CHAPTER—IX

SUMMARY AND CONCLUSION

9.0 INTRODUCTION

Most parents report having conduct related problems with students at some time or another. That means conduct problems has become very common among students and adolescents in our society. However the label conduct disorders may only be warranted if those problematic behaviours are persistent and impinge on the basic rights of others, if major age appropriate societal norms are violated or if there is significant impairment in everyday functioning at home or school.

Definitions are supplemented by DSM-IV Diagnostic Criteria for getting more clear picture of conduct disorders. Criteria include aggression towards people and animals, destruction of property, deceitfulness, theft and other serious violation of social rules. A diagnosis of conduct disorders also requires a persistent behavior pattern in which three or more of a total of 15 behaviours occur over a 12-month period. DSM-IV also specifies childhood-onset and adolescent-onset types of conduct disorder and different degrees of severity of the disorder.

The disorder not only affects the individual, but his/her family and surrounding environment. Conduct disorder appears in various forms, and a combination of factors appears to contribute to its development and maintenance. Various interventions have been put forward to reduce the prevalence and incidence
of conduct disorder. Optimum method appears to be an integrated approach, within
variety of contexts at different developmental stages of the student.

9.1 NEED FOR THE STUDY

There has been very little effort to identify and provide intervention for
students with conduct disorders in India. The prevalence of conduct disorders is
alarmingly wide and appears to be growing around the world and also in India.
According to research cited in Phelps and McClintock (1994), lack of knowledge of
appropriate assessment procedures have led to incorrect prevalent rates. The actual
rate may well be higher as many students with conduct disorders are not referred so
far, due to limited knowledge in this area.

Also studies suggest that less than 50% of the most severe cases become
antisocial as adults. It may lead to later problems like school drop out, alcoholism,
drug abuse, juvenile delinquency, adult crime, anti social personality, marital
disruption, and interpersonal problems. (Kazdin, 1985, 1987; Wadsworth, 1979;
Farrington, 1978; Rutter, 1977; Oltmans, Broderick and O’Leary, 1977; Johnson and
Lobitz, 1974; Robbins, 1966). Thus the fact that this disorder continues into
adulthood for many people, conveys conduct disorder to be a serious and life long
dysfunction. (Webster-Stratton and Dabl, 1995) Similarly conduct disorder affects
other psychological variables like intelligence, cognitive skills, perceptual processes,
impulsivity, moral development and interpersonal relationships, which adds to the
severity of the disorder. There comes the usefulness of the proverb saying
‘prevention is better than cure’.
Conduct disorders may not be possible to diagnose in very young students due to their inadequate level of social understanding and the allowances that are made for them as a result of it. Apart from this, they lack cognitive abilities to understand the ramifications of their behaviours, which will in turn make it difficult to provide them with a label of conduct disorders. (Frick, 1998b) In such case interventions will not be successful. Hence the investigator was made to take students from V to XII grade for the present study.

Studies also revealed that conduct disorders affects the educational performance of the students which is a significant problem. Teachers find it difficult to manage them in the classroom. The investigator has undertaken this work with a hope that the intervention programme developed in the study will serve as a guideline for both teachers and parents to handle the students with conduct disorders appropriately which may help them to lead a better life.

9.2 STATEMENT OF THE PROBLEM

9.2.1 The Problem

The problem is to diagnose the specific areas of conduct disorder and specific skills lacking in a student with conduct disorders and thereby to develop a cognitive emotional intervention programme to assist the students to improve their self-concept, social-cognitive skills, assertive skills, cognitive problem solving skills, social problem solving skills, scientific attitude and emotional intelligence.

9.2.2 Nature and Scope of the Study

The present study is an attempt to identify students with conduct disorders from V to XII, to analyse the specific areas of conduct problems and to provide them
with an intervention programme. This is an exploratory and experimental study. In the context of the present status of research and the resulting need for intervention in the area of conduct disorder, an attempt was made in this study to answer the following questions.

(i) What percentage of students studying in grades V to XII exhibit conduct disorders?

(ii) What is the prevalence of students with conduct disorders in Kerala state in terms of demographic characteristics like type of school, grade and gender?

(iii) What is the percentage of students exhibiting different types of conduct disorders among students studying in different types of schools?

