**Effectiveness of Life Skill Training through the Art of Storytelling on Adjustment of Children with Conduct Disorder**

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***Abstract***

*Introduction: conduct disorder is the most common disorder seen in children. This study investigated the effect of training of life skills on the adjustment level of the children with conduct disorder. Method: Sixty-eight children of conduct disorder from Delhi state in India were given life skill training through the art of storytelling. Pretest –intervention- posttest design was used in this study to draw the results. Appropriate stories from the module of panchatantra were selected to teach life skills. Bell’s adjustment inventory was administered both before and after training to check the adjustment level. Post test was conducted obtained after 6 months of training. Results: The result showed that mean adjustment scores improved significantly in post condition. Life skill training through the art of storytelling (use of panchatantra stories) was very effective, as adjustment improved in the post condition. Conclusion: The study concluded that this method proved to be effective, interesting and preferred by children with conduct disorder. Children looked forward to attend the sessions. Stories selected specially from panchatantra positively affect adjustment of these children. This method can be used as complementary method in children with conduct disorder to improve adjustment level.*

***Keywords:*** *life skill training, storytelling, Adjustment, conduct disorder*

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**INTRODUCTION**

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 children. 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 [1]. In a study of north India, conduct disorder was the most common psychiatric disorder observed in 4.5% of children. *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 2. Sarkhel et al. [2] found that prevalence of conduct disorder and its *DSM-IV* subtypes was 4.58% in 4 schools of Kanke block (schools of Jharkhand state). Mild conduct disorder was found in 36% of children, moderate in 64% of children. 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.

Though there are medications available for treatment, but it has its own side effects [3] Poor compliance to treatment, particularly while in school [4] 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. Thus, because of the delimitation of medication treatment, Pelham et al. (1993) [5] compared behavioral interventions with pharmacological therapy and showed that behavior interventions are as effective as pharmacological therapy. Inability of individual to analyze and handle personal problems, lack of control and decreased capability to face complex situations and ultimately and lack of preparedness to solve the problems in a correct way are some other factor for conduct disorder. As a result, the most essential thing is to prepare these children 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 conflicts and complicated life situations. It is found that socio-psychological problems are associated with the weaknesses in life skills and making social communications [2]. This emphasizes the need of life skill training which targets the behavior by improving life skills of these children. Life skill training is a consolidated and inclusive approach which combines both cognitive behavior therapy and psychosocial therapies. Story telling is a popularly used technique to relate with children all over the world. The training of life skills through the art of storytelling has special relevance. Story telling by virtue of being interesting, curiosity arousing, and attention capturing and empathizing are received positively by children. *Panchatantra* stories being most popular all over the world are received by children across caste, creed and geographical boundaries. The stories of animal speaking in human like vocabulary facilitate the identification and empathizing very aptly in children. Present study used these stories to train life skills to children with conduct disorders and to enhance their level of adjustment. 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 [3].

This study was aimed to explore the effect of life skill training through the art of storytelling on the adjustment of children with conduct disorder.

**METHOD AND TOOLS FOR DATA COLLECTION**

Ethical clearance to conduct the study was taken from the university. Formal permission was taken from the authorities of the organization to conduct the life skill training. The sample of the study comprised 68 children selected by purposive sampling. The age range of 10–19 years. The sample was collected from thevarious non-governmental organizations in Delhi. Tools used in the study were socio demographic profile and Bell’s adjustment inventory. Bell’s adjustment Inventory was used to study the adjustment level of children. It is a standardized structured questionnaire having 140 items on adjustment variables. It comprises of five adjustment areas which are home adjustment, health adjustment, social adjustment, emotional adjustment and total adjustment. Number of items included in home, health, social and emotional dimensions of adjustment consisted of 35, 31, 34 and 35, respectively. The possibility range of scores for home, health, social and emotional adjustments varies from 0 to 35, 0 to 31, 0 to 34 and 0 to 35, respectively. Test-retest reliability of different adjustment dimensions as reported in manual ranged from 0.70 to 0.93 and internal consistency ranged from 0.74 to 0.93. The answers were yes or no type. High scores on the inventory signify poor adjustment and low scores indicates better adjustment in different specific areas and also in respect of adjustment taken as a whole.

**INTERVENTION**

Training of life skills was done through the art of storytelling. Activities and group dynamics were developed to conduct the session. The module of stories was used to impart life skill training. From the module, appropriate stories from *panchatantra* were selected to teach ten life skills given by WHO. In the present study, healing and remedial value of these stories are proposed as treatment strategy for improving adjustment and academics. These stories act as therapy but they are different from popularly used therapies.

