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# The Role of Educational Counseling in Reducing Conduct Disorders Among Students of Primary Stage in Nablus Governorate

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**Abstract:** This study aimed at investigating the role of educational counseling in reducing conduct disorders among students of primary stage in Nablus directorate. To achieve this aim the researchers used a forty-item questionnaire which was distributed among (1727) students represented (10) schools selected randomly by using cluster random sample from grade four to grade six in the government schools in Nablus governorate. In collecting the necessary data for answering the questions of the study, the researchers used means, standard deviations, percentages and degrees for all items and total score of conduct disorders questionnaire items. Additionally, MANCOVA Test was used to find out the differences in conduct disorders due to study variables-Counseling services, Gender, Place and Achievement. Results of this study showed that the level of conduct disorders among the study sample was moderate. Significant differences were shown on the study variables as follows:- between schools with counseling services and schools without, in favor of schools with. Between males and females in favor of males. Between city, villages and camps in favor of camps. Between students of different averages in favor of low achievers (50-60). In the light of these findings, the researchers recommended over spreading counseling to all schools. Improving counseling training is another important for the Ministry of Education.

**Keywords:** Educational Counseling, Conduct Disorders, Students of Primary Stage

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## 1. Introduction and Theoretical Background

Conduct Disorder (CD) is one of the forms of externalizing disorder listed in DSM-IV-TR category among children and adolescents. Control the behavior based on what parents, teachers, or peer to expect is difficult for these children. Conduct Disorder is one of the most prevalence diagnosed disorder that according to DSM-IV-TR reflects as repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Aggression toward people and animal, impulsive behavior, deceitfulness, and acting against rules are common among children with CD (Baba et, al 2013).

Children with conduct disorder repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of conduct disorder is likely if the

behavior continues for a period of 6 months or longer. Because of the impact conduct disorder has on the child and his or her family, neighbors, and adjustment at school, conduct disorder is known as a disruptive behavior disorder." Another disruptive disorder, called oppositional defiant disorder, often occurs before conduct disorder and may be an early sign of conduct disorder. Oppositional defiant disorder is diagnosed when a child's behavior is hostile and defiant for 6 months or longer. Oppositional defiant disorder can start in the preschool years, whereas conduct disorder generally appears when children are somewhat older. Oppositional defiant disorder is not diagnosed if conduct disorder is present (Adelman & Taylor, 2000).

According to DSM-5 there are many Diagnostic criteria for Conduct Disorder (APA, 2000):

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the

presence of three or more of the following criteria in the past 12 months. With at least one criterion present in the past 6 months:

## 2. Aggression to People and Animals, Seen in the Following Actions

- 1 - Often bullies, threatening or intimidating others.
- 2 - Often initiates physical fights.
- 3 - Has used a weapon that can cause serious physical brick, broken bottle, knife and guns.
- 4 - Has been physically cruel to people and to animals.
- 5 - Has stolen while confronting a victim.
- 6 - Has forced someone into sexual activity.

## 3. Destruction of Property

- 7 - Has deliberately engaged in fire setting with the intention of causing serious damage.
- 8 - Has deliberately destroyed others' property.

## 4. Deceitfulness or Theft

- 9 - Often lies to obtain goods or favors or to avoid obligations.
- 10 - Has stolen items of nontrivial value without confronting a victim.

## 5. Serious Violations of Rules

- 11 - Often stays out at night despite parental prohibitions, beginning before the age of 13.
- 12 - Has run away from home overnight at least twice while living in parental or parental surrogate home.
- 13 - Often truant from school, beginning before the age of 13.

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. If the individual is aged 18 years or above, criteria are not met for antisocial Personality Disorder.

Another criterion based on age to diagnose the severity of conduct disorders represented by (Comer, 2008):

- 1 - Conduct Disorder for Childhood: Occurs of at least one criterion characteristic of Conduct Disorder prior to age 10.
- 2 - Conduct Disorder for Adolescent: absence of any criteria characteristic of Conduct Disorder prior the age of 10.
- 3 - Unspecified Conduct Disorder: the age of this category is unknown.

