Conduct disorder is a behavioural condition involving a pattern of repetitive and persistent conduct that infringes on the basic rights of others or does not conform to established social norms or rules that are appropriate for a child of that age. Conduct disorder is not a mental illness, but the result of deep-seated behavioural and emotional problems, with causes such as anxiety, mood disorders, ADHD, or learning disorders.

A child or teen with conduct disorder may display aggressive or even cruel behaviour toward other people, which can include bullying or threatening others; initiating fights; using weapons that could cause serious harm and forcing others into undesired sexual contact or activities. Individuals affected with this disorder may also engage in non-aggressive behaviours that can include a loss or damage to property, deceitfulness, theft, lying, breaking promises and irresponsibility with debts and other legal obligations. Children and teens that are affected with this disorder have been found to be persistently engage in serious violations of rules that lead to confrontations at home, at school and/or in the workplace. Conduct disorder has been known to lead to the development of other anti-social disorders during adulthood. If not treated, the antisocial behaviour often gets worse, leading to juvenile delinquency and adult criminal behaviour.

7.1 Rationale of The Study

Behavioural disorders also known as conduct disorders are one of the most common forms of psychopathology among children and young adults and is the most frequently cited reason for referral to mental health services. The appearance of behavioural disorders is
increasing dramatically in our classrooms. As a result their presence severely constrains the ability of the school systems to educate students effectively. The prevalence of behavioural problems among children and young adults is substantial.

Behavioural disorders become apparent when the student displays a repetitive and impact persistent pattern of behaviour that results in the significant disruption in other students. Such disturbances may cause significant impairment in academic, social and/or occupational functioning. Such a behaviour pattern is consistent throughout the individual life. Initiation of aggressive behaviour, reacting aggressively toward others, a display of bullying, threatening, or intimidating behaviour, being physically abusive of others etc. behaviour are frequently accompanied by academic failure. Not surprisingly by students who exhibit aggressive conduct disorder are rejected by their peers and perceive their peers as hostile towards them (Panella and Henggeler, 1986). When children exhibit aggressive antisocial behaviour and academic failure beginning in the early grades, the prognosis is particularly grim, unless effective intervention is provided (Walker et al., 1987).

The need to study students’ behavioural disorders is increasing in the world these days as more psychotic incidents of students fatally wounding or killing teachers and fellow pupil in schools for various reasons.

Conduct disorder is something that has been overlooked in many children, causing a great amount of pain and anguish as these children reach adult and adolescent years. Thus, in order to decrease the population of these children, finding an effective intervention should be a priority among us. So the seriousness of the problem of conduct disorders prompted the investigator to study and find out
the effective intervention strategy for reducing Conduct Disorders in school children.

7.2 Statement of The Problem

The problem in stated as under:

Effect of Art Therapy and Social Skill Training on Behavioural Problems, Academic Achievement and Adjustment among children with Conduct Disorders

7.3 Objectives of The Study

1. To identify children with conduct disorders
2. To assess the behavioural problems of children with conduct disorders
3. To assess the academic achievement of children with conduct disorders
4. To assess the adjustment of children with conduct disorders
5. To administer art therapy on children with conduct disorders
6. To administer social skill training on children with conduct disorders
7. To study the effect of social skill training in improvement of behavioural problems related to conduct disorders
8. To study the effect of art therapy in improvement of behavioural problems related to conduct disorders
9. To study the effect of social skill training in improvement of academic achievement
10. To study the effect of art therapy in improvement of academic achievement
11. To study the effect of social skill training in improvement of adjustment problems
12. To study the effect of art therapy in improvement of adjustment problems  
13. To compare the effectiveness of both interventions in improvement of behavioural problems  
14. To compare the effectiveness of both interventions in improvement of academic achievement  
15. To compare the effectiveness of both interventions in improvement of adjustment problems  

7.4 Hypotheses  

1. There will be a significant improvement in behavioural problems among children after social skill training.  
2. There will be a significant improvement in behavioural problems of children after art therapy.  
3. There will be a significant improvement in academic achievement among children after social skill training.  
4. There will be a significant improvement in academic achievement of children after art therapy.  
5. There will be a significant improvement in adjustment of children after social skill training.  
6. There will be a significant improvement in adjustment of children after art therapy.  
7. There will be no difference in the behavioural problems among children of art therapy and social skill training groups after intervention.  
8. There will be no difference in the academic achievement among children of art therapy and social skill training groups after intervention.  
9. There will be no difference in the adjustment among children of art therapy and social skill training groups after intervention.
7.5 Definitions of Key Terms Used

7.5.1 Conceptual definitions

**Conduct disorders:** Conduct disorder is a psychological disorder diagnosed in childhood that presents itself through a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate norms are violated. These behaviours are often referred to as “antisocial behaviours” (Hinshaw and Lee, 2003).