The intervention consisted of different sessions on life skills (through the art of storytelling) including: self-awareness building, critical thinking, creative thinking, problem solving, effective communication, decision-making, interpersonal relationship skills, empathy and coping with stress and handling emotions. Children were assessed by the teachers and the researcher in the beginning of the training and even during the sessions.

**RESULTS**

Table 1 reveals that adjustment score decreased after training. Less the score, the better is the adjustment which implied that training helped in the improvement of level of adjustment. Using the paired sample *t-*test, the mean score of all adjustment areas changed significantly after the training. Hence, life skill training through the art of stories (*panchatantra* stories) increased the adjustment of children with conduct disorder.

Figures 1–5 depict the number of children in various categories of adjustment. This showed that number of children in good category increased after life skill training and number of children in unsatisfactory category decreased after training. This proved that training improved the level of adjustment.

Tables 2 and 3 show that both boys and girls benefitted through the life skills training. The mean scores of all adjustment areas changed significantly decreased after training. Lesser the score better is the adjustment. The paired ‘t’ test value showed significant values for all adjustment areas.

***Table 1:*** *Adjustment Score of Children Before and after Life Skill Training.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Adjustment** | **Score before training Mean (*SD*)** | **Score after training Mean (*SD*)** | ***‘t’* test** |
| Home adjustment | 15.57 (7.21) | 10.85 (6.74) | 9.19\* |
| Health adjustment | 11.80 (6.50) | 7.47 (5.32) | 7.10\* |
| Social adjustment | 12.96 (7.05) | 8.62 (6.70) | 6.09\* |
| Emotional adjustment | 15.38 (8.00) | 9.60 (6.95) | 8.53\* |
| Total adjustment | 55.72 (21.85) | 36.54 (18.63) | 11.01\* |

***Table 2:*** *Mean scores of Adjustment of Boys Before and After life skill Training (n=40)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Adjustment** | **Score before training Mean (*SD*)** | **Score after training Mean (*SD*)** | ***‘t’* test** |
| Home adjustment | 15.15 (7.20) | 10.03 (7.21) | 7.41\* |
| Health adjustment | 12.65 (6.54) | 7.45 (5.40) | 5.63\* |
| Social adjustment | 12.53 (6.99) | 7.38 (6.38) | 5.43\* |
| Emotional adjustment | 15.33 (6.89) | 10.35 (7.21) | 5.71\* |
| Total adjustment | 55.65 (20.75) | 35.20 (18.78) | 8.22\* |

\*-significant, p<0.01

***Table 3:*** *Mean Scores of Adjustment of Girls Before and After life Skill Training (n=28)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Adjustment** | **Score before training Mean (*SD*)** | **Score after training Mean (*SD*)** | ***‘t’* test** |
| Home adjustment | 16.18 (7.30) | 12.04 (5.93) | 5.43\* |
| Health adjustment | 10.61 ( 6.36) | 7.50 5.30) | 4.94\* |
| Social adjustment | 13.57 (7.22) | 10.39 (6.86) | 3.01\* |
| Emotional adjustment | 15.46 (9.50) | 8.54 (6.54) | 6.54\* |
| Total adjustment | 55.82 (23.72) | 38.46 (18.59) | 7.55\* |

\*significant, p<0.001

***Fig. 1:*** *Frequency Distribution of Children in Levels of Home Adjustment before and After Life Skill Training.*

***Fig. 2:*** *Frequency Distribution of Children in levels of Health Adjustment before and after life Skill Training.*

*Fig. 3: Percentage Distribution of Children in Levels of Social Adjustment before and after the Life Skill Training.*

***Fig. 4:*** *Percentage Distribution of Children in Levels of Emotional Adjustment before and after the Life Skill Training.*

***Fig. 5:*** *Percentage Distribution of Children in Levels of Emotional Adjustment before and after the Life Skill Training.*

**DISCUSSION**

The present research hypothesized that life skill training would improve the adjustment of children with CD. Using the paired sample *t-*test, mean scores of total adjustment, home adjustment, health adjustment, social adjustment and emotional adjustment of children with CD changed significantly after the intervention of life skill training. Hence, life skill training improved adjustment children with CD. Previous studies have provided evidence that behaviour interventions are as effective as pharmacological therapy [5], which supported the result of present study that life skill training also proved effective. Children with CD are deficit in general life skills like communication, empathy, self-awareness, interpersonal relationship etc., which results in poor adjustment. Life skill training improves these deficits of communication, empathy, self-awareness, interpersonal relationship, etc. and thus enhances adjustment. Throughout the years *panchatantra* stories have been used to teach skills of life to deal with the atrocities of life and various situations. Stories helps in learning of identification of problem, decision making and handling emotions in different situations which might be another cause for improvement in adjustment of these children.

