

Social Skills and School Adjustment Among Adolescents with Conduct and Emotional Difficulties

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Abstract

The aim of the study was to assess social skills and school adjustment among adolescents with conduct and emotional difficulties. The objectives of the study were to examine the level of social skills and school adjustment among adolescents, to study the differences in social skills and school adjustment between adolescents with conduct difficulties and adolescents with emotional difficulties. The sample consisted of male and female adolescents aged between 13 and 16 years studying in 7th to 10th standard. A between-group research design with purposive sampling technique was employed for the study. The participants were administered the Strengths and Difficulties Questionnaire to identify conduct and emotional difficulties. Further, the Social Skills Rating Scale and school adjustment scale were administered to assess social skills and school adjustment among adolescents. Descriptive statistics and independent samples t-test were computed to analyse the obtained data. The study focused on understanding variations in social skills and school adjustment among adolescents experiencing conduct and emotional difficulties. The findings revealed significant differences between adolescents with conduct difficulties and emotional difficulties in social skills and school adjustment. Adolescents with emotional difficulties showed better self-control, empathy, assertion, cooperation, and social adjustment. Conduct difficulties were associated with greater impairments in emotional regulation, communication, interpersonal functioning, and school adaptation. No significant differences were observed in academic performance and academic engagement. The study emphasizes the importance of early intervention programmes targeting social skills, behavioural regulation, and school adjustment.

Keywords: Social Skills, School Adjustment, Adolescents, Conduct Difficulties, Emotional Difficulties

Introduction:

Adolescence is a crucial developmental stage characterized by rapid biological, emotional, cognitive, and social transformations that significantly influence personality development, interpersonal functioning, and psychosocial adjustment. Hall (1904) described adolescence as a period of “storm and stress,” marked by emotional instability, behavioural fluctuations, and identity conflicts. Contemporary theorists, however, emphasize that adolescence is also a phase of growth, adaptive restructuring, and social learning (Steinberg, 2017). According to the World Health Organization, adolescence generally includes individuals between 10 and 19 years of age. During this developmental phase, adolescents encounter increasing academic expectations, changing peer relationships, emotional challenges, and socio-environmental pressures that strongly influence mental health and adjustment outcomes.

School adjustment represents an important developmental task during adolescence because schools' function not only as academic institutions but also as psychosocial environments that shape emotional regulation, behavioural adaptation, interpersonal competence, and self-concept. Ladd (1999) defined school adjustment as the extent to which students successfully adapt to academic demands, peer interactions, behavioural expectations, and teacher relationships. Positive school adjustment has been associated with academic achievement, emotional resilience, social competence, and psychological well-being, whereas poor school adjustment is linked with behavioural problems, emotional distress, peer rejection, and school disengagement (Baker, 2006; Wentzel, 2017). Adolescents who successfully adjust to school environments generally demonstrate healthier emotional functioning and better psychosocial outcomes.

Social skills are considered one of the most important predictors of school adjustment and psychosocial adaptation during adolescence. Gresham and Elliott (1990) defined social skills as socially appropriate learned behaviours that facilitate communication, cooperation, self-control, emotional expression, and conflict resolution. Adolescents with stronger social competence are more likely to establish positive peer relationships, regulate emotions effectively, and adapt successfully to school environments. Bandura's (1977) Social Learning Theory emphasized that social behaviours are acquired through modelling, reinforcement, and observational learning. Empirical findings suggest that adolescents with adequate social skills demonstrate greater classroom participation, healthier emotional functioning, and better peer acceptance (Elliott and Gresham, 1993). Conversely, deficits in social competence contribute to interpersonal conflicts, emotional maladjustment, behavioural dysregulation, and academic difficulties.

The increasing prevalence of emotional and behavioural difficulties among adolescents has become a major concern in developmental psychopathology and school mental health research. Emotional difficulties generally include anxiety, sadness, fearfulness, withdrawal, and internalizing distress, whereas conduct difficulties involve aggression, impulsivity, hostility, oppositional behaviour, and rule-breaking tendencies (Goodman, 1997). Research indicates that adolescents experiencing emotional and behavioural difficulties frequently demonstrate impairments in emotional regulation, academic functioning, peer relationships, and school adjustment (Achenbach and Rescorla, 2001). Achenbach and Edelbrock (1981) differentiated emotional difficulties as internalizing problems characterized by inward distress such as anxiety and depression, while conduct difficulties were conceptualized as externalizing problems reflected through disruptive and aggressive behaviours. Adolescents with emotional difficulties often exhibit social withdrawal, emotional sensitivity, and poor peer engagement, negatively affecting school adjustment (Rubin, Bukowski, and Parker, 2006). In contrast, adolescents with conduct difficulties tend to display aggression, impulsivity, peer conflict, and non-compliance, leading to disciplinary problems and maladaptive school functioning (Frick and Morris, 2004).