(iv) Is there any difference in the percentage of students exhibiting conduct disorders among male and female students?

(v) Is there any difference in the percentage of students exhibiting conduct disorders among different grades?

(vi) Is there any quantitative difference between normal students and students with conduct disorders in grades VII, VIII and IX?

(vii) Is there any qualitative difference between normal students and students with conduct disorders in grades VII, VIII and IX in various emotional and behavioural problem and skills?

(viii) Whether the remedial programme developed on the basis of cognitive emotional interventional procedure is effective in overcoming the conduct problems of students and improving their skills?
9.2.3 OBJECTIVES OF THE STUDY

The specific objectives of the study were as follows.

1. To find out the percentage of students exhibiting conduct disorder from students studying in grades V to XII in Kerala state.

2. To understand the prevalence of students with conduct disorder in Kerala state in terms of demographic characteristics like type of schools, grades and gender.

3. To determine the frequency of students exhibiting different types of conduct disorders belonging to different groups based on type of schools, gender and grades.

4. To find out whether there is any significant difference between normal students and students with conduct disorder of grades VII, VIII and IX in
   a. Level of self concept
   b. Level of Scientific attitude
   c. Level of emotional intelligence
   d. Extent of social cognition
   e. Extent of assertion
   f. Number of social skills problems present

5. To find out whether there is any qualitative difference between normal students and students with conduct disorder of grades VII, VIII and IX in
   a. Level of self concept
   b. Level of Scientific attitude
   c. Level of emotional intelligence
   d. Extent of social cognition
   e. Extent of assertion
   f. Number of social skills problems present
6. To plan a remedial intervention programme for students with conduct disorders to improve
   a. Level of self concept
   b. Level of Scientific attitude
   c. Extent of Social cognition
   d. Extent of assertion
   e. Problem solving skill and to
   f. Reduce the number of social skills problems present

7. To study the effectiveness of the above mentioned programme for students with conduct disorders in improving the
   a. Level of self concept
   b. Level of Scientific attitude
   c. Extent of Social cognition
   d. Extent of assertion
   e. Problem solving skill and to
   f. Reduce the number of social skills problems present

9.2.4 HYPOTHESES OF THE STUDY

The present study verifies the following hypotheses.
1. There is a significant quantitative difference between normal students and students with conduct disorders in grades VII, VIII and IX in
   a. Level of self concept
   b. Level of Scientific attitude
   c. Level of emotional intelligence
   d. Extent of social cognition
   e. Extent of assertion
   f. Number of social skills problem present
2. There is a qualitative difference between normal students and students with conduct disorders in grades VII, VIII and IX in

   a. Level of self concept
   b. Level of Scientific attitude
   c. Level of emotional intelligence
   d. Extent of social cognition
   e. Extent of assertion
   f. Number of social skills problems present

3. The remedial programme developed in the study will be effective in improving the

   a. Level of self concept
   b. Level of Scientific attitude
   c. Extent of social cognition
   d. Extent of assertion
   e. Problem solving skills and to
   f. Reduce the number of social skills problems present

9.3 METHODOLOGY

The methodology adopted to achieve the objectives and test the hypotheses of the study are discussed below.

9.3.1 Sample

To begin with 20 schools from different parts of Kerala were selected to identify students with conduct disorders.
9.3.2 Identification of Students with Conduct Disorders

Students with conduct disorders were identified by employing a set of exclusionary and inclusionary criteria to eliminate students without any conduct disorders. The table below gives the set of criteria, based on which students with conduct disorders were identified. Various tools and techniques employed to measure each of those criterion are also given.

Table 9.1: List of inclusionary and exclusionary criteria for identifying students with conduct disorders