Conduct disorders also diagnosed based on severity as shown below:

1-Mild: few if any conduct problems in excess of those required making the diagnosis and conducting problems cause only minor harm to others.

2-Moderate: number of conduct problems and effect on others intermediate between mild- and severe.

3-Severe: many conduct problems in excess of those required to make the diagnosis or conduct problems cause

considerable harm to other individuals over age of 18 (Getzfeld, 2006).

Counseling which seeks to train children and adolescents with conduct disorder in perspective taking, awareness of physiological arousal as a precursor to antisocial action, use of self instruction or self-talk procedures and problem solving strategies. Counseling techniques that have been used as part of anger coping intervention programs include role plays, modeling, biofeedback and behavioral experiments in appropriate ecological settings (Adelman & Taylor, 2000).

School counseling treatments for CD children that have research support are contingency management and the use of token economies to reinforce positive behaviors and reduce negative behaviors. School counseling programs have been developed to address conduct problems, including anger management, conflict resolution, social problem solving, and social skill training. Most of these programs have high empirical support for their ability to change problem behaviors or to maintain changes after the program ends (Johnston, 2001).

Many counseling approaches dealt with conduct disorders, for example: Psychodynamic theory which encouraged expression of feelings to deal with conduct disorders. is usually done through creating an atmosphere of permissiveness and trust. Behaviors themselves are viewed as symptoms of the underlying emotional problems (Frick, 2000).

The humanistic approach to treatment of behavioral problems seeks to understand the whole person. It uses producers for working with troubled children like acceptance and helping the student reflect on his own behavior. As a consequence, the student begins to develop insight and is able to modify his own behavior develop insight and is able to modify his own behavior so that it is more acceptable and self-satisfying. Most humanistic therapists advocate developing an atmosphere within school environment that communicate acceptance, trust, and empathy towards students (Adams & Gullotta, 2005).

Behavioral approach is the most recent therapy to emerge in the schools, though it has been in existence for the past 40 years. Psychologists and educators pioneered its development with severely disturbed and retarded individuals. The basic premise is that behavior is learned. People are, in large measure, developed by the environments in which they are raised. Behavioral approaches require the systematic application of well defined principles like shaping, reinforcement, extinction, and punishment (Adelman & Taylor, 2000).

## 6. Statement of the Problem

Due to the increasing of conduct disorders at primary schools in Palestine which affects negatively the students' performance in all aspects of school and real lives, appropriate procedures to deal with such a problem is urgent and basic mainly of the life of Palestinians who strive deeply to overcome a lot of suffering including educational ones. Up to

the researchers' knowledge, the services educational counseling at the Palestinians' schools are recent, this study sought for investigating the effective influence of educational counseling in reducing the threat of conduct disorders.

## 7. Questions of the Study

This study attempts to answer the following questions:

1-What is the Level of Conduct Disorders among primary students in public schools in Nablus region?

2-Are there any significant differences in conduct disorders due to study variables (Counseling services, Gender, Age and Place)?

## 8. Aims of the Study

This study aims to examine effectiveness and importance of educational counseling in reducing conduct disorders at primary schools in Nablus region.

## 9. Significance of the Study

The researchers think that the services of educational counseling if appropriate, will certainly improve the students' performance in all aspects of live. Such service will work more effectively with childhood rather than adulthood. Lack of modifying the child's behavioral problems will affect negatively the students' future development in all aspects.

The researchers hope that the results of this research can be used as guidance for everyone who wants to work with children and reflect to children themselves. It is hoped that this study will point out the strong and weak points of the current situation of services of educational counseling at primary school in Nablus governorate.

## 10. Definition of Terms

### 1-*Conduct Disorders*

Conduct disorder (CD) is a frequently occurring Psychological disorder characterized by a persistent pattern of aggressive and non-aggressive rule breaking antisocial behaviors that lead to considerable burden for the persons themselves, their family and society (Crothers & Hughes, 2008). From the procedural pointed view, it is defined as the score a child received on Conduct Disorder scale which was used in this study.