Several theoretical perspectives explain the relationship between adolescent behaviour, social skills, and school adjustment. Bronfenbrenner's (1979) Ecological Systems Theory proposed that adolescent adjustment is influenced through interactions between individual characteristics and environmental systems such as family, school, peers, and society. Similarly, Erikson's (1968) Psychosocial Development Theory emphasized that adolescence involves the crisis of identity versus role confusion, during which emotional and social adaptation significantly shape personality integration and psychosocial competence. Wentzel (1991) reported that socially competent adolescents demonstrate better academic motivation, peer acceptance, and classroom engagement. Malecki and Elliott (2002) further observed that social skills significantly predict emotional adjustment, behavioural adaptation, and academic performance. In

contrast, adolescents with poor social competence often demonstrate peer rejection, emotional distress, behavioural difficulties, and school maladjustment (Parker and Asher, 1987). Murray and Greenberg (2001) additionally found that emotional and behavioural difficulties negatively influence teacher-student relationships, classroom participation, and school satisfaction.

Need for the Study

Despite extensive literature on adolescent emotional and behavioural problems, important conceptual and empirical gaps remain unresolved. Much of the previous research has examined emotional difficulties and conduct difficulties independently rather than comparatively. Limited studies have specifically explored differences in social skills and school adjustment between adolescents with conduct difficulties and those with emotional difficulties within school settings. Existing findings also remain inconsistent regarding whether internalizing or externalizing problems exert greater adverse effects on school adjustment and interpersonal functioning. Dishion and Patterson (2006) reported greater behavioural maladjustment among adolescents with conduct difficulties, whereas Gazelle and Ladd (2003) observed poorer emotional adaptation and social confidence among adolescents with emotional difficulties. These inconsistencies highlight the need for comparative investigation.

In the Indian socio-cultural context, adolescents frequently experience academic pressure, parental expectations, competitive educational environments, and socio-emotional restrictions that may intensify behavioural and emotional difficulties (Deb, Strodl, and Sun, 2015). However, culturally relevant research examining social skills and school adjustment among Indian adolescents with conduct and emotional difficulties remains limited. Therefore, the present study aims to examine social skills and school adjustment among adolescents aged 13 to 16 years studying between 7th and 10th standard. The study seeks to provide a deeper understanding of how emotional and conduct difficulties influence interpersonal competence and school adjustment. The findings may contribute to developmental psychology, educational psychology, school counselling, and adolescent mental health interventions aimed at improving psychosocial adjustment and educational well-being among vulnerable adolescents.

Methodology and Procedure

The present study was conducted to examine social skills and school adjustment among adolescents with conduct and emotional difficulties. The primary objective of the study was to assess the level of social skills and school adjustment among adolescents and to determine whether significant differences existed between adolescents with conduct difficulties and adolescents with emotional difficulties across the variables of social skills and school adjustment. Based on these objectives, null hypotheses were formulated stating that no significant differences would exist in social skills and school adjustment between adolescents with conduct difficulties and adolescents with emotional difficulties.

In the present study, conduct difficulties and emotional difficulties functioned as the independent variables and were operationalized through scores obtained on the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). The dependent variables were social skills and school adjustment. Social skills were assessed using the Social Skills Rating Scale (SSRS) (Gresham and Elliott, 1990), while school adjustment was measured using the School Adjustment Scale (Kanyanak and Kan, 2004). The sample consisted of male and female adolescents aged between 13 and 16 years studying between 7th and 10th standard. A between-group research design was employed for the study, and a purposive sampling technique was used for the selection of participants who met the required inclusion criteria.

Initially, the participants were administered the Strengths and Difficulties Questionnaire (SDQ) to identify adolescents exhibiting conduct difficulties and emotional difficulties. Based on the obtained scores, participants were categorized into conduct difficulty and emotional difficulty groups according to the dominant behavioural and emotional problem dimensions reflected in the scale scores.