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Variables</th>
<th>Tools/Techniques</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enrolled in school</td>
<td>School records</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At or above 10 years of age</td>
<td>School records</td>
<td></td>
</tr>
</tbody>
</table>
| 3      | With normal visual and auditory functioning | 1. Teacher’s opinion  
2. Self report                                                                       |                                        |
| 4      | Normal intellectual functioning          | Schedule for assessment of behaviour in students                                  | Ramaa, Ashok and Balachandra (1997)    |
| 5      | Exhibits conduct problems at least from two years or more persistently | 1. Teacher’s opinion  
2. Student behaviour checklist  
| 6      | With learning disability                 | 1. Teacher’s opinion  
2. Schedule for assessment of behavioural problems in students                   | Ramaa, Ashok and Balachandra (1997)    |
| 7      | With internalised disorders              | 1. Teacher’s opinion  
2. Schedule for assessment of behaviour problems in students                     | Ramaa, Ashok and Balachandra (1997)    |
| 8      | With associated disorders like ADHD, ODD, etc. | 1. Teacher’s opinion  
2. Schedule for assessment of behaviour problems in students                     | Ramaa, Ashok and Balachandra (1997)    |
| 9      | Coming from subculture that seem delinquency acceptable | 1. School records  
2. Self report                                                                      |                                        |
| 10     | Caught as a juvenile delinquent by legal authorities | 1. Teacher’s opinion  
2. School records  
3. Discussion with head of the institution                                              |                                        |
Various steps followed to meet each criterion and discussed in detail in Section 4.1 of Chapter IV.

9.3.3 Diagnosis and Assessment of Students with Conduct Disorders

To diagnose the specific areas of conduct problems in students with conduct disorders. Out of the total 463 students with conduct disorders, 262 students with conduct disorders were selected from Wayanad district who were tested using the inclusionary criteria given below.

Table 9.2: Variables and techniques employed for selecting students with conduct disorder for diagnosis

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Variables</th>
<th>Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Students staying along with parents</td>
<td>Self report</td>
</tr>
<tr>
<td>2</td>
<td>Students with both parents</td>
<td>Self report</td>
</tr>
<tr>
<td>3</td>
<td>Student from middle socio-economic status family</td>
<td>School records Unstructured interview</td>
</tr>
<tr>
<td>4</td>
<td>Has congenial family atmosphere</td>
<td>Teacher’s opinion self report</td>
</tr>
<tr>
<td>5</td>
<td>Has not attended any counseling sessions</td>
<td>Self report Teacher’s opinion Discussion with parents</td>
</tr>
<tr>
<td>6</td>
<td>Between 12-14 years</td>
<td>School records</td>
</tr>
</tbody>
</table>

Only 44 students out of the 262 students met the inclusionary criteria and hence were included in the diagnostic stage. (Details are given in Section 8.1 of Chapter VIII). After selecting the 44 students with conduct disorders for diagnostic stage, they were classified into three categories on the basis of ICD-10 classification
as students with conduct disorders confined to family context, students with unsocialised conduct disorders and students with socialized conduct disorders.

Then a set of tools and techniques were administered to them so as to identify the specific skills lacked by students with conduct disorders. Table 8.3 will provide information regarding the tools and techniques employed during the diagnostic stage.

Table 9.3: Tests and tools employed during the diagnostic stage

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Variable/Skill</th>
<th>Tools/Techniques</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self concept</td>
<td>Lipsett’s Self Concept Scale</td>
<td>Lipsett (1952) adapted to Malayalam by Sanil Somakumar</td>
</tr>
<tr>
<td>3</td>
<td>Emotional intelligence</td>
<td>Emotional intelligence scale</td>
<td>K.D. Broota</td>
</tr>
<tr>
<td>4</td>
<td>Social skills problems</td>
<td>Social skill problem checklist administered to teachers</td>
<td>Investigator</td>
</tr>
<tr>
<td>5</td>
<td>Social cognitive skills</td>
<td>Selection of alternative response test</td>
<td>Investigator</td>
</tr>
<tr>
<td>6</td>
<td>Assertive skills</td>
<td>Assertive Skill Assessment Questionnaire</td>
<td>Investigator</td>
</tr>
<tr>
<td>7</td>
<td>Problem solving skill</td>
<td>Informal assessment (Problems in daily life situation were given to find solutions)</td>
<td>Investigator</td>
</tr>
</tbody>
</table>
The knowledge regarding specific skills lacked by students with conduct disorders and specific areas of conduct problems was essential to plan and prepare an effective intervention programme as all the students selected for diagnostic stage are selected for intervention programme also.

9.3.4 Selection of Normal Students

To compare students with conduct disorders and normal students a matched group of normal students were identified and selected by obtaining a list of students who are referred to as normal by class teachers studying in the same grades and schools of students with conduct disorders selected for diagnostic purpose. The details are given in Section 4.2 of Chapter IV.