Accordingly, the studies have confirmed that social emotional learning programs are helpful to improve children’s social skills, emotional skills, their behavior and attitude towards self and others, attitude toward school as well as improve their academic performance and these interventions also reduced conduct problems and emotional distress [4] (Payton et al., 2008). This is further proved by various studies [5, 6, 7].

Children with CD have delinquencies, lying and deficit in areas of problem solving, communication, social interactions. Problem behaviors are caused by the lack of social skills, cognitive and emotional coping skills. These skills are targeted by life skills programs. Thus there lies the success of life skill training. Kazdin (1990) [8] indicated that as a means of preventing child conduct disorder there is a need for skill development in the area of child competence. According to WHO, life skills are the adaptive skills which also improve competence. Competence refers to the ability for the child to negotiate the course of development including effective interactions with others, successful completion of developmental tasks and contacts with the environment and use of approaches that increase adaptive functioning. It is found by other researchers also, that facilitating the development of competence in children is useful as a preventive measure for children with behavior disorders [9]. Thus life skill training used in the present research was helpful as means of improving competence which further helped in adjustment of children with CD. After intervention, mean scores of home adjustment were improved significantly. This is supported by others researchers that life skill training improves home adjustment [10].

The life skill training improve the understanding of feelings of others by teaching empathy, improve interpersonal relationship by teaching communication which might be the reason for improvement in home adjustment. The findings from other studies [10, 11] that Life skills education reduced the stress of the family and increased the social acceptance also supported the results of present study.

The stories of panchatantra helps in learning importance of social relationships, improve the communication, helps in learning empathy. Through the life stories of animal, they learn the importance of family, friendship and different relations. Stories in which family of animals stay together, help each other in time of joy and sorrows and deal with the stress within the families proved as good examples of learning home adjustment. This might be one basis for improvement in home adjustment level in these children with conduct disorder.

There are various factors responsible for health maladjustment such as, anxiety, sleep, somatic symptoms, self-esteem and mental health. Haghighei, Mousavei, Zadeh, Honarmad, and Beshlideh (2006) [2] and Moinalghorabaei and Sanati (2008) [12] have showed that life skill training improve these factors which in turn improve health adjustment. Reading, listening, discussing panchatantra was found to be helpful in the present study. They allow children to forget the stresses and strains of the day and indulge in fantasy for a while. Stress is considered as major risk factor for poor health. Researchers also proved that education of life skills is helpful to promote the general health of children and adolescents [13].

Life skill training enhanced positive social adjustment. Life skill training thwart peer rejection, i.e. it is a means for improving social interaction among peer group. Maghsoudi et al. (2010) [14] proved that the social adjustment level improved in adolescents after the life skill training. Rahmatia et al. (2010) [15] also evaluated the effectiveness of training life skills on children’s social adjustment in elementary school and results of that revealed that training of life skills promote their social adjustment. Niaraki and Rahimi (2013) [10] found that life skill training improved social esteem of the adolescents which is one of the important factors for social adjustment. Haji, Mohammadkhani, and Hahtami (2011) [16] showed that life skills training have made a significant difference in social relationship and quality of life of children and adolescents.

The stories of panchatantra facilitate in learning importance of social relationships, improve the communication, helps in learning empathy in simple way. Through the life stories of animal, they learn the importance of peer group, friendship and different relations. With the help of panchatantra stories, children learnt the way animals empathize in those stories, handle their emotions and understand the emotions of other animals. These children with conduct disorder learned empathy as a skill from panchatantra stories which could have improved their emotional adjustment. All these characteristics of storytelling pave the way for improving the emotional adjustment of these children with conduct disorder.

Lolaty, Ghahari, Tirgari, and Fard (2012) [17] indicated that scores of emotional intelligence improved significantly after life skills training. Other researchers revealed that the integrated use of a multimedia storytelling system that uses an animated story building system was helpful to develop the coping skills and increased the ability to communicate the emotions effectively for adolescents experiencing depression, phobia, anxiety and other mental health issues. Thus the evidence that storytelling improves ability to handle emotions supported the findings of the present research that life skill training through the art of storytelling improved emotional adjustment of children with conduct disorder.

It is concluded that this method proved to be effective, interesting and preferred by children with conduct disorder. Children looked forward to attend the sessions. After the intervention of life skill training, adjustment improved significantly after training of life skills. Thus, life skill training through the art of storytelling is effective in improving the adjustment level significantly of these children. Panchatantra stories are very appropriate for training life skills because they are based on five principles of good and effective living. Selection of *panchatantra* stories is a wise decision. Stories selected specially from *panchatantra* positively affect adjustment of these children.