Subsequently, the selected participants were administered standardized psychological measures to assess social skills and school adjustment. The Social Skills Rating Scale (SSRS) was used to assess dimensions such as cooperation, communication, self-control, and interpersonal competence among adolescents. The School Adjustment Scale was administered to evaluate adjustment in relation to academic functioning, peer relationships, classroom behaviour, emotional adaptation, and school-related interactions.

Data collection was carried out after obtaining institutional permission from the respective schools and informed consent from parents, guardians, and participants. Rapport was established with the adolescents before administering the tools, and standardized instructions were provided to ensure clarity and accurate responding. Participants were encouraged to respond honestly and independently. Completed questionnaires were checked for completeness and scoring accuracy before statistical analysis.

Tools

Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997): The Strengths and Difficulties Questionnaire (SDQ) developed by Goodman (1997) was used to identify adolescents with conduct and emotional difficulties. The SDQ is a widely used behavioural screening instrument designed to assess psychological adjustment, emotional functioning, and behavioural problems among children and adolescents aged 3 to 16 years. The questionnaire consists of 25 items distributed across five subscales: Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, Peer Relationship Problems, and Prosocial Behaviour. Each subscale contains five items rated on a three-point Likert scale ranging from “Not True” to “Certainly True.”

The SDQ provides both dimensional and categorical assessment of behavioural and emotional functioning. In the present study, the Emotional Symptoms and Conduct Problems subscales were primarily used to identify adolescents with emotional difficulties and conduct difficulties respectively. Higher scores on the emotional symptoms dimension indicate greater anxiety, sadness, withdrawal, and emotional distress, whereas higher scores on the conduct problems dimension indicate aggression, rule-breaking behaviour, impulsivity, and oppositional tendencies.

The SDQ has demonstrated satisfactory psychometric properties across diverse cultural and clinical settings. Goodman (1997) reported good internal consistency, with Cronbach’s alpha coefficients ranging from 0.73 for the total difficulties score and acceptable test–retest reliability. The instrument also demonstrates satisfactory concurrent validity with other standardized behavioural assessment measures. Due to its brevity, strong psychometric properties, and wide applicability in educational and clinical settings, the SDQ has been extensively used in adolescent mental health research.

Social Skills Rating Scale (SSRS) (Gresham and Elliott, 1990):

The Social Skills Rating Scale (SSRS) developed by Gresham and Elliott (1990) was used to assess social skills among adolescents. The scale evaluates four major dimensions of social competence: Self-Control, Empathy, Assertion, and Cooperation. These dimensions collectively assess adolescents’ ability to regulate emotions, communicate effectively, establish healthy peer relationships, and adapt appropriately within social and school environments. The SSRS uses a Likert-type response format to quantitatively

measure social competence and is based on the understanding that social skills are learned behaviours essential for psychosocial adjustment and academic adaptation.

The Self-Control dimension consists of 8 items measuring emotional regulation, impulse control, anger management, conflict resolution, and rule-following behaviour. The Empathy dimension includes 7 items assessing emotional sensitivity, helping behaviour, concern for others, and interpersonal warmth. The Assertion dimension contains 7 items evaluating confidence, communication abilities, self-expression, and social initiative. The Cooperation dimension comprises 6 items assessing compliance, discipline, responsibility, and socially appropriate group behaviour. Higher scores on the SSRS indicate stronger interpersonal competence, healthier behavioural adaptation, and better psychosocial functioning, whereas lower scores suggest deficits in social skills and possible need for counselling or intervention.

The SSRS demonstrates satisfactory psychometric properties with strong reliability and validity. Gresham and Elliott (1990) reported internal consistency coefficients ranging from 0.83 to 0.94 and satisfactory test-retest reliability. The scale also possesses adequate construct and criterion-related validity through significant correlations with behavioural adjustment and peer acceptance indicators. In the present study, the SSRS facilitated assessment of interpersonal functioning, emotional regulation, cooperation, communication skills, and social adaptation among adolescents with conduct and emotional difficulties.

School Adjustment Scale (Kanyanak and Kan, 2004):

The School Adjustment Scale developed by Kanyanak and Kan (2004) was used to assess school adjustment among adolescents. The scale evaluates how effectively students adapt to different aspects of the school environment, including academic functioning, classroom behaviour, peer relationships, emotional adaptation, and interaction with teachers. School adjustment is considered an important indicator of psychosocial and educational functioning, as it reflects students' ability to cope with academic expectations, social relationships, and institutional norms within school settings.