9.3.5 Development of Intervention Programme for Students with Conduct Disorders

The main purpose of this study was to develop an intervention programme for students with conduct disorders. This phase involved two stages.

9.3.5.1 Preparation of the Intervention Programme

To meet the objective six of the study an intervention programme was developed for students with different types of conduct problems, by considering each aspect of the problem. It was developed based on the well established principles of social, moral and emotional development and the skills related to it. The programme also took into consideration the general principles to teach students with conduct disorder, suggested, practiced and tested by various researchers and practitioners. The programme aimed at developing those skills which is generally lacking in a student with conduct disorder. The main principles, purpose, features, strategies, adopted
during each part of the intervention and the outline of the procedure of administration of the programme are given in Chapter VI.

9.3.5.2 Evaluation of the intervention programme in developing different skills among students with conduct disorder

In order to check the effectiveness of the intervention programme all the 44 students, with conduct disorder, identified during the second phase were chosen for the implementation. The intervention programme was conducted in two sessions a day, one in the morning and the other in the evening either outside the school or in the school, during leisure periods. The programme extended to four and half months. Both group oriented and individual oriented sessions were carried out, according to the convenience of the students.

9.3.5.3 Design of the experiment

Students with conduct disorder differ greatly from one another as to the nature of the disorder, the areas affected and the intensity of the disorder. Hence a control group was avoided and a single group pre-test and post-test design was considered feasible for the study.

The design of the experiment is represented as follows.

Pre-test

Assessment of self concept, social skills problems, scientific attitude, social cognitive skills, assertive skills, emotional intelligence, problem solving skills was done. Particular areas of conduct problems and inability to control emotions were also assessed.
Treatment

Administration of intervention programme.

Post-test

Assessment of self concept, social skills problems, scientific attitude, social cognitive skills, assertive skills, emotional intelligence, problem solving skills was done. Particular areas of conduct problems and inability to control emotions were also assessed.

9.3.6 Analysis of Data

Analysis of data was done under three sections.

9.3.6.1 Analysis of data related to identification of percentage of students exhibiting conduct disorders

Under this chapter percentage of students exhibiting conduct disorder, prevalence of students with conduct disorder in Kerala state in terms of demographic characteristics like type of school, grades, gender, frequency of students exhibiting different types of conduct problems belonging to different groups based on type of schools, gender and grades were analysed.

9.3.6.2 Analysis of data related to the performance of students with conduct disorders and normal students

(a) Compared the students with conduct disorders and normal students in terms of the specific skills lacked by them.

(b) Compared the groups and identify the number of students who have exhibited problems of different types.
9.3.6.3 Analysis of data at the stage of experimental validation

The data was analysed quantitatively using t-test in order to test the significance of the pre-test and post-test performance of the experimental group.

9.4 MAJOR FINDINGS AND THEIR INTERPRETATION

The data was analysed at the identification, diagnostic and interventional phases, which are discussed in Chapters V, VI and VIII respectively. Here a brief account of the findings and their interpretations are given.

1. Of the 4874 students who were in grades from V to XII, 463 students or 9.5% were identified as students with conduct disorders, where the number of boys outnumbers that of girls. This finding is almost similar to that of Offord, Boyle et al. (1987).

2. Percentage of students with conduct disorders increased from fifth grade to tenth grade, decreased in grade VI and then increased in grade XII, i.e. at the terminal stage of secondary and higher secondary schooling.

3. Percentage of students with conduct disorders is highest in grade X and least in grade V for both boys and girls. The least number in lower grades may be because of the difficulty in diagnosing the problems in young students due to their inadequate level of social understanding or lack of cognitive abilities to understand the ramifications of their behaviours. Secondary stages are more prone to develop conduct disorders as the students are in their adolescent stage and hence more close to their peers who may be the members of the delinquent gangs.
4. Along with lower grades, grade XI also have less number of students with conduct disorders, as sometimes they are new to a school and hence less familiar with the peers and the environmental conditions.

5. Percentage of students with conduct disorders is slightly more in urban schools than in rural schools. This is supported by the study conducted by Parvathavardhini (1983).

6. Among the three types of schools, percentage of boys exhibiting conduct problems is more in Government schools whereas the percentage of girls exhibiting conduct problems is more in private aided schools.

