Fathers of conduct disordered children have very unfavourable attitude towards them.

24. Fathers of conduct disordered children both boys and girls have a negative attitude towards giving independence to their children.
Summary and Conclusions

25. Fathers of conduct disordered children have an unfavourable attitude towards accepting conduct disordered children.

26. Fathers of conduct disordered children are found to have an unfavourable attitude towards punishing their children and hence more punitive.

27. Attitude towards parental role is unfavourable in the case of fathers of conduct disordered children. They don’t consider their role as significantly helping.

28. Mothers of conduct disordered children have an unfavourable attitude in general towards their children than the mothers of normal children.

29. Mothers of conduct disordered children have a negative attitude towards giving independence to their children. Mothers of normal children have a favourable attitude towards giving independence to their children.

30. Mothers of conduct disordered boys and girls have an unfavourable attitude with reference to accepting their children.

31. Mothers of conduct disordered children have an unfavourable attitude towards punishing their children and hence more punitive.

Mothers of normal children are found to be less punitive.

32. Mothers of conduct disordered children have a negative attitude to parental role in managing their children.
Conclusions

33. When conduct disordered boys and girls are compared mothers seem to have a more favourable attitude towards boys than girls.

34. Conduct disordered children experience less independence than normal children. Conduct disordered children are not much encouraged to act independently by the family.

Among conduct disordered boys and girls, boys show more independence than girls.

35. Conduct disordered adolescents receive limited help and support from family members. They differ from normal children significantly with respect to cohesion.

Conduct disordered boys and girls do not differ in the dimension of cohesion. Normal girls experience high amount of cohesion in the family.

36. Conduct disordered boys and girls differ from normal children in achievement orientation.

37. Conduct disordered children are found less intellectually oriented than normal children.

38. Conduct disordered children are more likely to experience conflict and express their anger to family members than normal children.

39. Conduct disordered children are found less socially oriented than normal children.
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40. Normal children are found to give more importance to moral values than conduct disordered children. Girls, more than boys, are found to consider moral values as more important.

41. There is a lack of well set rules and discipline in the families of conduct disordered children.

42. In the case of fathers’ of conduct disordered children, economic status affect their attitude to punishment significantly. Fathers belonging to high income group differ from low income and middle income group and believes more in differential punishment so as to control them.

43. Mothers of conduct disordered children from high income group tend to have a comparably positive attitude than the low income group regarding parental role.

44. The less educated fathers of conduct disordered children are found to be more demanding with regard to their relationship to children than the better educated fathers.

45. Conduct disordered children view their less educated mothers as more neglecting than the better educated.

46. The middle born among conduct disordered children differ from the first born and last born in cohesion and family interaction. They are in a better position to get more help from the family and experience
Conclusions

comparatively less distress in family situations than the first born and last born children.

47. The programme used to examine the efficacy of an intervention programme in controlling the undesirable behaviour problems in conduct disordered children seem to reduce the degree of severity and frequency of symptoms exhibited though marginally.
Conclusions

1. Conduct disorder children have poor perception regarding different components of parent-child relationships.

2. Conduct disordered children feel alienated and have the feeling of powerlessness, normlessness, meaninglessness and social isolation.

3. Parents of conduct disordered children show the presence of traces of personality disorders, particularly dissocial (antisocial) personality disorder.

4. Parents of conduct disordered children have unfavourable attitude towards their children.

5. Conduct disordered children come from distressed families.

6. In the case of conduct disordered children factors such as parental economic status, education and ordinal position of children have minimal effects on perception of parent-child relationship, feeling of alienation, parental personality disorder, parental attitude and family environment.

7. Intervention package used is effective in reducing severity and frequency of conduct problems and increasing desirable behavior.
Conclusions

Summary and Implication

1. The understanding gained from the study is expected to be useful (i) in planning similar intervention programmes for conduct disordered children (ii) in organizing parent management programs aimed at training parents to train their conduct disordered children and (iii) for policy makers in designing rehabilitation strategies for problem children.

Scope for Further Research

1. The present findings that relate the presence of traces of dissocial (antisocial) personality in parents and conduct disorder in their offspring can be seen as a step towards further research on the genetic influences in conduct disorder.

2. Short term cross sectional studies may be planned among affected children and their parents from different socio cultural backgrounds.