The scale consists of 24 items organized into two higher-order domains: Social Adjustment and Academic Adjustment. The Social Adjustment domain contains 12 items assessing peer interactions, ease of making friends, interpersonal relationships, and sense of belonging within the school community. Scores for this dimension range from 12 to 60, with higher scores indicating healthier peer relationships and better social adaptation.

The Academic Adjustment domain also includes 12 items and is further divided into two sub-factors: Academic Performance and Academic Engagement. Academic Performance consists of 6 items assessing academic success, grades, classroom achievement, and perceived cognitive competence. Academic Engagement includes 6 items measuring interest in learning, classroom participation, attention to studies, and study habits. Scores for Academic Adjustment range from 12 to 60, with higher scores indicating stronger academic functioning and active educational participation.

The total score ranges from 24 to 120, where higher scores indicate healthier school adjustment and lower scores reflect maladjustment, emotional difficulties, academic stress, and interpersonal conflicts. The School Adjustment Scale demonstrates satisfactory reliability and validity and has been widely used in educational and developmental research. In the present study, the scale helped assess how conduct and emotional difficulties influence adolescents' academic functioning, peer interaction, classroom participation, and overall adaptation within school environments.

Analysis of Results:

The obtained data were analyzed using descriptive and inferential statistical methods. Mean and standard deviation were computed to assess the level of social skills and school adjustment among adolescents. Independent samples t-test was employed to examine differences between adolescents with conduct difficulties and adolescents with emotional difficulties on the variables of social skills and school adjustment.

Results and discussion:

The obtained data were analyzed using appropriate descriptive and inferential statistical techniques in accordance with the objectives and hypotheses of the study. The findings related to social skills and school adjustment among adolescents with conduct and emotional difficulties are presented, interpreted and discussed adequately.

Table 1: Demographic Details of the Sample:

Areas	Categories	Conduct Difficulties (n=38)	Percentage	Emotional Difficulties (n=36)	Percentage
Age	13–14 years	17	44.74	16	44.44
	15–16 years	21	55.26	20	55.56
	Total	38	100.00	36	100.00
Gender	Boys	22	57.89	17	47.22
	Girls	16	42.11	19	52.78
	Total	38	100.00	36	100.00
Standard	7th Standard	08	21.05	07	19.44
	8th Standard	10	26.32	09	25.00
	9th Standard	11	28.95	10	27.78
	10th Standard	09	23.68	10	27.78
	Total	38	100.00	36	100.00
Type of Family	Nuclear Family	29	76.32	27	75.00
	Joint Family	09	23.68	09	25.00
	Total	38	100.00	36	100.00
School Type	Government School	21	55.26	19	52.78
	Private School	17	44.74	17	47.22
	Total	38	100.00	36	100.00
Category	SC/ST	09	23.68	08	22.22
	OBC	18	47.37	17	47.22
	GM	11	28.95	11	30.56
	Total	38	100.00	36	100.00

Table 1 presents the demographic characteristics of adolescents with conduct difficulties (n = 38) and emotional difficulties (n = 36). The majority of participants in both groups belonged to the 15–16 years

age category. Boys were comparatively higher in the conduct difficulties group, whereas girls were slightly higher in the emotional difficulties group. Participants were distributed across 7th to 10th standard, with a relatively higher representation from 9th and 10th standard students. Most adolescents in both groups belonged to nuclear families and were studying in government schools. In terms of social category, the majority of participants belonged to the OBC category, followed by GM and SC/ST categories. The findings indicate a relatively balanced demographic distribution across both groups.

Table 2: Mean, SD and t values on Dimensions on Social Skills and School Adjustment for Adolescents with conduct and emotional difficulties:

Dimensions on Social Skills and School Adjustment	Group	N	Mean	SD	t
Social Skills					
Self-Control	Conduct issues	38	17.61	4.62	8.09**
	Emotional issues	36	24.86	2.84	8.19**
Empathy	Conduct issues	38	14.26	3.57	10.64**
	Emotional issues	36	21.78	2.34	10.76**
Assertion	Conduct issues	38	13.76	3.31	11.18**
	Emotional issues	36	21.39	2.48	11.27**
Cooperation	Conduct issues	38	12.58	3.42	9.45**
	Emotional issues	36	18.75	1.96	9.58**
Social Adjustment					
Social Adjustment	Conduct issues	38	25.71	4.47	15.57**
	Emotional issues	36	39.97	3.29	15.70**
Academic Performance	Conduct issues	38	16.47	2.35	0.26
	Emotional issues	36	16.33	2.24	0.26
Academic Engagement	Conduct issues	38	17.00	2.31	1.06
	Emotional issues	36	16.44	2.17	1.07

The results presented in Table 2 revealed significant differences between adolescents with conduct difficulties and adolescents with emotional difficulties on several dimensions of social skills and school adjustment. Overall, adolescents with emotional difficulties demonstrated comparatively better social functioning and social adjustment than adolescents with conduct difficulties.

