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Interfering with Childhood Externalizing Behavioral Disorder Symptoms: the Effectiveness of Parents Management

Azam Fazeli^{*1}, Majid MahmoudAlilou², Mansour Bayrami²

1. Department of Clinical Psychology, East Azarbaijan Science and Research Branch, Islamic Azad university, Tabriz, Iran.

2. University of Tabriz, Tabriz, Iran.

A B S T R A C T

Introduction: This study aimed to determine the effectiveness of parent management training to improve of symptoms children's externalizing behavior disorders was conducted. **Method:** The present research is a single case study and it is type of quasi-experimental research and research design is pretest, posttest, follow up three subjects no control group because the subjects were evaluated once before offering training methods, again were reassessed after eight sessions training, for the third time in a month after the end of training sessions as a follow-up using: CSI-4, CPRS48, PSI were evaluated and using descriptive and inferential statistical techniques output of SPSS software, diagrams are drawn and required parameters were calculated. **Results:** Based on these findings, the result is Parent training cause improve symptoms in children with externalizing disorders. **Conclusions:** The overall, parent training programs has focused on the treatment of maladaptive behavior and research findings show parents training affecting on child behavior problems and reduce the symptoms of attention deficit hyperactivity disorder.

Keywords: Externalizing Disorders, Attention Deficit Hyperactivity Disorder, Parent Management Training.

INTRODUCTION

Externalizing behaviors are amongst the childhood behavioral disorders facing the most criticism and study and are known to be most resistant childhood disorders and the basis of children behavioral problems (Costin, Lichte, Hill-Smith, Vance, & Luk, 2004; Tzang, Chang, Tsai, & Lane, 2016). Externalizing behaviors consist of law-breaking and aggressive behaviors which are classified in three forms of attention deficit/hyperactivity disorder (ADHD), conduct disorder (CD) and oppositional defiant disorder (ODD) in DSM-IV-TR, and have an extensive influence on child, family, teachers and society (Beauchaine, 2017; Hayden & Mash, 2014; Mash & Barkley, 2014). The syndromes of these disorders are unfavorable and the afflicted children are prone to the risk of other problems in future such as learning, mood, and anxiety disorders, substance abuse and alcoholism (Marmorstein, 2007; Maughan, Rowe, Messer, Goodman, & Meltzer, 2004; Mercer, Crocetti, Meeus, & Branje, 2017; Milne, Edwards, & Murchie, 2001), antisocial personality disorder (Husby & Wichstrøm, 2017; Loeber, Burke, Lahey, Winters, &

* . Corresponding Author: mfazeli76@gmail.com

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Zera, 2000; Noordermeer, Luman, & Oosterlaan, 2016; Richard, Barbara, Andrew, Jane, & Adrian, 2002) and the conflicts related to marital and career life (Butcher, Mineka, & Hooley, 2007; Nolen-Hoeksema & Rector, 2015). Studies have proven that family behavioral interventions based on social learning principles are effective in treating and preventing an extensive range of behavioral and emotional problems (Annan, Sim, Puffer, Salhi, & Betancourt, 2017; Sanders, 2000).

One of the family-based intervention methods is parent's management training (PMT). Parent's management training is designed based on social learning patterns and is an effective and applied solution in treating the children suffering maladaptive behaviors. Through parent management training, parents are taught how to increase positive interactions with their children and reduce their conflicts and avoid inappropriate parenting styles (Gardner & Shaw, 2009; Leijten, Raaijmakers, de Castro, & Matthys, 2013; Sanders, Bor, & Morawska, 2007).

METHODOLOGY

Society, Sample, and Way of Conducting Research: in this research the single-case experiment plan was used according to pseudo-empirical research method. The model was pretest-posttest-follow up of three subjects and no control group was used because each subject was evaluated by itself in three steps. Subjects were once evaluated before presenting educational methods, once after eight sessions of training, and for the last time, one month after completion of training sessions.

The statistical population consisted of the mothers of children with externalizing disorders in Tehran. Three mothers of the children with attention deficit/hyperactivity disorder and behavioral disorders, whose children were studying in a school in district 10 of Tehran, were selected as sample population. Mothers received private training in 8 sessions one hour per week. They were evaluated in three stages of pretest, posttest, and follow up using the tools used in this research. It should be noted that mothers were assured that their information would be used confidentially and anonymously only for the purpose of scientific study and such information would not be provided to other subjects or persons except the author.

Conners' Parent Rating Scale- Parent 48-question Form (CPRS-48): this scale includes 5 main factors, i.e. conduct problems, attention and concentration problems (learning), psychosomatic, impulsivity, and anxiety and hyperactivity. Conners (1969) has estimated the retest reliability between 0.7 to 0.9 (Conners, 1969). In Iran too, its reliability has been reported 0.93 based on Cronbach's alpha coefficient and its validity between 0.76 and 0.9 (Shahaeian, Shahim, Bashash, & Yousefi, 2007).