### 2-*Educational Counseling*

Educational Counseling is interaction between a counselor and one or more students. The purpose is to help the student with problems that may have aspects that are related to academic performance, disorders of thinking, emotional suffering, or problems of behavior. Counselors may use their knowledge of theory of personality and counseling to help the client improve functioning. The counselor's approach to helping must be legally and ethically approved (Corey, 2012). From the procedural pointed view, it's defined as counseling services at schools including (consultations, group, individual

and vocational counseling).

## 11. Limitations of the Study

The researchers classified the limitations of the study into four:

1 - Locative limitation: this study covers all primary public schools in Nablus region.

2 - Temporal limitation: the researchers carried out this study from October in first semester of the scholastic year 2013/2014 to May in the second semester of the same year.

3 - Human limitation: the population of the study consisted of (10) public primary schools from the age category (4 – 6) grades.

4 - Topical limitation: the study examines the impact of services of educational counseling at primary public schools in Nablus region.

## 12. Literature Review

For the sake of clarity and organization, the researchers arranged the related studies topically and chronologically, that is, all studies that deal with same topics and from the oldest to the most recent ones.

In investigating the role of educational counseling in reducing conduct disorders among students of primary stage in Nablus governorate, several studies were conducted, For example, McGuffin (2000) used different time out durations (1. 5, 10, and 20 min) in the treatment of aggressive behavior in school children with conduct disorders. Results did not support the use of extended periods of timeout, but suggested that 5 min duration was as or more effective than the other tested durations.

In addition, Rey and Walter (2000) tried to investigate whether there were differences in family environment among patients with attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder and conduct disorder. The sample of this study consisted of (233) clients selected for high or low scores on a scale that taps CD and ADHD symptoms. Results of this study indicated that the poorer family environment was associated with conduct disorder and oppositional defiant disorder and predicted the bad outcomes.

In order to evaluate the effectiveness of four counseling treatments Whitemarsh and Wilson (2005) used a group counseling treatment program for children with academic and conduct problems. Two hundred twelve referred children were separated into 3 groups for analyses: (a) children who completed the 22-week program, (b) children who prematurely withdrew, and (c) wait-list controls. Children' socioemotional and behavioral functioning were measured at baseline and 6 months after treatment. Results showed statistically and clinically significant reductions in externalizing symptoms and increases in adaptive behavior associated with treatment. Treatment was also associated with increased likelihood of high school completion or employment and decreased likelihood of behavioral problems.

In evaluating the effectiveness of a group counseling

program for children with conduct disorders, Weis (2005) selected randomly (40) students with conduct disorders and separated them randomly to two groups: Experimental group, who received a group counseling program based on CBT to reduce conduct disorders and control group who did not receive the group counseling program. Result of this study showed significant difference in conduct disorders between two groups in favor of experimental group.

Further more, Apsche and Bass (2006) compared the efficacy of three treatment methodologies for adolescent males in residential treatment with conduct disorders, personality dysfunctions and documented problems with physical and sexual aggression. The results showed that Mode Deactivation Therapy, an advanced form of cognitive behavioral therapy based on Beck's theory of modes, was superior to Cognitive Behavioral Therapy and Social Skills Training in reducing both physical and sexual aggression. At the same time, Mode Deactivation Therapy was the only treatment of the three that significantly reduced sexual aggression for these youth. The results also showed that MDT was superior to CBT and SST in reducing external and internal psychological distress.

Additionally, Hakko and Viilo (2006) investigate the impact of familial risk factors on the development of violent behavior and conduct disorder (CD) by gender in a sample of adolescents. The study sample consisted of 278 adolescents (age 12–17) consecutively attended school counseling sessions between April 2004 and January 2006. Results of Logistic regression analyses revealed that girls who had been physically abused at home had a 4.2-fold risk of having conduct disorder with violent behavior compared to those not exposed to domestic violence. A broken primary family also increased the risk for having both violent CD and non-violent CD among girls. Among boys, no statistically significant association was found between any familial risk factors and later CD.