**Academic Achievement:** It is the knowledge attained or skill developed in a school subject, usually designated by the test scores or by marks assigned by the teacher or both (Good, 1973).

**Adjustment:** Adjustment means the modification to compensate for or meet special conditions (Drever, 1952).

**Social skill training:** Social skill training is practical procedure by means of which new forms of social behaviours can be learned or the existing behaviours modified (Harre and Lamb, 1983).

**Art therapy:** Art therapy is a process involving a transactions between the creator (the patient, the artifact and the therapist) (The British Association of Art Therapists (2001).

7.5.2 Operational Definitions

**Conduct disorders:** A score on Diagnostic Tool for Conduct Disorders (DTCD) will be a measure of conduct disorders.

**Academic Achievement:** Academic achievement refers to the aggregate of two sets of scores obtained by the subjects in the various tests and exams conducted by the school in the academic subjects.
**Adjustment:** A score on Adjustment Inventory for school students will be a measure of adjustment.

**Social skill training:** Social skills training refer to the training of various social skills to reduce behavioural problems by the methods of modeling, playing, giving feedback and setting home tasks in a format.

**Art therapy:** Art therapy has been used as a means of group interaction by using exploration tasks, expression of inner feelings, self perception, interpersonal relations, the individual’s place in the world, Anger and frustration file, finger painting and clay modeling.

### 7.6 Design of The Study

The study utilized experimental method with pretest posttest control group design. It comprised three groups of children i.e. two experimental and one control group. The two different experimental groups were administered two different experimental treatments and control group was administered none. Scores on identifying tool before and after the treatment served as pre-test and post test scores respectively.

### 7.7 Sampling

Tests to identify conduct disorder among children were conducted on 1150 students from seven schools, studying in Class VII, in Chandigarh and Mohali, the number of subjects here selected were 190 based on teacher’s opinions. Test to identify Conduct Disorders among children were conducted on these 190 children. The opinionnaire on Conduct Disorder was filled by the teachers. The final sample was selected on the basis of the cut off score of 46. 155 children were retained in this stage. After this, the researcher gave
simple instructions to the selected 155 subjects to examine visual and auditory capabilities. This was done to rule out the sensorially impaired. The selected subjects here were 147, who were then tested for IQ with the help of Standard Progressive Matrices. The children with IQ of 90 or more were selected for the final sample. Children retained here were 120 in number. At this stage, 90 out of these children were randomly selected for the final sample.

7.8 Tools Used

For the present study the researcher had used the following tools:

- Tool on conduct disorders (prepared by the researcher)
- Raven’s Standard Progressive Matrices (Raven, Court and Raven, 1977)
- Adjustment Inventory for school students (Sinha and Singh, 1993)
- Conduct Disorder Scale (Gilliam, 2002) for concurrent validity
- Scores of two sets of school tests/examination records for academic achievement

7.9 Steps Followed For The Construction of Identifying Tests

The test that has been developed by the researcher has been named as Diagnostic Tool for Conduct Disorders (DTCD).

The following steps were followed for the construction of two tests.

7.9.1 Review of tools

Various instruments measuring conduct disorder in children were reviewed, but to the best of researcher’s knowledge, no
comprehensive Indian standard test was available to measure conduct disorders among regular school children studying in VII Class.

### 7.9.2 Preparation of Items

To prepare the test on conduct disorders, different maladaptive behaviour checklists and Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM –IV T.R.) were used. Preliminary form of the test comprised of behaviours pertaining to conduct disorders in ten areas with 4 to 7 sub items in each area.

### 7.9.3 Preliminary Try out

The preliminary form of the test was administered on 100 children studying in class VII and was also given to ten experts to remove any ambiguities in the statements to modify it further. The items were refined/modified in the light of suggestions offered by the experts as well as the answers obtained by the 100 students to have a final lay out of the test.