Children Symptom Inventory (CSI-4): this inventory is a behavior rating scale and has two parent and teacher forms. Parents form has 97 questions to rate 15 behavioral and emotional disorders and teacher form has 77 questions to screen 13 behavioral and emotional disorders. There are two scoring methods: screening section scoring method is scored in a 4-point scale (never=0, sometimes=1, often=2, most often=3). Scoring method is achieved based on the intensity of morbid symptoms in each 4-point scale (never=0, sometimes=1, often=2, most often=3) from the total scores on intensity. Tavakolizade, Bolhari, Mehryar, and Dejkam (1997) reported the validity of the inventory for both parent and teacher forms respectively at 0.9 and 0.93. Goyette, Conners, and Ulrich (1978) reported internal consistency between 0.41 and 0.57 (Talaei, Mokhber, Abdollahian, Bordbar, & Salari, 2010). Cronbach's alpha coefficient in Rosenberg and Jani (1995) was reported between 0.6 (psychosomatic problems) and 0.75 (hyperactivity) and retest reliability was reported between 0.84 (conduct disorder) and 0.97 (hyperactivity) after two weeks.

Parents Stress Index: this is a questionnaire based on which we can assess the role of stress of parent-child system(Abidin, 1997). The reliability of this scale and its internal consistency was obtained 0.93 (N=248) through Cronback’s alpha method in a sample of Hong Kong mothers. Specifically these coefficients were 0.91 and 0.85 respectively in child domain and mother domain. The discriminant validity of this test is 0.93 and its codomain is between 0.38 and 0.66 compared to five other questionnaires(Javanbakht, Rosenberg, Haddad, & Arfken, 2018).

In the first session, research tools including “Conners Rating Scale (CPRS-48) form”, “Children Symptoms Inventory-4”, and Parent Stress Index (PSI)” were presented to mothers and the basic line of these tests was gained as pretest. Then mothers received training intervention in 8 sessions. Upon completion of sessions, posttest was taken using previous tools and follow up was made after one month. Parent training program includes 8 sessions of private training for mothers of children with ADHD, each session taking one hour. The following is a summary of the contents of sessions(Reyno & McGrath, 2006).

First session: introduction to ADHD and related problems

Second session: how to encourage the child?

Third session: how to order ADHD child?

Fourth session: using punishment.

Fifth session: punishing children for aggressive behaviors

Sixth session: controlling child behaviors outside home.

Seventh session: doing homework

Eighth session: summing up the learned topics

RESULTS

Table 1 depicts the results of implementation of research tools in pretest, posttest, and follow up stages to compare and analyze their findings:

Table 1. Raw and Standard Scores of Subjects in CPRS-48 by Evaluation Stages and Subscales

Subjects	Various evaluation stages Subscales	Pretest		Posttest		Follow up	
		Raw score	T	Raw score	T	Raw score	T
Subject no. 1	Conduct problems	1	39	3	41	2	40
	Attention deficit problems	3	56	2	55	2	55
	Psychosomatic problems	1	34	1	34	1	34
	Impulsive-hyperactivity problems	3	68	0	65	2	67
	Anxiety problems	0	35	1	37	1	37
Subject no. 2	Conduct problems	27	68	14	53	6	45
	Attention deficit problems	19	79	8	63	8	63
	Psychosomatic problems	2	45	3	56	1	34
	Impulsive-hyperactivity problems	19	84	9	74	7	72
	Anxiety problems	13	60	6	47	2	39
Subject no. 3	Conduct problems	19	59	17	57	17	57
	Attention problems	20	80	12	69	15	73
	Psychosomatic problems	3	56	3	56	2	45
	Impulsive-hyperactivity problems	27	93	17	82	22	88
	Anxiety problems	13	60	9	52	10	54

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Study of the scores of the subjects shows that training interventions lead to reduction in the scores of subject number 1 in subscales of attention-concentration deficit (learning) and impulsivity-hyperactivity. However, scores increased in other subscales and parents training did not reduce their scores. The scores of follow-up stages show that parents were successful in learning and using what they learned. The scores of subject number 3 decreased in conduct problems, and this continued from posttest to follow up stage. The scores on attention-concentration disorder (learning), impulsivity-hyperactivity and anxiety problems decreased notably only in posttest stage, but increased again in follow up stage.

In table 2, raw and standard scores of subjects have been presented in children syndrome inventory (CSI-4) by the order of evaluation stages and its subscales.

