PARENTING OF CHILDREN WITH CONDUCT DISORDER: A GROUNDED THEORY STUDY

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Abstract - Parenting children with conduct disorder (CD) presents unique and complex challenges that impact both the child and the family unit. Previous research has primarily focused on the behaviors and clinical outcomes of children with CD, often overlooking the intricate dynamics of parenting in such contexts. This study aims to explore and identify the factors influencing parenting practices for children with CD.This grounded theory study was conducted following the guidelines outlined by Strauss and Corbin (1997). We selected 13 parents (both mothers and fathers) from two health centers in Tehran through purposive sampling. Inclusion criteria included being a primary caregiver of a child diagnosed with CD and willingness to participate in in-depth interviews. Data collection continued until theoretical saturation was achieved, ensuring a robust analysis of the emerging themes. Ethical considerations, including informed consent and confidentiality, were strictly adhered to throughout the study.The study identified two core phenomena: the pervasive stress of managing CD-related behaviors and the coping strategies parents develop over time. Five causal conditions influencing these phenomena were identified: child's behavior, family dynamics, parental mental health, socioeconomic status, parental education and knowledge. Consequences of strategies ranged from parental burnout, family conflict, impact on sibling relationships and well-being.Our main findings are five contextual factorswhich are crucial as they significantly shape and influence the experiences and strategies of parents managing children with conduct disorder.

Keywords - Aggression, Conduct Disorder (CD), Grounded Theory, Parenting.

I. INTRODUCTION

Conduct Disorder (CD) is a serious mental disorder distinguished by a recurring and persistent pattern of aggressive, rebellious, or antisocial conduct. It is especially widespread in children and adolescents, with estimates suggesting a prevalence rate of between 1.5% and 3.4% in this age, affecting boys three times more than girls[1], [2]. This disparity underscores the importance of gender-specific approaches in addressing and managing CD. In contrast to CD, delinquency is a socio-legal category referring to youth who engage in illegal activities. Delinquency rates peak in the middle teen years, with around 2% of children and adolescents aged 10 to 17 dealing with the juvenile court system each year. Notably, a small subset of these youths, termed recurrent juvenile delinquents, contribute to a disproportionate number of court cases, highlighting the severe and ongoing nature of their offending behaviors [3]. Research indicates a strong predictive relationship between early conduct problems and future recurrent delinquency, suggesting that early interventions targeting conduct issues could mitigate long-term delinquent behaviors [4]. The stability of conduct disorder over time further emphasizes its chronic nature, with many affected individuals continuing to experience significant impairments across various life domains well into adulthood [5]. Adolescence represents a critical period where conduct problems can escalate due to increased societal, legal, and peer demands. This escalation can lead to more severe and complex behaviors, often labeled as delinquency [6]. Consequently, the differentiation and overlapping nature of CD and delinquency necessitate comprehensive intervention strategies that address both behavioral and socio-legal aspects. The long-term prognosis for individuals with CD is concerning, as adult manifestations can include serious psychiatric disorders such as Antisocial Personality Disorder and various antisocial behaviors like theft and violence [2]. This progression highlights the need for early, sustained, and multifaceted intervention efforts to alter the trajectory of those affected by CD.

Conduct disorder is characterized by a persistent pattern of severe antisocial behaviors lasting at least six months. These behaviors differ by age: young children often exhibit defiance, hostility, and destructiveness beyond normal levels, while older children may engage in stealing, cheating, truancy, lying, fighting, and vandalism. Extreme behaviors such as angry outbursts, arson, and harming animals or other children can occur in more severe cases [7]. The American Psychiatric Association [8] defines CD indications as physical conflicts, bullying, weapon usage, stealing, forced sexual activity, purposeful fire-setting, running away from home, and truancy. CD frequently develops from oppositional defiant disorder in children aged four to six years. Adolescence, which lasts from the ages of ten to nineteen, is a pivotal and difficult stage characterized by instability and psychological suffering. This can lead to delinquent behaviors as adolescents attempt to manage their stress [9]. Adolescents experiencing this "stress and storm" phase often face mood disruptions, engage in risky behaviors, and have conflicts with parents [10]. In Nigeria, antisocial behaviors connected with conduct issues, such as vandalism,