On the self-control dimension of the Social Skills Scale, adolescents with conduct difficulties obtained a mean score of 17.61 (SD = 4.62), whereas adolescents with emotional difficulties obtained a higher mean score of 24.86 (SD = 2.84). The obtained t value of 8.09 was significant at the 0.01 level, indicating better emotional regulation, impulse control, and behavioural management among adolescents with emotional difficulties.

Similarly, significant differences were observed on the empathy dimension. Adolescents with conduct difficulties obtained a mean score of 14.26 (SD = 3.57), while adolescents with emotional difficulties obtained a higher mean score of 21.78 (SD = 2.34). The obtained t value of 10.64 was significant at the 0.01 level, suggesting that adolescents with emotional difficulties demonstrated greater emotional sensitivity, concern for others, and interpersonal responsiveness.

On the assertion dimension, adolescents with conduct difficulties obtained a mean score of 13.76 (SD = 3.31), whereas adolescents with emotional difficulties obtained a considerably higher mean score of 21.39 (SD = 2.48). The obtained t value of 11.18 was significant at the 0.01 level, indicating that adolescents with emotional difficulties possessed better communication skills, confidence, and ability to express thoughts and feelings appropriately.

Likewise, on the cooperation dimension, adolescents with conduct difficulties obtained a lower mean score of 12.58 (SD = 3.42), while adolescents with emotional difficulties obtained a higher mean score of 18.75 (SD = 1.96). The obtained t value of 9.45 was significant at the 0.01 level, indicating better compliance, responsibility, and collaborative behaviour among adolescents with emotional difficulties.

Regarding school adjustment, significant differences were found on the social adjustment dimension. Adolescents with conduct difficulties obtained a mean score of 25.71 (SD = 4.47), whereas adolescents with emotional difficulties obtained a substantially higher mean score of 39.97 (SD = 3.29). The obtained t value of 15.57 was significant at the 0.01 level, indicating superior peer relationships, sense of belonging, and adaptation to school norms among adolescents with emotional difficulties.

However, no significant differences were observed on academic performance and academic engagement dimensions. Adolescents with conduct difficulties obtained mean scores of 16.47 (SD = 2.35) and 17.00 (SD = 2.31), whereas adolescents with emotional difficulties obtained mean scores of 16.33 (SD = 2.24) and 16.44 (SD = 2.17), respectively. The obtained t values of 0.26 and 1.06 were not significant, indicating comparable levels of academic achievement and classroom participation in both groups. Overall, the findings suggest that conduct difficulties are more strongly associated with impairments in social skills and social adjustment.

Discussion:

The findings of the present study revealed significant differences between adolescents with conduct difficulties and adolescents with emotional difficulties on dimensions of social skills and social adjustment. Adolescents with emotional difficulties demonstrated significantly higher levels of self-control, empathy, assertion, cooperation, and social adjustment compared to adolescents with conduct difficulties, while no significant differences were observed in academic performance and academic engagement.

The lower self-control among adolescents with conduct difficulties may be explained by characteristics such as impulsivity, aggression, poor emotional regulation, and oppositional behaviour. According to Bandura (1977), disruptive behaviours develop through observational learning, reinforcement, and environmental modelling. Similarly, Kazdin (1997) reported that adolescents with conduct problems commonly experience deficits in emotional regulation and behavioural inhibition. In contrast, adolescents with emotional difficulties may retain better behavioural control because their problems are generally internalized rather than overtly disruptive.

The significantly lower empathy among adolescents with conduct difficulties is consistent with findings by Hare (1999), who observed impairments in empathy and emotional responsiveness among individuals with antisocial tendencies. Likewise, Bowlby (1988) emphasized that insecure attachment and inadequate parental warmth interfere with the development of empathy and prosocial behaviour. Adolescents with emotional difficulties may remain emotionally sensitive to others despite experiencing internal distress.