7. Out of twenty schools, in four schools all grades had students with conduct disorders, whereas five schools had students with conduct disorders in many grades and in the remaining schools, conduct disorders were exhibited by students of four or five grades.

8. Out of the three categories of conduct disorders, namely aggression, deceitfulness, and serious violation of rules, more number of students exhibited aggressive behaviours and least number of students exhibited serious violation of rules. A number of researches supports this finding by indicating that aggressiveness is the prime component of conduct disorder, exhibited by majority of students (Grosenick, George and Lewis, 1991; Kauffman, Lloyd, Baher and Reidel, 1995).
9. Of the four characteristics of aggression, two characters, viz. bullying/threatening and intimidating others and initiating physical fights with others are more common.

10. Under the category of deceitfulness telling lies appears to be more common compared to stealing.

11. Truant from schools are slightly more common than that of running away from home among students with conduct disorders.

12. When boys and girls are compared, it is observed that boys exhibit more aggressive behaviours and girls exhibit more deceitful behaviours.

13. It is noted that students with conduct disorders exhibit lower self concept than normal students irrespective of grades. This is supported by Gregory (1994) who found out that self concept of students with conduct disorders are significantly lower than non-disabled peers.

14. Gradual decrease in the mean scores in self concept of students with conduct disorders was noticed from grade VII to grade IX, indicating that lowering of self concept of students with conduct disorders is observed with increase in grades. This may be because as the conduct disorders persist in the child for years, it is a problem for other which may result in peer rejection and hence may lead to lowering of self-concept.

15. Mean scores on social skills problems of students with conduct disorders and normal students in the present study indicate that, students with conduct disorders exhibits more social skills problems than that of normal students. This
is confirmed by Johnson and Kirk (1950), Heber (1956) and Baldwin (1958) who suggested that students with conduct disorders would fail in the social arena of schooling because of their inability to interact in an acceptable manner.

16. The scientific attitude of students with conduct disorders in the present study is lower than normal students which is evident in the mean scores and t-value (t = 30.710 for VII grade; t = 21.752 for VIII grade; t = 22.148 for IX grade).

17. When the scientific attitude scores of grades are compared in both the groups, students with conduct disorders and normal students, a slight decrease in the mean scores was noticed from grade VII to grade IX.

18. It is observed that normal students are more able to acquire social cognitive skills than students with conduct disorders in the study, which is confirmed by the mean scores on social cognitive skills. This is confirmed by the study conducted by Milich and Dodge (1984) was noticed that during peer interactions, socially cues are perceived incorrectly by students with conduct disorders and hence the extent of social cognition is less.

19. While gradewise comparison was done in the study, it was found that mean score of grade VIII (mean = 0.80) is slightly higher than that of grade VII (mean = 0.39) and grade IX (mean = 0.27). This shows that students with conduct disorders of grade VIII had developed more social cognitive skills than other two grades.

20. It is found that in the present study, the mean scores of students with conduct disorders on assertive skills is significantly lesser than that of normal students,
which suggests that students with conduct disorders is poor in acquiring assertive skills than normal students.

21. While the mean scores on assertive skills among grades were analysed, it is noticed that the mean score of students with conduct disorders of grade IX (mean = 6.00) on assertive skills is higher than grade VII (mean = 5.56) and grade VIII (mean = 5.40). This indicates that students with conduct disorders of grade IX have developed more assertive skills than other grades.

22. Students with conduct disorders had deficits in social skills, social cognition, assertion and problem solving and have poor self concept and low scientific attitude.

23. Students with socialised conduct disorders exhibit high self concept than other two categories whereas students with conduct disorders confined to family context exhibits poor self concept than other two categories.

24. Students with conduct disorders in seventh grade exhibited high self concept than students of higher grades but among normal students, eighth grade students exhibited high self concept than students of higher grades.

25. Females among students with conduct disorders exhibited high self concept than males but among normal students males exhibited high self concept than females.

26. Students with socialised conduct disorders have social skills problems related to presentation whereas students with unsocialised conduct disorders have problems related to interaction difficulties, social discomfort and unpopularity.
Students with socialised conduct disorders have fewer problems in conversation skills and interactions. This is supported by Shores and Wehby (1999) who found out students with conduct disorders responds initially with discomfort and anger during social interactions.