drug abuse, weapon carrying, alcohol abuse, rape, test malpractices, school violence, bullying, cultism, truancy, and school dropouts, are on the rise in metropolitan areas. CD and other disruptive behaviors are the most often noticed mental health difficulties in children and adolescents, according to field specialists [11]. The global prevalence of conduct disorder ranges between 2% and 10% [12]. However, there is very little CD literature in Nigeria. According to studies, the frequency of CD among in-school teenagers is between 14.5% and 15.8%. This emphasizes the need for more recent data on CD incidence and pathogenesis to improve preventative initiatives. Bowlby's [13] attachment theory provides one explanation for CD. Attachment theory focuses on the emotional tie between humans, particularly the parent-child relationship, which has a substantial impact on a child's development. Healthy attachments can result in well-adjusted youngsters, but insecure attachments may contribute to psychopathology and behavioral issues [14].

CD is not only prevalent among childhood psychiatric conditions but also carries serious long-term implications throughout an individual's life. Children diagnosed with CD are at a higher risk of early substance use [15] and are more likely to drop out of high school [16]. These early challenges set a trajectory that can negatively affect various aspects of life well into adulthood. Adults with a history of CD face a higher likelihood of incarceration, unemployment, divorce, psychiatric disorders, physical health problems, and premature death compared to those without such a history [16]. They also tend to have lower educational attainment, income, and life satisfaction, along with an increased probability of imprisonment [17]. The adverse outcomes associated with CD extend beyond socio-economic challenges. CD has been linked to the development of psychopathic traits in adulthood. Loeber et al. [18] describe psychopathy as personality traits such as egocentrism, callousness, and manipulativeness, as well as behavioral qualities similar to those of antisocial personality disorder, such as impulsivity, irresponsibility, and antisocial conduct [19]. Moreover, Burke et al. [20] discovered that a history of CD, together with teacher-rated interpersonal callousness, predicted stable and persistent psychopathic characteristics (e.g., callousness, selfishness, lack of remorse), as well as impulsivity and antisocial conduct in adolescence. This suggests that CD and interpersonal callousness in infancy and adolescence are important predictors of antisocial conduct and psychopathic features in early adulthood [21]. The study of these data reveals the tremendous and long-lasting influence of CD on people's life. Early detection and treatments are crucial in reducing the long-term implications of CD. The family has an important role in forming psychological and social foundations from childhood to maturity. Adolescents from impoverished, dysfunctional, and chaotic family settings are more likely to acquire conduct problems [22]. The significance of the mother's role in child development is well-documented, but the influence of the father-child relationship is also substantial. Studies suggest that a father's presence in the home plays a critical role in a child's development [23]. Research consistently shows that parenting significantly impacts children's behavioral outcomes [24]. For example, Lewis et al. [25] and Van der Ende et al. [26] discovered that teenagers without proper parental supervision are more likely to participate in illegal behavior. Parenting is a multidimensional activity that includes a variety of particular activities that affect child outcomes both individually and collectively. Parenting style refers to typical variances in parents' efforts to manage and socialize their children [27]. Baumrind's concept of parenting styles is built on two fundamental constructs: responsiveness and demandingness, which are further divided into four quadrants: indulgent/permissive, authoritarian, authoritative, and uninvolved/neglectful [28]. Each of these approaches has unique consequences for child development. Verzello [29] found variable relationships between different parenting methods and the frequency of CD. Authoritarian parenting, defined by high responsiveness and strong demandingness, is especially helpful in creating a healthy parent-child connection and lowering the risk of CD [30].