In testing the effectiveness of cognitive behavioral treatment (CBT), Rizk, Sinzig and Walter (2010) examined the changes during cognitive-behavioral treatment (CBT) of children with conduct disorders. 147 children (aged 12–18 years) with a mixed disorder of conduct and emotions and who had completely ceased to attend school or showed irregular school attendance underwent a cognitive behavioral treatment. Assessments were made pre treatment, immediately post treatment and at 2-month follow-up. Overall, results show a considerable decline of school absenteeism and conduct problems during treatment and subsequent follow up. Continuous school attendance was achieved by 87.1% of the sample at the end of treatment and by 82.3% at 2-month follow up.

Binyamini (2010) also examined the caregiver burden and sense of coherence among parents of 300 children with conduct disorder, compared to parents of (100) children without the disorder. Parents completed the Caregiver Burden Index and the Sense of Coherence Scale. The research findings showed significant differences between the two groups, with the parents of children with conduct disorder

reporting a higher caregiver burden and lower sense of coherence than the parents of children with no disorder. The study highlights the need to provide professional support for parents of children with conduct disorder and to develop appropriate intervention programs for enhancing the parents' coping abilities.

Additionally, Alexander & Christopher (2011) compared the efficacy of two treatment methodologies for adolescent males in residential treatment with conduct disorders and personality dysfunctions with physically or sexually aggressive behaviors over one year. The twenty patients were admitted to the same residential treatment unit, ten were given the Mode Deactivation Therapy (MDT) protocol and the other relied on treatment as usual (TAU). Assessments of depressive symptoms, suicidal ideation, along with monitoring of aggressive behaviors with the evaluations conducted after one year of treatment. The results showed MDT to be more effective than TAU in reducing both physical aggression and therapeutic restraints.

In order to examine the effectiveness of counseling intervention, Fabiano (2012) used daily report cards (DRCs) as a counseling technique among (63) elementary school classrooms students diagnosed with combined inattentive and hyperactive/impulsive attention deficit hyperactivity disorder (ADHD) and comorbid oppositional defiant disorder (ODD)/conduct disorder. The result of this study found statistical reduction between pre and post test in all disorders in favor of post test. This result agreed with Ross et al 2011 who highlight that there is heterogeneity in the risk of violence exposure in drug using populations, a finding which has implications for early intervention and for treatment interventions among dependent drug user populations.

In addition, Hadi and Malekpour (2014) investigate and compare the effectiveness of family, child, and family-child based intervention on the rate of conduct symptoms in third grade students. The population for this study was all of students with ADHD diagnoses in the city of Isfahan, Iran. The multistage random sampling method was used to select the 60 subjects included in this study. The subjects were randomly assigned into four groups, including three experimental and one control groups (each group consisted of 15 students). The children had been diagnosed by clinicians as having conduct disorders. In order to verify this diagnosis, Conner's parental rating scale was used at baseline to confirm that children had conduct disorders. The results of the post test indicated a significant difference between the four groups. The results showed that the family-child based intervention was the most effective method to decrease students' conduct symptoms. This result is in accordance with McGilloway et al, (2013) who provide some useful insights into the socio-emotional and behavioral needs of school-entry age children. The findings also have important policy and practice implications for school psychologists and other key school personnel and highlight, in particular, the need to develop and implement early intervention and prevention strategies in schools.

To sum up, there are studies that agree about the strong effect of educational counseling in reducing disorders such as:

Wilson 2005; Weis 2005; Hakko and Viilo, 2006; Apsche and Bass 2006; Fabiano (2012) and McGilloway et al, 2013 among others. Other studies showed the positive parental warm bringing up of children in reducing or even eradicating CD such as Binyamini 2010; Baba et, al 2013 and Hadi and Malekpour 2014. The present research is looked upon unique and distinguished since it is a comparative study that dealt with two types of school, one type which receives counseling services and another one which does not. Additionally, and to the atomst knowledge of the researchers it is the only study that tackles this issue (the effect of educational counseling in reducing conduct disorders in the Palestinian context.

