



CHAPTER 20

TEACHING CHILDREN WITH CONDUCT DISORDER IN INCLUSIVE CLASSROOM SETTING

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Introduction

The word 'inclusion' strongly points to the attempt to teach the child with special needs alongside his/her age mates or peers without disabilities to the greatest extent in an appropriate classroom setting without dichotomy. The advocacy for better placement alternatives for children with special needs has continued to generate a lot of argument in the field of Special Education and beyond. According to Ajuwon (2008) every inclusive educational environment is supposed to be therapeutic, welcoming and learner friendly to all categories of students' disability status notwithstanding. This is because in this type of educational environment, no learner is seen as a failure. Hence every child's educational needs are adequately attended to.

The inclusion of all learners with/without special needs in the same classroom setting entails modifications where adaptation may be necessary. However, this is aimed at reducing discrimination, prejudice and discordance, negative attitudes among others leading to enhancement of social integration in and outside the school setting.

Generally, inclusion of all learners in to the regular classroom setting has been adjudged as the best placement alternative for learning, hence it promotes qualitative worth of the learners and equity of access to learning reducing stigmatization and breaking of barriers that often manifest in the larger society against individuals with Special Education needs (SEN) (Obani 2006). This further prompted the questions such as; does real homogeneity as promoted by advocates for inclusion really exist? Are there barriers that forestall the wellness of inclusion? Or is this considered the best alternative for the children/students with conduct disorders? The ideals of inclusion through holistic approach is poised to resolve the problems of the larger society characterized by multifarious barriers spanning from discrimination against the special needs students in terms of inadequacy of resources, lack of support services, poor infrastructural facilities, appropriate teaching strategies and inadequate personnel training programmes which hitherto limit proper functioning of the special needs students in general and those with conduct disorders in particular.



Conduct disorder is manifested in children who show chronic unwarranted behaviour directed to other children or demonstrated destructive tendencies within and outside the classroom environment with an intention to hurt. This group of children engaged in antisocial behaviours, drug addiction, and rapes, and as adults has repeated cases of unemployment, aggression and history of unsettled personal relationships (Nolen-Hoeksema, 2011). Children with conduct disorder present a more severe pattern of problem behaviour. They repeatedly violate the basic rights of others. They are often aggressive, physically cruel to people, animals, deliberately destroying other people's properties; skip schools or running away from homes. Many steal from others, threaten or harm their victims, committing such crimes as shoplifting; forgery, breaking into buildings or cars, smuggling and arm robbery. As they get older, their acts of physical violence may include rape or in rare cases; homicide (APA 2000, 1994).

According to DSM-iv TR (1994, 2000) classification, conduct disorder, (1) is a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate social norms or rules are violated, with at least three of the followings present in the past twelve months and at least one in the past six months. (2) A significant impairment characterized by:
*Frequent bullying or threatening of others. * Frequent provoking of physical fights
*Using dangerous weapons *Physical cruelty to people *Physical cruelty to animals among others (APA 2000).

Conduct disorder usually begins between 7 and 15 years of age (Kvintova, 2013). The prevalence of this disorder is higher in boys than girls. Children with mild forms of conduct disorder often improve over time, but those with severe cases may continue into antisocial personality disorder or other psychological problems (Phares, 2005). Thus, Isanghadie (2019) observed that the earlier the onset of conduct disorder, the poorer the eventual outcome. The author asserts that research indicates that more than 80 percent of individuals who develop conduct disorder first display a pattern of oppositional defiant disorder in the school and other social environment.

Hence many clinical theorists believe that there are several kinds of conduct disorders. These include:

- The overt destructive pattern in which individuals in this category display openly aggressive and confrontational behavior
- The overt non-destructive pattern, here individuals demonstrate openly offensive but non-confrontational behaviours such as lying.
- The covert destructive pattern: This is characterized by secretive destructive behaviours such as violating other people's rights, destroying property, breaking and entering, and setting fire to individuals' or public property.
- The covert non-destructive pattern, in this group, individuals secretly commit non aggressive behaviours such as being truants from school, running away from homes.



- Relational aggression: In this category, the individuals are socially isolated and primarily display social misdeeds such as slandering others, spreading rumours and manipulating friends. Relational aggression is more common in girls than boys (Mcmahon& Frick, 2005, and Ewa & Nanjwan 2019).