Parenting children with CD presents unique and complex challenges that can severely strain familial relationships and impact the mental health and well-being of parents. Despite the extensive research on Conduct Disorder itself, there remains a significant gap in understanding the specific factors that influence parenting practices and strategies in this context. Current literature often focuses on the manifestations and treatments of CD, but less attention has been given to the parental experience and the myriad of influences shaping how parents manage and respond to their child's behavior.Understanding these factors is crucial as effective parenting is one of the most influential components in managing and potentially mitigating the symptoms of CD. This study aims to explore and identify all factors affecting the parenting of children with CD using a grounded theory approach. By delving into the lived experiences of parents, this research seeks to develop a comprehensive theoretical model that highlights the contextual, intervening, causal and mechanismsfactors that contribute to parenting practices. The insights gained from this study could inform the development of targeted interventions and support systems for families, ultimately improving outcomes for children with CD and their caregivers. Such an understanding is vital for healthcare professionals, educators, and

policymakers who strive to provide effective support and resources for these families.

II. METHODS

Research Design

This study employed a grounded theory approach to explore the parenting experiences of children with conduct disorder. Grounded theory is a qualitative research methodology that aims to generate a theory grounded in the data collected from participants. For this study, we followed the grounded theory guidelines outlined by Strauss and Corbin [31]. This approach is well-suited for understanding the complexities and dynamics involved in parenting children with CD.

Participants and Sampling

We selected a total of 13 parents (couples/both mothers and fathers) using health records in two health centers in Tehran. Participants were chosen using purposive sampling, a non-probability sampling technique where the researcher selects participants based on their knowledge of the subject and the purpose of the study. This method was used to ensure that participants had direct experience with parenting a child diagnosed with CD.

Inclusion Criteria

Parents (mothers and fathers) of children aged 6-12 years diagnosed with CD based on DSM-5 criteria.

Parents who have been the primary caregiver for at least one year.

Parents who are willing and able to provide informed consent.

Exclusion Criteria

Parents of children with co-morbid severe intellectual disabilities.

Parents who have participated in similar qualitative studies in the past year.

Data Collection

Data were collected through in-depth, semi-structured interviews conducted in Persian. Each interview lasted between 60 to 90 minutes and was audio-recorded with the participants' consent. The interview guide included open-ended questions designed to elicit detailed descriptions of the parents' experiences, challenges, coping strategies, and support systems related to raising a child with CD.

Theoretical Saturation

The process of theoretical saturation was achieved when no new themes or categories emerged from the interviews, and additional data did not contribute to further developing the grounded theory [31]. This point was reached after conducting and analyzing 13 interviews, at which the research team determined that the collected data were sufficiently rich and comprehensive.

Data Analysis

Data analysis followed the grounded theory methodology outlined by [31]. The process involved several stages:

Open Coding: Line-by-line coding of the interview transcripts to identify significant phrases and concepts.

Axial Coding: Grouping initial codes into broader categories and relating them to subcategories to identify patterns and relationships.

Selective Coding: Integrating and refining categories to form a coherent grounded theory.

Regular meetings were held among the research team to discuss coding decisions and ensure consistency and reliability.

Ethical Considerations

This study adhered to ethical principles outlined by the Declaration of Helsinki. Informed consent was obtained from all participants before the interviews, ensuring they were fully aware of the study's purpose, procedures, risks, and benefits. Participants were assured of their right to withdraw from the study at any time without any consequences. Confidentiality was maintained by anonymizing personal information and securely storing data.

Trustworthiness

To ensure the trustworthiness of the study, we employed strategies such as member checking, peer debriefing, and maintaining an audit trail. Member checking involved sharing preliminary findings with participants to verify the accuracy of the interpretations. Peer debriefing sessions with colleagues helped refine the coding and analysis process. An audit trail documenting all research decisions and steps was maintained to enhance transparency and replicability.

III. RESULTS

Selective coding, the final step in the coding process within grounded theory methodology, involved integrating and refining the categories identified during axial coding to develop a coherent and comprehensive grounded theory [31]. In this stage, the research team focused on identifying the core category or central phenomenon that emerged from the data and exploring its relationships with other categories. Through a process of constant comparison, we examined the relationships between categories, seeking to identify the overarching themes that connected them. As we progressed through selective coding, we sought to refine and redefine categories, ensuring they accurately represented the

data and contributed meaningfully to the development of the grounded theory. This iterative process involved revisiting the data, revising codes, and refining conceptualizations until theoretical saturation was achieved, and a cohesive understanding of the parenting experiences of children with conductdisorder emerged. The following factors emerged as results of selective coding, synthesizing the core categories identified through constant comparison and refinement of the data.