### 13. Procedures of the Study

#### 13.1. Population and Sample of the Study

The population of the study consisted of all Primary students in Nablus Governorate from the ages() during the first semester of the scholastic year 2013/2014. The sample of the study consisted of (10) schools selected randomly by using cluster random sample. Table number (1) shows the sample of the study according to its variables.

Table (1). Sample distribution according to study variables.

Variable		Frequency	Percentage
Counseling services	With	820	47.5
	Without	907	52.5
	Total	1727	100.0
Gender	Male	1145	66.3
	Female	582	33.7
	Total	1727	100.0
Place	City	476	27.6
	Village	807	46.7
	Camp	444	25.7
	Total	1727	100.0
Cumulative average	50 -60	445	25.8
	60- 70	312	18.1
	70 – 80	315	18.2
	80- 90	307	17.8
	Above 90	1727	100.0
	Total	445	25.8

#### 13.2. Study Variables

*Independent variables:* Counseling services, Gender, Place, Cumulative average.

*Dependent variables:* the degree of the questionnaire evaluation.

#### 13.3. Instrument of the Study

The researcher used Abu Laila’s scale (2002), the scale consisted of 40 items to assess conduct disorders among primary students, the scale constructed based on the practical and theoretical literature in this filed. Indicators of validity and reliability of this scale were high and appropriate to use in this study.

#### 13.4. Validity of the Instrument

The validity of the items and format of the questionnaire

was achieved through showing the questionnaire to the course professor and the statistical expert who approved it with little modifications which were modified to be considered valid.

#### 13.5. Reliability of the Instrument

The reliability of the questionnaire was measured by using Cronbach alpha formula which was (0.90), and this is a high value that shows that the questionnaire is reliable for conducting this study.

#### 13.6. Statistical Analysis

The results of the study were statistically analyzed by using SPSS program. The following five-point Likert scale was used to provide degrees of evaluation of culture in English language teaching classes in secondary schools in Jenin district from teacher's perspectives.

- 1-80% and more -----very high.
- 2-70% -79% -----high.
- 3-60%- 69% -----medium.
- 4-50%-59% -----low.
- 5-Below 50% -----very low.

#### 13.7. Procedures of the Study

After identifying the population of this study, which is primary students with conduct disorders in Nablus governorate, the researchers used cluster random sample to select (10) primary schools from Nablus governorate (5) schools offer counseling services and (5) do not offer that services. Copies of Conduct disorders scale were distributed to all students at classes (4-5) in selected schools. In order to obtain more valid and credible results, students were given the choice either to complete the questionnaire immediately or after a day from distributing the copies. The researchers managed to collect almost all the copies. Then the scale was statistically analyzed using SPSS program.

### 14. Results and Discussion

The first question of the study: "What is the level of conduct disorders among primary students in Nablus region? To answer this question means, standard deviations, degrees were calculated as shown in table number (2).

Results of the previous table shown that sample’s repossess on conduct disorders scale were moderate on items (7, 6, 5, 28, 4, 36, 35, 30, 34, 32, 31, 8, 27, 29, 39, 13, 12, 3, 33, 26, 40, 38, 37, 18, 15, 14, 11, 22, 19, 17, 16, 10, 9, 25, 2, 21, 20, 24, 23), in addition, the responses were low on item (1), where as responses were moderate on the total score of conduct disorders scale.

Results of the second question which is: Are there significant differences in conduct disorders among primary students in Nablus region due to study variables (counseling services, gender, place and achievement? To answer this question, means and standard deviations were calculated as shown in table number (3).