27. Students of IX grade experienced problems related to social discomfort and unpopularity. Equal percentage of students in all grades experience interaction difficulties. Students with conduct disorders of all grades have fewer problems related to conversation skills. But among normal students, students of grade IX experience more social skills problems than other grades.

28. Female students with conduct disorders exhibited more problems related to interaction difficulties, social discomfort and unpopularity and they outnumbered males in all the social skills problems except presentation. This may be due to the lack of encouragement from the family and society.

29. Similar percentage of all categories among students with conduct disorders exhibit high scientific attitude. Students with socialised conducted disorders exhibits low scientific attitude than other groups.

30. There is a decrease of students with conduct disorders low scientific attitude from grade IX to grade VII, but among normal students, students of grade VIII exhibited high scientific attitude and it is seen that there is a gradual increase in the percentage of students with high scientific attitude from grade IX to grade VII.

31. Female students with conduct disorders were found to have low scientific attitude than males, but among normal students, female students is found to have high scientific attitude than males.
32. Students with socialised conduct disorders can apply social cognition better than other categories, but students with unsocialised conduct disorders are less socially cognitive. Similarly students with conduct disorders of grade IX can apply social cognition better than other categories.

33. Students with socialised conduct disorders are more assertive than other two categories, whereas students with unsocialised conduct disorders and students with conduct disorders confined to family context are more aggressive. This may be because students with socialised conduct disorders are usually members of gangs and they will be confident in expressing their feelings.

34. Students with conduct disorders of grade VII are more assertive but students with conduct disorders of grade IX are more aggressive.

35. The percentage of students with socialised conduct disorders exhibiting high emotional intelligence is slightly higher than other categories.

36. More percentage of students with conduct disorders from grade IX has low emotional intelligence and among normal students, students with high emotional intelligence are more in Grade IX.

37. Male students have low emotional intelligence than female students among students with conduct disorders. But among normal students female students are more in number in the level of high emotional intelligence and male students are more in number with low emotional intelligence.

38. Students with socialised conduct disorders exhibit high self concept than other two categories.
39. All the 44 subjects showed significantly better performance on post-test at the end of the intervention programme.

40. There is a significant difference in the mean scores on self concept of students with conduct disorders in pre-test and post-test which indicates that the intervention programme was effective in improving the self concept of students with conduct disorders. During the pre-test, more number of students with conduct disorders were in the level of poor self concept, whereas in the post-test, more number of students with conduct disorders were in the level of high self concept. The number of students with moderate self concept in both the tests are almost the same.

41. Male students with conduct disorders exhibited high self concept in both tests. Among grades students with conduct disorders of grade VII exhibited high positive self concept in pre-test whereas students of grade VIII exhibited high positive self concept in post-test, as number of students with high self concept is increased in the post-test.

42. There is a significant difference in the mean scores on social skills problems between pre-test and post-test of students with conduct disorders which indicate that students performed well in post-test on social skills problems. Students with conduct disorders exhibited more social skills problems related to unpopularity in pre-test. When pre-test and post-test scores of students with conduct disorders in the five subsections under social skills problems were compared, more improvement is observed in unpopularity itself and less improvement is
observed in conversation skills. This may be due to inadequate sessions.

43. Even though both the genders among students with conduct disorders exhibited improvement in post-test, female students with conduct disorders improved considerably in the post-test on social skills problems. That is the number of social skills problems reduced to a greater extent in females. Male students with conduct disorders showed greater improvement in social discomfort and unpopularity whereas female students with conduct disorders showed greater improvement in conversation skills and unpopularity. Similarly students with conduct disorders of all grades showed improvement in social discomfort and unpopularity. Among the students with conduct disorders studying in different grades, Grade VII showed more improvement in all the social skills problems except interaction difficulties.