Lower assertion among adolescents with conduct difficulties suggests difficulty in socially appropriate communication. Although such adolescents may appear dominant or confrontational, assertion refers to

adaptive self-expression rather than aggression. Goldstein (1998) noted that adolescents with behavioural disorders often display maladaptive interpersonal communication patterns. Similarly, reduced cooperation among adolescents with conduct difficulties may result from inconsistent discipline, strained parent-child relationships, peer rejection, and hostile social environments. Patterson (1982) demonstrated that coercive family interactions contribute significantly to oppositional and non-cooperative behaviour.

The findings also revealed significantly poorer social adjustment among adolescents with conduct difficulties. According to Bronfenbrenner (1979), adolescent adjustment is influenced by interactions within family, school, and peer environments. Conduct difficulties often lead to peer rejection, disciplinary issues, and conflict with authority figures, thereby impairing school adaptation. Emotional difficulties, being internalized in nature, may interfere less severely with overt social functioning.

An important finding was the absence of significant differences in academic performance and academic engagement. One explanation may be that both groups experience academic challenges through different mechanisms. Adolescents with conduct difficulties may struggle due to disruptive behaviour and poor concentration, whereas adolescents with emotional difficulties may experience anxiety and low motivation. Educational monitoring, parental expectations, and examination-oriented systems may also reduce observable academic differences between groups.

The findings may further be interpreted using the externalizing and internalizing behavioural framework proposed by Achenbach (1991). Conduct difficulties represent externalizing problems involving aggression and rule-breaking, whereas emotional difficulties represent internalizing problems such as anxiety and withdrawal. This distinction explains why adolescents with conduct difficulties showed greater impairments in social skills and social adjustment. Overall, the study highlights the importance of early intervention programs focusing on emotional regulation, social skills training, behavioural management, and school-based psychological support.

Conclusions

- The study revealed significant differences between adolescents with conduct difficulties and adolescents with emotional difficulties on dimensions of social skills and school adjustment.
- Adolescents with emotional difficulties demonstrated significantly higher levels of self-control, empathy, assertion, cooperation, and social adjustment compared to adolescents with conduct difficulties.
- Adolescents with conduct difficulties showed greater impairments in emotional regulation, interpersonal sensitivity, communication skills, cooperative behaviour, and adaptation within school environments.
- The findings suggest that conduct difficulties are more strongly associated with deficits in social functioning and behavioural adjustment than emotional difficulties.
- Significant differences were observed in the social adjustment dimension of school adjustment, indicating poorer peer relationships, reduced sense of belonging, and greater difficulty adapting to school norms among adolescents with conduct difficulties.
- No significant differences were found between the two groups in academic performance and academic engagement, suggesting that both groups may experience academic challenges through different psychological and behavioural mechanisms.
- The study supports the distinction between externalizing and internalizing behavioural problems proposed by Achenbach (1991), where conduct difficulties were associated with more observable

social and behavioural impairments.

Limitations of the Study

- The study was limited to adolescents aged between 13 and 16 years studying in 7th to 10th standard, thereby restricting the generalizability of the findings to other age groups.
- The sample size was relatively small and selected using purposive sampling technique, which may limit wider population representation.
- The study relied primarily on self-report measures, which may be influenced by response bias, social desirability, or inaccurate self-perception.
- The study focused only on conduct and emotional difficulties and did not consider other factors such as family environment, socio-economic status, parenting style, peer influence, or academic stress that may affect adolescents' adjustment.
- Academic functioning was assessed only through self-reported school adjustment dimensions and not through objective academic records or teacher evaluations.

Implications of the Study

- The findings highlight the importance of early identification of adolescents with conduct and emotional difficulties within school settings.
- Schools should implement structured social skills training programmes focusing on self-control, empathy, assertion, communication skills, and cooperation.
- School counsellors and mental health professionals should design intervention programmes specifically targeting behavioural regulation and interpersonal functioning among adolescents with conduct difficulties.
- Teachers and parents should be trained to recognize behavioural and emotional difficulties and provide supportive guidance to adolescents.
- The findings emphasize the need for school-based counselling services and psychosocial support systems to improve adolescents' social adjustment and emotional well-being.
- Intervention programmes based on emotional regulation, behavioural management, and peer relationship enhancement may help adolescents adapt more effectively within school environments.

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