Core Phenomena

The central concepts or experiences that form the foundation of the phenomenon under study.

1. **Parental Stress**: This refers to the emotional strain experienced by parents due to managing the challenging behaviors exhibited by their child with conduct disorder. It encompasses feelings of overwhelm, frustration, and emotional exhaustion resulting from the constant demands and disruptions caused by their child's conduct.
2. **Parental Coping Mechanisms:** These are the strategies and mechanisms that parents employ to manage and respond to the disruptive behaviors of their child. Coping mechanisms may include seeking social support, practicing self-care, implementing consistent discipline strategies, and seeking professional assistance when necessary.

Causal Conditions

Factors or circumstances that contribute directly to the occurrence or development of the phenomenon.

1. **Child's Behavior:** This encompasses the specific actions and conduct of the child, such as defiance, aggression, and oppositional behavior, which serve as primary catalysts for parental stress and impact family dynamics.
2. **Family Dynamics:** This refers to the functioning and interactions within the family unit, including parental relationships, sibling dynamics, and overall family support. Family dynamics play a crucial role in shaping parental stress levels and coping mechanisms.
3. **Parental Mental Health:** This pertains to the psychological well-being of the parents, including levels of stress, anxiety, and depression, which significantly influence their ability to effectively manage the challenges associated with parenting a child with conduct disorder.
4. **Socioeconomic Status:** This encompasses the economic and social resources available to the family, impacting access to support services, coping mechanisms, and overall stress levels.
5. **Parental Education and Knowledge:** This refers to the level of understanding and awareness parents possess regarding conduct disorder and effective parenting strategies, influencing their ability to navigate and respond to their child's behavior effectively.

Intervening Conditions

Variables or elements that mediate the relationship between causal conditions and the core phenomena.

1. **Parental Coping Strategies**: These are the methods and strategies parents utilize to manage stress and navigate challenging situations with their child, including seeking social support and implementing consistent discipline techniques.
2. **External Support Systems:** This includes resources and assistance from professionals, support groups, and community services available to parents, providing them with tools and resources to effectively manage the challenges associated with conduct disorder.
3. **Child's Response to Discipline:** This refers to the reactions and behaviors of the child in response to parental disciplinary measures, influencing parental stress levels and the effectiveness of disciplinary strategies.
4. **Parental Self-Efficacy:** This pertains to the perceived ability of parents to effectively manage and influence their child's behavior, shaping their coping mechanisms and overall well-being.
5. **Family Communication Patterns:** This encompasses the quality and effectiveness of communication within the family unit, promoting cohesion, problem-solving abilities, and overall family functioning.

Strategies or Mechanisms

Approaches or processes employed to address or manage the core phenomena or their consequences.

1. **Positive Reinforcement:** Utilizing rewards and incentives to encourage desired behaviors in the child, reinforcing appropriate behavior and promoting positive parent-child interactions.
2. **Consistent Discipline:** Establishing clear and consistent consequences for inappropriate behavior, promoting accountability and consistency in parenting.
3. **Parental Education Programs:** Educational programs aimed at enhancing parental skills and understanding of conduct disorder and effective parenting strategies.
4. **Collaborative Problem-Solving:** Involving the child in decision-making processes and problem-solving discussions to foster autonomy, responsibility, and positive parent-child relationships.

Consequences

Outcomes or results that arise from the presence or impact of the core phenomena and related factors.

1. **Parental Burnout:** Feelings of exhaustion, frustration, and emotional depletion experienced by parents due to prolonged stress and caregiving

demands associated with parenting a child with conduct disorder.