**Conflict of Interest**

No Conflict of interests

**Source of Funding**

Self

**REFERENCES**

1. Bauermeister JJ, Canino G, Bird H. Epidemiology of disruptive behavior disorders. *Child Adolescent Psychiatric Clinics of North America*. 1994; 2:177–94.
2. Anita Gaur DR, Vohra AK, Subash S, Khurana H. Prevalence of psychiatric morbidity among 6 to 14 year old children. *Indian Journal of Community Medicine*. 2003; 28 (3): 133–137.
3. Sarkhel S, Sinha VK, Arora M, Pushpal D. Prevalence of conduct disorder in school children of Kanke. *Indian Journal of Psychiatry*. 2006; 48(3): 159–164.
4. Greydanus DE. Review Pharmacologic treatment of attention-deficit hyperactivity disorder. *Indian J Pediatr.* 2005; 72(11): 953–60.
5. Pelham WE, Carlson C, Sams SE, Vallano G, Dixon MJ, Hoza B. Separate and combined effects of methylphenidate and behavior modification on boys with attention deficit-hyperactivity disorder in the classroom. *Consult Clin Psychol*. 1993; 61(3): 506–15.

Naseri H. Life skills, Publication center of preventive and cultural vice chancellery. *Tehran: Iranian well‑being organization*. 2009.

Joshi U. Life skills training through the art of storytelling. *Research unpublished*. 2008.

1. Payton J, Weissberg RP, Durlak JA, Dymnicki AB, Taylor RD, Schellinger KB, Pachan M. The positive impact of social and emotional learning for kindergarten to eighth-grade students. Finding from three scientific reviews. *Collaborative for Academic, Social, and Emotional Learning (CASEL)*. 2008.
2. Arya ARM, Ranjbar H, Salehi S, Roustaei A, Mazandaran. Effectiveness of life skills instruction on general health and social adjustment in girl students of Rezvanshahr guidance schools. *Journal of Basic and Applied Scientific Research*. 2012; 2(11): 10818–10823.
3. Niaraki FR, Rahimi H. Effect of life skill training on self -esteem of high school students in Iran. *European Online Journal of Natural and Social Sciences*. 2013; 2(2): 150–159.
4. Yadav P, Iqbal N. Impact of life skill training on self-esteem, adjustment and empathy among adolescents. *Journal of the Indian Academy of Applied Psychology*. 2009; 35, 61–70.
5. Kazdin A. Prevention of conduct disorder. Paper presented at the National Conference on Prevention Research, NIMH, Bethesda, MD. 1990.
6. Webster-Stratton C, Dahl RW. Conduct disorder. In: M Hersen, RT Ammerman (Eds). *Advanced Abnormal Child Psychology*. Hillsdale, New Jersey: Lawrence Erlbaum Associates; 1995. pp. 333–352.
7. Samarei AA, Lalei FA. Efficacy of teaching life skills on family stress and social acceptance. *The Quarterly Journal of Fundamentals of Mental Health*. 2005; 7(25–26): 47–55.
8. Haghighei J, Mousavei M, Zadeh M, Honarmad M, Beshlideh K. The effect of education on mental health life skills and self esteem of students the first year of high school girls. *Journal of Educational Psychology.* 2006; 13(1): 61–78.

Moinalghorabaei M, Sanati M. Evaluation of the effectiveness of life skills training for Iranian working women. *Iranian Journal of Psychiatry and Behavioral Sciences*. 2008; 2(2), 23–29

1. Mohammad S, Hojjatollah F, Fariba F. Efficacy of life skills training on general health in students. *Iran Journal of Nursing and Midwifery Research*. 2012; 17(7): 553–555.
2. Maghsoudi J, Sabour N, Yazdani M, Mehrabi T. The effect of acquiring life skills through humor on social adjustment rate of the female students. *Iran Journal of Nursing and Midwery Research.* 2010; 15(4): 195–201.
3. Rahmatia B, Adibradb N, Tahmasianc K, Sedghpourd BS. The effectiveness of life skill training on social adjustment in Children. *Procedia—Social and Behavioral Sciences*. 2010; 5: 870–874.
4. Haji TM, Mohammadkhani S, Hahtami M. The effectiveness of life skills training on happiness, quality of life and emotion regulation. *Procedia-Social and Behavioral Sciences*. 2011; 30: 407–411.
5. Lolaty HA, Ghahari S, Tirgari A, Fard JH. The effect of life skills training on emotional intelligence of the medical sciences students in Iran. *Indian J Psychol Med*. 2012; 34(4): 350–354. doi: 10.4103/0253–7176.108217
6. Brosnan E, Fitzpatrick C, Sharry J, Boyle R. An evaluation of the integrated use of a multimedia storytelling system within a psychotherapy intervention for adolescents. CHI’06 Extended Abstracts on Human Factors in Computing Systems (CHI EA’06), 2006; 598–603. Doi:10.1145/1125451.1125576.

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