Inclusion of students with disabilities, including children and youths diagnosed with conduct disorders, has been a prominent and contentious issue for decades. Yet, in spite of the extraordinary attention given this topic, there has been a general absence of empirically sound research to guide policy and practice of teaching students with conduct disorder in inclusive classrooms.

In this chapter, the following teaching strategies available for educating students with conduct disorder are being addressed. These include: Flipped classroom instructional strategy; Reflection instructional strategy; Think-pair-share instructional strategy; Assessment based strategy; Homework practice strategy; Case study strategy, Peer instruction strategy and Role play teaching strategy.

Flipped classrooms instructional strategy model

According to Milaham, Nanjwan and Ewa (2022), this helps teachers to maintain real-time and self-paced participation online with their students with conduct disorder. Regardless of where the teacher stands to teach, instead of using the classroom time for teaching, the teacher can provide students with conduct disorder a pre recorded lecture to enable the students to watch prior to the class. The lectures are often concise and posted to sites like YouTube or are presented in the form of a broadcast to enable the students/children with conduct disorder to listen at home. Teachers use classroom time to engage children with conduct disorder in learning activities related to the lecture they listen to or watch. This model is an effective teaching strategy because it allows children with conduct disorder to review and learn new concepts on their own time. Children with conduct disorder are then free to complete more interactive and collaborative work including discussions and tasks with other peers and teachers. They can also collaborate and discuss materials online via forum discussion with peers and subject matter experts. In the classroom situation, children with conduct disorder can actively apply concepts via peer learning; group learning/work and presentations as this help keep children with conduct disorder continuously busy and engaged in class activities instead of just listening passively. This model also makes it simple and easy to carry out quizzes prior to the lecture and create interactive discussions for children with conduct disorder to collaborate during class time.

Reflection teaching strategy

In the application of this Model in teaching student/children with conduct disorder in the inclusive classroom setting, the teacher hands out blank index cards or a pre-designed worksheet to the conduct disorder children at the end of the class



session and asks them to use the cards to give responses to questions about the day's lessons. Alternatively, the teacher can ask the children with conduct disorder to submit their discussion cards to the board for responses in the class. The responses prompted could just be simple questions such as what they have learned. What are the challenges they are experiencing? Or what do they find most interesting in the class? The essence of the reflective Model is to enable the teacher and children with conduct disorder to apply all their responses to real life situations. This model also gives room to the teacher to fathom on what the children with conduct disorder stand to gain from the lesson presented or to be presented online or offline with the help of the supportive staff in the inclusive classroom environment as this aids the children to express their thoughts in papers which enhances memory retention.

Think-Pair-Share Teaching Strategy

According to Smith (2020), after the teacher has presented instruction/or teaching a lesson to the children with conduct disorder, the teacher is expected to pause for a moment. He/she directs the children to pair up in groups or form partners and the children are then presented with questions/instructions to brainstorm with their partners within a specific time frame. This model fosters cooperation and turn taking among the children with conduct disorder in the classroom. This instructional strategy affords the learners to be aware that they are not alone in the learning process; rather there are others sharing in their experiences as well thereby facilitating team spirit as well as enhancing social integration of the children with conduct disorder in the inclusive education setting.

Assessment-based instructional strategies

According to Nanjwan, Ikwen and Egaga (2019), one of the most useful assessment based instructional strategies is through Informal checks of the children's progress throughout the year. This can be done through online study as there are many ways to carry out assessment and adapt them as instructional strategies in the classroom. In the application of this model, the children are asked individually or in groups to complete specific tasks and they are allowed to respond orally instead of by writing or they are made to demonstrate what they have learned in a more practical hands-on task way. The authors reiterated that the most critical thing to remember in the application of the assessment strategies is to try and stay focused on evaluating the concept that is most important for the children to learn. Hence this strategy emphasizes making the lesson more practical in nature as this will give room for exploration of ideas of what they know or do not know rather than mere copying and presenting information in the usual way.

Homework practice strategy

Nanjwan et al (2019) maintain that Homework strategy is one of the assessment-based instructional strategies that can be done online through an online teaching



process. This is to extend learning beyond the classroom setting. Homework teaching strategy gives children with conduct disorder extra time to master concepts studied in the class and further refines their learning process. The authors pointed out that to use this strategy effectively, the teacher assigns homework based on the child's skill level and ensures that it aligns with the child's learning needs in a more practical way. The authors further explain that the amount of time and complexity of the home work varies depending on the subject matter and level of cognitive operation of the children with conduct disorder. The child should be allowed to complete homework independently with minimal involvement or interference from the teachers or peers. The authors further explain that in the application of the homework teaching strategy, the homework must cover all the topics covered during lessons and the question types must vary from fill-in-the gaps/blank spaces or multiple choices and embedded questions should reflect throughout the assessment strategy.