2. **Family Conflict:** Tension, disagreements, and discord within the family unit arising from challenges associated with parenting a child with conduct disorder, negatively impacting overall family functioning.
3. **Impact on Sibling Relationships:** Changes in sibling dynamics and relationships due to the disruptive behavior of the child with conduct disorder, leading to increased conflict and tension within the family.
4. **Parental Well-being:** The overall psychological and emotional health of parents, including levels of distress, satisfaction, and resilience in the face of parenting challenges, influenced by the stressors associated with conduct disorder.

Context or Contextual Factors

Surrounding conditions, environments, or influences that shape or contextualize the occurrence and manifestation of the core phenomena.

1. **Access to Mental Health Services:** Availability and accessibility of specialized mental health services and interventions for children with conduct disorder, significantly impacting parental coping mechanisms and overall well-being.
2. **Cultural Beliefs and Norms:** Cultural attitudes, values, and beliefs influencing parental perceptions and responses to conduct disorder, shaping parenting practices and help-seeking behaviors within different cultural contexts.
3. **School Environment:** The school setting and its impact on conduct disorder management, including support services, educational interventions, and interactions with teachers and peers.
4. **Community Support:** Availability of community resources, support networks, and programs aimed at assisting families with children experiencing conduct disorder, contributing to parental coping strategies and overall family functioning.
5. **Parental Work Environment:** The impact of parental employment status, work-related stressors, and flexibility in work schedules on parental ability to manage the challenges associated with conduct disorder and access support services.