Table 2. Raw and Standard Scores of Subjects in CSI-4 by the Order of Evaluation Stages and Subscales

Various evaluation stages Disorder/disease	Pretest		Posttest		Follow up	
	Raw score	T	Raw score	T	Raw score	T
Attention/hyperactivity disorder (No concentration)	2	45	0	40	0	40
Attention deficit/hyperactivity Hyperactive No hesitation (impulsive)	0	43	0	43	0	43
Attention deficit/hyperactivity Combined	2	43	0	41	0	41
Oppositional defiant disorder Behavior or conduct disorder	0	40	0	40	0	40
Extensive or generalized anxiety disorder	2	50	0	43	0	43
Attention disorder/hyperactivity No concentration	9	61	2	45	0	40
Attention disorder/hyperactivity No hesitation (impulsive)	0	43	0	43	1	45
Attention disorder/hyperactivity No concentration	9	52	2	43	1	42
Attention disorder/hyperactivity Hyperactive/no hesitation (impulsive)	6	59	3	49	1	43
Attention/hyperactivity disorder Mixed form	9	70	5	56	5	56
Oppositional defiant disorder Behavior or conduct disorder	5	62	0	43	0	43
Extensive or generalized anxiety disorder	9	61	9	61	7	57
Attention/hyperactivity disorder No concentration	9	63	9	63	9	63
Attention/hyperactivity disorder Hyperactive no hesitation (impulsive)	18	63	18	63	16	61
Attention/hyperactivity disorder Hyperactive no hesitation (impulsive)	8	65	5	56	6	59
Attention/hyperactivity disorder No concentration	4	53	2	46	3	50
Attention/hyperactivity disorder Hyperactive no hesitation (impulsive)	7	70	1	46	2	50

Based on the findings in table 2, educational intervention led to reduction in the scores of subject number 1 in all subscales of children syndrome inventory (CSI-4). This reduction continues until follow up stage. About subject number 2, the effectiveness of parents training becomes clear in posttest stage, which continues until follow up stage with the exception of attention/hyperactivity disorder subscale (hyperactive no hesitation type). The results of scores of subject number 3 show that educational intervention led to reduction of scores in subscales of oppositional defiant disorder, conduct or behavior disorder and extensive or generalized anxiety disorder. After one month, the subscales attention/hyperactivity disorder (no concentration category), and attention/hyperactivity disorder (mixed category) reduced proportionate to

posttest, while the subscales oppositional defiant disorder, conduct or behavior disorder and extensive or generalized disorder increased. The subscales of oppositional defiant disorder, conduct or behavior disorder and extensive or generalized anxiety disorder increased.

Table 3. Internal Consistency Reliability for the Questionnaires Used in this Research

Index assessment tools	Cronbach's alpha coefficient		
Conner's behavioral problems inventory (CPRS-48)	0.981		
Children syndrome inventory (CSI-4)	0.972		
	Pretest=0.978	Posttest=0.962	Follow up=0.875
Parents stress inventory	0.958		
	Pretest=0.926	Posttest=0.925	Follow up= 0.944

CONCLUSION

This research studied the influence of parent training program on the improvement of the symptoms of children with externalizing disorder. Findings showed that the training program helped significantly diminish the behavioral problems such as disobedience, irritability, anxiety, quarrel and fighting with others and the likes. Findings were convergent with the findings of Chronis, Gamble, Roberts, and Pelham Jr (2006) In Iran too, evidence prove that parent training methods are effective in reducing externalizing disorders(Ghanizadeh, Mohammadi, & Moini, 2008). To explain these findings we can say that the parents of children with externalizing disorders follow instable rules, poor problem solving skills and poor accountability in parenting as they use severe and inappropriate punishment. These parents are harsh and incapable in their disciplining methods. Therefore, parents' training has influenced these inefficient methods by teaching modern and efficient parenting styles.

Parents' training program was aimed at two main objectives- increasing appropriate behaviors and reducing inappropriate behaviors of children. Attention and praise, rewarding, giving scores, and praising were among positive educational methods. Ignoring, depriving, punishing, and taking the reward back were among the ways to reduce inappropriate behaviors in children. Each of these techniques should be used based on some principles. As mentioned in explanation of the hypotheses, results indicate the efficiency of this educational method in reducing the signs of attention deficit/hyperactivity disorder and reduction of parental stress.

Based on these clarifications we found that for parents and their capabilities to be efficient in establishing a useful and fruitful relationship with their children, which is undoubtedly one of the most important and most peril duty in their lives, it is necessary to have sufficient information about children and understanding their behaviors and their causes and problems. Hence, providing an appropriate bed for parents and their role to properly behave toward their children is the duty of those with a share in child rearing and teaching.

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