**Table (2).** Means, standard deviations and degrees for total score and all items of conduct disorders scale.

No.	Statement in scale	Mean	Standard deviation	Degree
7		3.43	1.370	Moderate
6		3.40	1.312	Moderate
5		3.40	1.31	Moderate
28		3.35	1.45	Moderate
4		3.30	1.129	Moderate
36		3.28	1.56	Moderate
30		3.28	1.56	Moderate
35		3.28	1.51	Moderate
34		3.28	1.51	Moderate
32		3.28	1.51	Moderate
31		3.28	1.51	Moderate
8		3.28	1.51	Moderate
27		3.27	1.50	Moderate
29		3.26	1.38	Moderate
39		3.25	1.31	Moderate
13		3.24	1.31	Moderate
12		3.24	1.31	Moderate
3		3.23	1.17	Moderate
33		3.20	1.60	Moderate
26		3.19	1.59	Moderate
40		3.17	1.41	Moderate
38		3.17	1.41	Moderate
37		3.17	1.41	Moderate
18		3.17	1.41	Moderate
15		3.17	1.41	Moderate
14		3.17	1.41	Moderate
11		3.16	1.36	Moderate
22		3.09	1.44	Moderate
19		3.09	1.50	Moderate
17		3.09	1.50	Moderate
16		3.09	1.50	Moderate
10		3.08	1.45	Moderate
9		3.08	1.45	Moderate
25		3.08	1.45	Moderate
2		3.07	1.26	Moderate
21		3.01	1.52	Moderate
20		3.01	1.52	Moderate
24		3.01	1.52	Moderate
23		3.01	1.52	Moderate
1		2.57	1.49	Low
Total score		3.18	1.34	Moderate

**Table (3).** Means and standard deviation for total score of conduct disorders scale according to study variables.

Domain	Variable	Means	Standard deviation
	Counseling services	with	1.80
		without	4.43
		Total	3.18
	Gender	Male	3.53
		Female	2.50
		Total	3.18
Total score of conduct disorder scale	Place	City	2.80
		Village	2.93
		Camp	3.54
	Cumulative average	Total	3.18
		50-60	3.40
		60-70	3.41
		70-80	3.37
	90 above	80-90	2.91
		90 above	2.91
		Total	3.18

Results of the previous table show apparent differences between means, to make sure about the significant of that differences, four way ANOVA test was calculated as shown in table number(3)

**Table (4).** Results of four way ANOVA test for total score of conduct disorders scale according to study variables.

Dependent variables	Source	Sum of Squares	DF	Mean Square	F	Sig.
Total score of conduct disorders	Counseling services	576.56	1	576.56	43888.48	*0.000
	Gender	27.17	1	27.17	2068.88	*0.000
	Place	42.35	2	21.17	1611.88	*0.000
	Cumulative average	96.23	4	24.05	1831.27	*0.000
	Error	22.56	1718	0.01		
Total	3119.53	1726				

Result of the previous tables show significant differences in conduct disorders due to study variables; Counseling services, in favor of schools with counseling services, the mean was (1.80) in contrast of schools without counseling which mean was (4.43), it also show significant differences due to gender, in favor of female, the mean was (2.50) in contrast of males mean which was (3.53).The results also showed significant differences in conduct disorders due to place and achievement variables, to test the direction of those differences, Scheffe post hoc test was used as shown in tables (5) and table(6).

**Table (5).** Results of Scheffe test to examine the differences in conduct disorders according to Place.

Total score of conduct disorders				
Place	Mean	City	Village	Camp
City	2.80		-0.13	-0.74*
Village	2.93			-0.61*
Camp	3.54			

Results of the previous table show:

- 1-Significant differences in conduct disorders between city and camp in favor of camp.
- 2-Significant differences in conduct disorders between Village and camp in favor of camp.

**Table (6).** Results of Scheffe test to examine the differences in conduct disorders according to achievement.

Cumulative average	Mean	50-60	60-70	70-80	80-90	Above 90
50-60	3.40		-0.01	0.03	0.49*	0.49*
60-70	3.41			0.04	0.50*	0.50*
70-80	3.37				-0.46*	-0.46*
80-90	2.91					0.000
Above 90	2.91					

Results of the previous table show:

- 1-Significant differences in conduct disorders between (50-60) average and (80-90) average in favor of (50-60).
- 2-Significant differences in conduct disorders between (50-60) average and above (90) average in favor of (50-60).
- 3-Significant differences in conduct disorders between (60-70) average and (80-90) average in favor of (60-70).