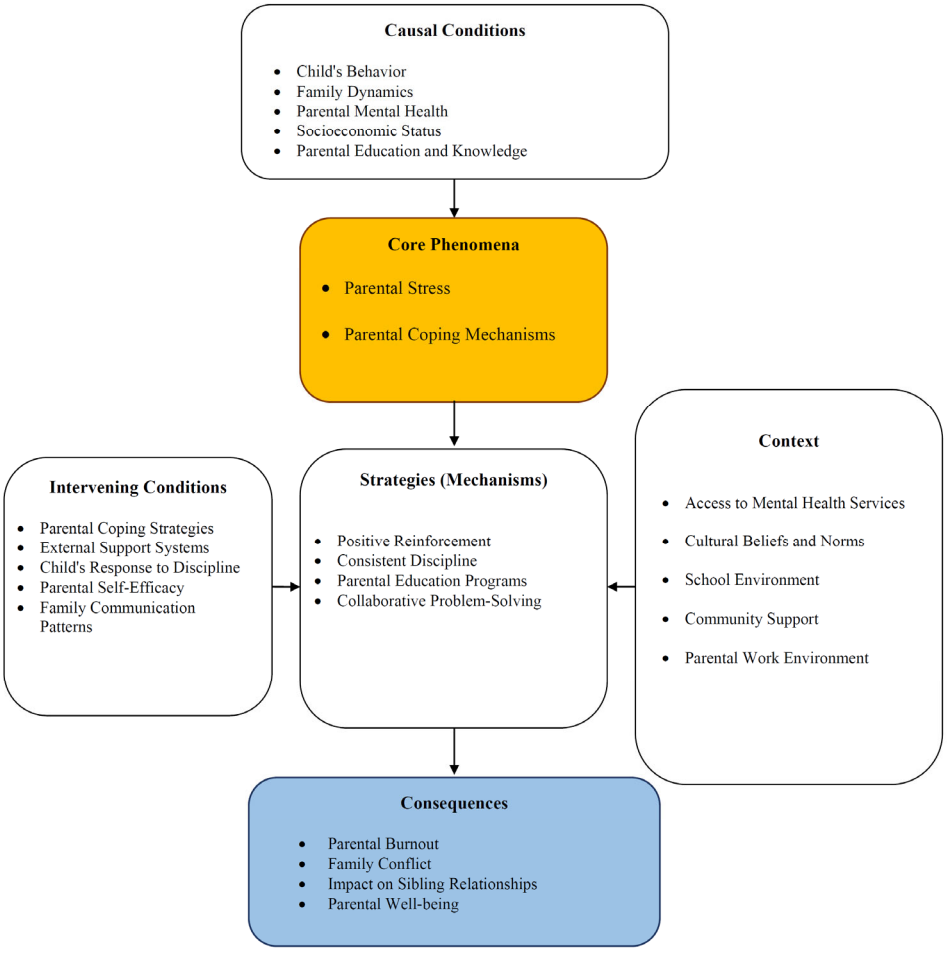

Figure 1: Expert-Validated Grounded Theory Model

The findings of this study underscore the critical importance of understanding the multifaceted factors that influence the parenting of children with conduct disorder. By identifying core phenomena such a parental stress and parental coping mechanisms, we highlight areas that are pivotal for effective intervention and support. The causal conditions, intervening factors, strategies, and consequences delineated in this research provide a comprehensive framework that can inform the development of targeted, holistic support systems for parents. Recognizing the complex interplay between these factors is essential for professionals working with these families, as it emphasizes the need for a multi-dimensional approach to support that addresses not only the child's behavior but also the broader contextual influences on parenting. This nuanced understanding can lead to more effective, empathetic, and sustainable interventions, ultimately improving outcomes for both parents and children.

V. DISCISSION AND CONCLUSION

Previous studies such as [32] provide a comprehensive overview of the multifaceted burdens faced by parents and caregivers of children with emotional and behavioral disorders. These burdens encompass a wide range of challenges that significantly impact the daily lives and overall well-being of families. The financial strain associated with caring for a child with emotional or behavioral disorders can be substantial. Parents may face increased medical expenses, therapy costs, and the potential need for specialized educational services. This financial burden can create additional stress and anxiety, complicating the already challenging task of managing the child's condition. The presence of a child with behavioral disorders often exacerbates tensions within the family. Increased irritability and overprotectiveness among family members can lead to conflicts, straining marital relationships and sibling interactions. These conflicts can create a cycle of stress and frustration that further complicates family dynamics.

Parents often avoid public places due to the unpredictable nature of their child's behavior, leading to social isolation. Avoidance of social gatherings, such as visits to cinemas, restaurants, and even family events, can result in a significant reduction in social contact. This isolation not only impacts the parents' social life but also deprives the child of essential social experiences that could aid in their development. Moreover, the demands of caring for a child with emotional and behavioral disorders often interfere with parents' professional lives. Frequent interruptions at work, fatigue, and the emotional toll of caregiving can lead to decreased job performance and potential job loss. Personal freedom and privacy are also compromised as parents prioritize their child's needs over their own. Parents experience a range of emotions, including sadness, fatigue, and feelings of guilt or shame related to their child's behavior. These emotions can lead to mental health issues such as depression and anxiety, further complicating the caregiving experience. The emotional toll can also affect parents' ability to engage effectively with mental health services and adhere to recommended interventions.The strain on caregivers has direct implications for children's access to and engagement with mental health services. High levels of caregiver strain can affect how consistently children attend appointments and follow through with treatment plans. This can result in poorer outcomes for the child and increased frustration for the parents. This study provides a significant contribution to the understanding of the parenting experiences of children with CD through the application of grounded theory. Our research offers a novel perspective by deeply exploring the interconnected factors that influence parenting practices and outcomes in families dealing with CD. Unlike previous studies that primarily focused on the children's behaviors or clinical outcomes, our approach highlights the comprehensive and dynamic interplay between parenting styles, family dynamics, societal influences, and the specific challenges posed by CD. This holistic view not only enriches the existing literature but also underscores the necessity for multifaceted intervention strategies that consider the broader context of family life and caregiver well-being. Furthermore, the novelty of our findings lies in the identification and detailed analysis of both core phenomena and contextual factors that uniquely affect parenting in this context. By uncovering specific causal conditions, intervening factors, and consequential outcomes, our study provides a framework that can inform targeted support programs and interventions. The grounded theory approach allowed us to derive these insights directly from the lived experiences of parents, ensuring that the resulting theoretical model is both grounded in real-world experiences and practically applicable. This methodological rigor adds robustness to our findings and offers a replicable model for future research in similar domains.

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