### 7.9.4 Standardization of the test

The final form of the test was administered on 300 students in the age group of 13 to 15 years. The subjects were chosen randomly from schools of Chandigarh and Mohali studying in standard VIII. The test was administered in uniform conditions and by giving instructions in a standard form. Mean, median, standard deviation, kurtosis, skewness were calculated from the data obtained on the test.
7.9.5 Validity

- The opinions of the experts in the field of education and psychology served as an index for content validity.

- Concurrent validity was determined by correlating scores of DTCD with scores on standardize test i.e. on Conduct Disorder Scale (Gilliam, 2002). The value of co-efficient of correlation was determined by Pearson’s Product Moment Correlation. The concurrent validity of the test come out to be .703 (N=60) which is significant (P<.05).

7.9.6 Reliability

For the present study, test-retest and split-half reliability coefficient were computed.

- The split-half reliability coefficient of the Diagnostic Tool of Conduct Disorder by Spearman Brown formula was .740 (n=300) and by Guttman formula was .710 (n =300) both of which are significant (P<.05) indicating the high reliability of the test.

- The test-retest reliability coefficient of correlation for the Diagnostic Tool for Conduct Disorders came out to be .924 (n=100) which is highly significant (P<.01).

7.9.7 Objectivity

In the present test, items have uniformity in order of presentation as well as have a standard scoring procedure. Thus, the test can be regarded as objective.
7.9.8 Practicability

The Ease of administration, scoring and interpretation is an important element of any test. The present test takes 10-15 minutes and can be administered easily by the teachers. Scoring is uniform and easy also.

7.10 Procedure of Data Collection

After selection of sample subjects and formation of groups, the intervention were given in school settings. The identification scores were considered as the pre test scores. For academic achievement, the average of set of two tests was taken out. Each treatment spread over the span of 40 sessions and the duration for each session ranged from 40-50 minutes. Whole sample was divided into three groups i.e. two experimental groups and one control group. EG1 received intervention of social skills training and EG2 received intervention of Art Therapy. Control group did not receive any intervention. After 40 sessions each, the post test was administered on all the three groups. Scores of two sets of school tests was recorded at post test for scoring academic achievement.

7.11 Statistical Techniques Used

Various statistical techniques were applied for testing research hypotheses. Statistical techniques were used at two stages of research (a) for the development of the test to identify conduct disorder in children (b) to analyse the effectiveness of various interventions on behavioural problems, academic achievement and adjustment.

For the construction of the test, the various descriptive statistics used were mean, median, standard deviation, qualities,
skewness and kurtosis. Product Moment method of correlation was worked out to know the validity of the test developed. Test-retest and split half reliability was worked out to know the reliability of the test.

Descriptive statistics like mean, standard deviation, skewness and kurtosis were calculated to describe the variables. A one way ANOVA was used for determining the significance of variability caused treatments in dependant measures of conduct disorders, academic achievement and adjustment. t-test was used to know significance of differences in two means in any pairs of means.

7.12 Conclusions

Following are conclusions of present study

- The significant difference was found in the pretest and posttest mean scores towards the effectiveness of the both intervention techniques viz, social skills training and art therapy, in reducing behavioural problems and its impact on academic achievement and adjustment of subjects.
- The use of social skill training and art therapy were successful in reducing conduct disorders in the subjects and also affecting their academic achievement.
- Results indicate improvement in the adjustment level of students of both experimental groups after going social skills training and art therapy.
- F-ratio for behavioural problems, academic achievement and adjustment is found to be insignificant, this shows that there is no difference in the three groups of student at the pretest level in their behavioural problems, academic achievement and adjustment.
• All the groups have gained equally and the two techniques have worked equally well. Improvements due to social skill training and art therapy do not relatively differ. Both the techniques have equal effect in decreasing behavioural problems and in improving the academic achievement and adjustment of the children.

• Comparison of the two interventions in decreasing behavioural problems indicate that art therapy has been highly effective in reducing behavioural problems and in better adjustment.

• Social skills training also had significant effect in decreasing behavioural problems and in enhancing academic achievement.

• The adjustment level in art therapy group has significantly increased as compared to the social skill training group.