4-Significant differences in conduct disorders between (60-70) average and above (90) average in favor of (60-70).

5-Significant differences in conduct disorders between (70-80) average and (80-90) average in favor of (70-80).

6-Significant differences in conduct disorders between (70-80) average and above (90) average in favor of (70-80).

## 15. Discussion of the Results

1-Results related to the first question of the study which is: What is the Level of Conduct Disorders among primary students in public schools in Nablus governorate?

Results of this question showed that the level of conduct disorders among primary students in Nablus governorate were moderate. This result is attributed to the hard conditions under which the Palestinian live. Additionally, the psychological and counseling services in Palestinian schools is relatively new including counseling programs that deal with psychological disorders such as conduct problems. On one hand this result agrees with

1-results related to the second question of the study which is: Are there any significant differences at ( $\alpha=0.05$ ) in conduct disorders due to study variables (Counseling services, Gender, Place and cumulative average? Results of this question showed that:

In regard to counseling services, the results showed that the level of conduct disorders at schools with counseling services is lower than schools without counseling services. This result pinpoints the great positive role of counseling services at schools and how much they reduce such behavioral disorders, counseling services at schools including many counseling services that may be helpful for students suffering from conduct disorders. This result is in accordance with Wilson 2005; Weis 2005; Hakko and Viilo, 2006; Apsche and Bass 2006; Fabiano (2012) and McGilloway et al, 2013 whose results mentioned the effectiveness of educational counseling in reducing conduct disorders.

In regard to Gender, the result showed that conduct disorders among males are higher than females. The researchers believe that the reasons behind this result could be:

1-The Palestinian society is masculine and not feminine.

2- Aggressiveness is rooted more to males rather than females.

Such findings are in harmony with Hakko and Viilo(2006) who indicated that girls who had been physically abused at home had a 4.2-fold risk of having conduct disorder with violent behavior compared to those not exposed to domestic violence. Additionally, the broken primary family also increased the risk for having both violent CD and non-violent CD among girls. Among boys, no statistically significant association was found between any familial risk factors and later CD.

In regard to place, the results showed that conduct disorders among students from camps are higher than students from city and villages. The researchers believe that this result may related to the difficult environment at Palestinian camps, level of anti social and aggressive behaviors at camps are significantly more than any places in Palestine. This result

agrees with study of Rey and Walter (2000) whose results mentioned that the poorer family environment was associated with conduct disorder and oppositional defiant disorder and predicted bad outcomes.

In regard to cumulative average, the results showed that conduct disorders among students with low cumulative average were higher than students with high averages, this result may related to personality traits, usually good students are interested in achievement and good academic performance, on the other hands students with low cumulative average try to find inappropriate ways to achieve their goals.

## 16. Conclusion and Recommendations

The results of this study showed that the level of conduct disorders among primary students in Nablus governorate was moderate. Additionally, there were significant differences in conduct disorders due to study variables as follows: With reference to counseling services variable, in favor of schools that offer counseling services, in regard to gender, in favor of males. As for place, in favor of camps. Finally, and according to average in favor of low cumulative average.

### *Recommendations*

In the light of the results of this study, the researchers recommended the following:

#### *For the Ministry of Education:*

1-Offering more counseling services for all schools, that is, a counselor for each school regardless of its level.

2-Offering more effective training for in-service counselors.

#### *For universities:*

1-Offering courses that approach effectively the counseling services offered at schools.

2-Increasing the number of practical courses that deal with school disorders and intervention.

#### *For schools:*

1-improving the rapport between the counselors and the rest of school staff members

2-considering the counselors' success as part of schools success.

#### *For parents:*

1-working with the counselor in pinpointing different behaviors does not mean a weak point in the student; on the contrary, it is a modern educational technique in helping schools accomplishing their messages.

2-Improving parental skills in all types of schools behaviors through brochures, workshops, or even counseling meetings.

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