44. There is a significant difference in the mean scores of students with conduct disorders on scientific attitude between pre-test and post-test. This indicates that scientific attitude of students with conduct disorders have improved after the intervention programme. More number of students with conduct disorders exhibited high scientific attitude in the post-test. Females students with conduct disorders showed greater improvement in the post-test on scientific attitude, which is indicated by the percentage difference in pre-test and post-test. Among the grades, students with conduct disorders of grade IX exhibited much improvement in scientific attitude.
45. There is a significant difference in the mean scores on social cognition between pre-test and post-test. This indicates that students with conduct disorders improved in social cognition after the intervention programme. There is more improvement in the positive responses given by the students with conduct disorders in the post-test on social cognition. Male students with conduct disorders are more benefited by the intervention programme in improving their social cognition. Among the grades, students with conduct disorders of VIIIth grade performed better in post-test.

46. There is a significant difference in the mean scores on assertion between pre-test and post-test. This indicates that students with conduct disorders improved their assertion skill after the intervention programme. Eventhough much improvement among students with conduct disorders is observed in assertive response, no much improvement is observed in passive responses. Female students with conduct disorders are most benefited by the intervention programme in improving their assertiveness.

47. Among the students with conduct disorders studying in different grades, students with conduct disorders of grade VIII performed well in the post-test on assertion skill. Students with conduct disorders of grade IX is benefited more which is indicated by the increase in percentage of students who have given assertive responses in post-test.

48. The proportion of students who completed each stage of problem solving decreased from initial stage to final stage.
9.5 EDUCATIONAL IMPLICATIONS

1. Students with conduct disorders form a considerable portion of our classrooms. Considering this huge estimate, such children should be identified.

2. Since the effectiveness of the intervention programme was observed, it is suggested that the teachers can make use of this programme in their classrooms for students with conduct disorders.

3. The intervention programme can also be used for normal students who lack any of the skills mentioned in the study.

4. Conductive socio-emotional climate is essential in the school. Teachers should follow professional ethics adequately. Various co-curricular activities which inculcate universal ethical values among children have to be conducted in the schools for all the children. Children with conduct disorders should be made to involve in all such activities. Emphasis should be given for the practice of values in day-to-day situation.

5. In the case of children from pathological families, where parents/guardians cannot adopt good child rearing practices educational placement in a residential set up is necessary. The residential schools should prevent conduct problems by taking proper measures. Incentives can be introduced for desirable behaviour among children in schools. Academic performance of children with conduct disorders should also be improved.

6. Teachers training programmes should include the intervention of conduct disorders.
7. The emotional and social characteristics that people exhibit are the result of experiences they have had with others throughout their lives and are an accumulation of thoughts, feelings, attitudes and skills; this is especially true of teachers and students in the classroom environment (Henson and Eller, 1999). So classroom environment should be conducive to proper emotional and social development.

8. It is highly essential to train children with conduct disorders in social cognition, social problem solving and social skills which are critical factors. In addition to learning academic subjects, the teacher also has to learn from the social environment of the classroom. As part of their decision making role, teachers should make efforts to incorporate the training of social cognition into daily classroom activities and recognize that cognitive learning and effective learning are inseparable.

9. The social environment of the classroom has to be arranged in such a way that it encourages the student to interact with each other, ask questions and challenge ideas (Nucci and Gordon, 1979). Additional opportunities for students should also be allowed to discuss their feelings and learn about the feelings of others. Many programmes and models of teaching social skills have been developed by Oden (1986) and Cartledge and Milburn (1986).

9.6 SUGGESTIONS FOR FURTHER STUDY

1. The studies similar to the present one are to be replicated with larger sample size and methodological sophistication.
2. Similar studies can be conducted for lower grades also.

3. The tools which measure the social cognition, assertion etc are to be standardized on large representative sample. Their validity has been established properly, so that more and more studies attempting to diagnose conduct disorders can be undertaken.

4. Apart from the deficiency in some of skills in students with conduct disorders is given, more shall deficits and specific problem areas unique to students with conduct disorders need to be explored.

5. Intervention programme can be specifically planned for individuals also along with group interventions.

6. The attempts to identify the causative factors of conduct disorders should be done in future.

7. The categories of students with conduct disorders needed to be studied thoroughly.

8. Specific difficulties in emotion of students could be analyzed.

9. A comprehensive assessment of multiple domains of functioning should be followed.

10. The intervention programme can be used for students with oppositional defiant order also.

11. The programme can refined be so that some of the sessions have to be repeated more with similar formats so as to bring effective results.

12. Parents of students with conduct disorder should also be involved while conducting intervention sessions, so as to bring forth more outstanding results.