Case studies strategy

Fuandai (2010) maintains that Case studies as instructional strategies are more spontaneous than the structured group projects. This teaching strategy helps to prepare the children with conduct disorder for work when they enter the workforce and where problem solving skill is essential. In a practical work environment, children with conduct disorder cannot just do what they are told to do and expect to succeed. Rather, case studies strategy helps prepare the children for life after college or university. To use case studies strategies, the teacher has to group the children with conduct disorder and task them to find different ways of proffering solutions to problems using the knowledge they have acquired from reading and listening into real-world scenarios that match the assigned content areas. In a classroom setting, working on case studies encourages children to think critically about what they have learned and not just recite points back to the teacher.

Peer instruction strategy

In the application of this strategy, Fuandai (2010) points out that this model is being applied with the guidance of the teacher. Children with conduct disorder are prepared and presented with course content material in advance. The teacher encourages them to interact with peers through online teaching or class discussion. The teacher tries to do this without the use of slides as an aid, so the children with conduct disorder can communicate more with classmates and this can enhance the discovery of more creative ways to present the study material to the students. It is possible to carry out this child-led instructional strategy at the beginning of the class so that the children with conduct disorder can teach one another about what they know, share their knowledge and experiences that relate to the course materials.

Role Play teaching strategy



Milaham, Nanjwan and Ewa (2022) uphold that the Role play strategy offers children with conduct disorder a chance to practice interpersonal skills in an inclusive classroom environment in which they are comfortable and familiar with. The authors observe further that giving opportunity to the children with conduct disorder to visualize this model of role play in dynamic situation promotes curiosity, exploration and problem solving technique which will aid the children working toward a greater understanding of the study materials. This is because the more the children have the opportunity to re-presenting the knowledge they have acquired beyond writing and oral explanation, the better their comprehension/understanding of the material learned earlier.

Research/studies on teaching students with conduct disorder in the inclusive classroom environment

Several studies have revealed that many students in classrooms today have differing educational needs such as learning disabilities, conduct disorders, sensory impairment, individual education plans, and more. Many students suffer from Emotional and Behavioral Disorders (EBD)/Conduct Disorder and researchers have found that these students are among the lowest academic achieving students in schools. The graduation rates of these students are much lower than those with learning disabilities and other disorders (Mooney 2008). This is due to the behavioral and social issues that can lead to loss of academic understanding, such as lack of teacher praise, limited Opportunities to Respond (OTR), learned helplessness, negative reinforcement, negative classroom environment, and teacher attitude. We must first look at the type of environment in which students with conduct disorder participate. Meadows, Neel, Parker and Scott (2004) studied students with conduct disorders who were part of a self-contained classroom. Thirteen of the nineteen students were 'mainstreamed' into a regular classroom setting for core academic subjects. Surveys were filled out by the students, the teachers, and other staff members involved with the students at the school. Students who were mainstreamed were found to have higher academic achievement and better social skills than their peers who were not mainstreamed. However, similar studies have found that students in the self-contained rooms had more one to one instruction due to a smaller group setting, thereby making it easier for these students to learn (Maggin 2011).

The students in the Meadows study (2004) who were mainstreamed did not receive any accommodations from the general education teachers, and expectations were placed on all students regardless of the conduct disorder behaviour diagnosis. The study showed that students who had mainstreaming as a part of their academic day were more successful students, attentive, hard-working, and focused. This was true both academically and socially. Students in self-containment on the other hand, struggled with emotional and behavioral issues. In order to accommodate students with more serious issues into mainstream education, teachers will have to



individualize more of their teaching. This will require more support from the counselor, principal, and other relevant school support systems.

The teacher plays a key role in the success life of students with conduct disorder in the inclusive classroom environment. Research has shown that teachers who are ill-prepared to deal with students with conduct disorder provide little or minimal praise to this category of students, both in the self-contained setting and general education classroom thereby inhibiting their academic performance in the inclusive education setting. One hundred and twenty-five teachers were surveyed as part of a study to measure their attitude towards the inclusion of students with conduct disorder as part of the general education setting, Barker, Van Reusen, Shoho, (2001) noted in the survey that most teachers felt they lacked adequate resources to deal with students with conduct disorder, while some felt they do not have the appropriate training to deal with issues relating to students with conduct disorder; hence most teachers do not provide accommodation for students they know have conduct disorder.. So, if teachers as major stakeholders in dealing with these struggling students with conduct disorder are at the cross road, what then is the fate and possibility of providing a solution to achieving academic excellence for students with conduct disorder in the inclusive classroom environment?

Several teaching strategies show positive results for all students in general and those with conduct disorder in particular. These teaching strategies include case studies, Role play, Homework practice, Flipped Classrooms, Reflection, peer-mediated interventions, self-mediated interventions, and teacher-mediated interventions (Mooney, Pierce, Ryan 2008). The authors advocated for these teaching strategies and others not mentioned to be adopted by both Regular and Special Education teachers in educating students with Conduct Disorder in order to better their lot in the inclusive classroom setting.

Benefits of Teaching Students with Conduct Disorder in the Inclusive Classroom Environment.

The benefits of teaching students with conduct disorder in the inclusive classroom environment in the Nigeria educational sector cannot be over emphasized. These benefits include:

1. The development of positive relationships and friendships between peers in the inclusive classroom environment between students without conduct disorder and those with conduct disorder.
2. Teaching students with conduct disorder in the inclusive classroom setting will lead to the development and improvement of social skills in students with severe disabilities across all school age groups.
3. Teaching students with conduct disorder will lead to improvement of attitudes on the part of the non-disabled peers toward their peers with disabilities. In spite of the emphasis on socialization as a principal focus for inclusion, the beneficial effects for the mainstream environment on the social improvement of children with disabilities have been extremely interrogated.



- Further research shows that within the mainstream classrooms these groups of students tend to be dejected, segregated and lonely, and they fail to emulate the adaptive character of their more skilled peers.
4. Students without conduct disorder serve as role play models to students with conduct disorder in the inclusive classroom setting. The students with conduct disorder learn better behavioural skills from their counterparts for optimal functioning in the society.
 5. Teaching students with conduct disorder in the inclusive classroom environment will help debunk the erroneous impression held about these students by the society that they are unteachable.

Conclusion:

Although students with conduct disorder have been adjudged as the most difficult to include in mainstream environments, as the general education teachers are least tolerant of their unruly behavior, the placement of these students in the inclusive classrooms has always been a problem that needed serious attention. Moreover, these students are considered to have difficulties meeting the behavioural standards set in general education classrooms which enhances meaningful peer relationships with non-disabled peers in the inclusive education setting. Therefore, for the students with conduct disorder to function optimally in the inclusive classroom setting in the society, teachers and other stakeholders in the field of Special Education have to adopt appropriate teaching strategies that will bring out the best in the students with conduct disorder for holistic development of the Nigerian society in particular and the world at large.

Suggestions:

1. Teachers in the inclusive education settings should be exposed to various training programmes as to be abreast with the different educational methods involved in educating students with conduct disorder in order to lend credence to the field of Special Education and to catch up with global best practices.
 2. There should be close monitoring and team ship of all educational stakeholders in planning individualized educational programmes for the students with conduct disorder in the inclusive education classroom setting
 3. Conduct disorder can lead to academic deficiency; hence all hands must be on deck to proffer solutions to academic predicament of these children in the inclusive classroom setting to enable this category of students to contribute their quota to the development of the Nigerian society.
 4. Conduct disorder can constitute a social menace/malady in the inclusive education setting; hence it should be nipped at the bud once it starts manifesting either early or later part in life.
 5. Conduct disorder can cause/result in chaos or decay in the school environment and society at large: Hence adequate marital counseling
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- should be given to parents to avoid genetic transference from parents to offspring thereby reducing the high rates cases of conduct disorder in the school system.
6. Conduct disorder can create or lead to dependency and economic wastage. The curriculum should therefore be modified to provide diversified courses that will lead to self-reliance rather than regimented curriculum.
 7. Conduct disorder can lead to family disintegration or break of family ties. Adequate counseling should be provided at both family and school levels. Moreover, conduct disorder if not properly managed can lead to regret and untold hardship in life. In order to tackle the above menace, Assistive technology devices should be deployed and used in schools so as to divert the attention of the children with conduct disorder from engaging in unwarranted destructive behavior tendencies to self and school property but rather redirecting their energies to pursuing worthwhile ventures for the benefit of mankind. Also, Disability Centers should be established in all schools where possible to cater for the students with special needs in the inclusive classroom environment.

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