

Comparing the effectiveness of good enough parenting training with schema therapy approach and positive parenting program training on parent-child conflict in mothers of children with conduct disorder

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Abstract

Conduct disorder is one of the most serious and complex complications in school-aged children. This study was conducted with the aim of comparing the effectiveness of Good Enough Parenting training with schema therapy approach and positive parenting program training on the parent-child conflict in mothers of children with conduct disorders. The method of the current research was a quasi-experimental one with pre-test-post-test method plus a control group and a follow-up stage. The population included all mothers of students with conduct problems in the second grade of elementary school in Tehran in the academic year of 2020-2021. Out of this population, after the implementation of the Sprafkin test (the fourth edition) a sample of 60 participants (three groups of 20 people from mothers of children, including two experimental groups and one control group) were selected using the available sampling. They were given Sprafkin children's behavioral syndrome questionnaire and the parent-child conflict questionnaire. The results were analyzed using repeated measurements analysis of variance. The results indicated that both interventions led to a significant reduction in parent-child conflicts. Also, there was no significant difference between their effectiveness. In general, the results revealed that Good Enough Parenting training with schema therapy approach and positive parenting program training has a significant effect on parent-child conflict. The results of this study can be benefited in psychology, especially in the field of parenting.

Keywords: Good Enough Parenting With Schema Therapy Approach, Positive Parenting Program, Parent-child Conflict, Conduct Disorder.

Introduction

Conduct disorder is typically a repetitive and persistent pattern of behavior in which the basic rights of others are violated including moral principles and age-appropriate social norms or laws. The most obvious example of these actions is the rape of humans and animals. The affected child bullies and threatens others or starts physical fights. They may even use various types of weapons, inflict severe physical harm on others, and show extreme aggression (American Psychiatric Association, 2013). Conduct disorder is a complex issue that encompasses bio-psychosocial aspects. For example, its biological dimension includes the influence of genetics. In addition, conduct disorder is correlated with psychological, family, and social dimensions (Suwane, 2019). In other words, conduct disorder is a destructive psychiatric disorder in childhood and adolescence characterized by aggressive and antisocial behaviors. Environmental factors such as maternal smoking during pregnancy, socioeconomic status, trauma, or early life stress are associated with conduct disorder (Chiocchetti, Yousaf, Waltes, Bernhard et al., 2022). Studies show that parents of children with conduct disorder are at risk of severe depression, aggression and negative attitudes. Mothers with more severe depression reported more isolating symptoms in their children. In particular, attention problems, hyperactivity, disobedience, aggression and crime are more common among such children. Mother's depression can affect the child's aggression. However, it has a double effect on this situation. According to the literature, the difficult temperament of the child increases the risk of depression of the mother (Matthys&Lochman, 2017). Neglecting these children and their families causes injuries and other deviations such as a vicious circle. These children mainly show inappropriate behaviors in the five categories of aggression, irresponsibility, deception, vandalism and poor interpersonal relationships. Therefore, they impose many damages and problems on the school, family and society (Murray-Harvey &Slee, 2010). Parent-child conflict is the first and certainly one of the most important relationships that people develop and is considered a major predictor in many areas of child development (Sengsavang&Krettenauer, 2015). It is a sign of a gap between parents and their children. In this heterogeneous situation, parents consider child to be incompatible and the child does not accept the behavior of his parents and disobeys their wishes (Javani, Shariatmadari&Farrokhi, 2014). Parent-child conflicts, as an important environmental variable, directly and indirectly have a significant effect on the quality of parent-child relationships and cause more psychological and behavioral problems and injuries, and eventually disrupt the child's social and academic performance (AziziMehr, 2012).

Also, lack of suitable intervention programs in this field has caused a serious neglect of helping children and their families (Yockey, King &Vidourek, 2019). In this regard, Barlow, Parsons and Stewart-Brown (2002) believe that parent training, in addition to increasing their knowledge of the nature of conduct disorder and increasing their self-confidence regarding the role of parenting, will help them control their children's inappropriate behaviors and ultimately they feel successful in their upbringing. Louis, Wood and Lockwood (2015) in this context believe that teaching a high-quality Good Enough Parenting Program-based on schema therapy approach helps parents to

recognize and meet the child's basic emotional needs. It also equips parents to raise self-sufficient and emotionally healthy children to better interact with the world around them. Good Enough Parenting training based on schema therapy approach prevents the transmission of dysfunctional attitudes and behaviors of parents to interact with children and unhealthy parenting as much as possible (Lewis et al., 2020). The main premise of this approach is that parents can learn to be efficient. Efficient parents have such a view that parenting is not only a science, but an art, and this art is unique and special for each child who is a unique masterpiece. This approach is based on the implementation of parenting principles with courage, interest and perseverance (Lewis et al., 2021). Good Enough Parenting is one of the factors that affect the interaction of parents with their children. Researchers believe that efficient parents interact better with their children compared to other parents, and this sense of self-sufficiency in parents significantly increases children's positive behaviors (Cunningham & Boyle, 2002).

Another effective intervention to improve parenting is positive parenting program training which was first proposed by Sanders (1999). Positive parenting provides a supportive solution for family and parenting in the field of public health. This is a multi-level strategic program about parenting with a preventive and supportive approach towards families, which includes five principles: healthy and attractive environment, positive learning environment, firm rules and regulations, realistic expectations, and being careful about parenting role (Sanders, 2008). In this program, parents are asked to provide other explanations for their behavior and their child's behavior, and thus their documents are targeted (Brown & Whiteside, 2008). The results of the study by Farshad, Najarpourian and Shanbadi (2018) showed that positive parenting program training has a significant effect on increasing happiness and reducing parent-child conflict of students. According to Becher, Kim, Cronin, Deenanath, McGuire et al. (2019) parents who engaged in moderate to high positive parenting had less conflict with their children. Olivari, Wahn, Maridaki-Kassotaki, Antonopoulou, and Confalonieri (2015) in a research on positive parenting program training found that the training of this program is effective in increasing intimacy in families who are not close to their children and improving parent-child relationship.

According to the research above, conduct disorder is related to damage the health of the society, especially the family. Identifying and investigating the type and severity of problems related to the relationship between parents and children with conduct disorder can be useful in evaluating the prevalence, etiology and prognosis of problems in them, so interventions especially in this field are strongly needed. Based on this, the present study was conducted with the aim of comparing the effectiveness of Good Enough Parenting training with schema therapy approach and positive parenting program training on parent-child conflict of mothers having children with conduct disorder.

Methods

Participants

The current research is a quasi-experimental study with pre-test-post-test, a control group and a follow-up stage. The population included all mothers of students with

behavioral problems in the second grade of elementary school in Tehran in the academic year of 2020-2021. A sample of 60 individuals (three groups of 20 people with mothers of children with conduct disorder including two experimental groups and one control group) using the available sampling among mothers whose children had diagnostic symptoms of conduct disorder after the implementation of the CSI-4 test according to the inclusion criteria (mothers in the age range of 25 to 45 years, the minimum level of education in the middle school and both parents being alive) and exclusion criteria (non-regular participation of mothers in three sessions of the meeting process) were selected and equally assigned to three groups.

In order to implement, two districts and three male primary schools from each district were randomly selected from among the educational districts of Tehran. Then, Sprafkin's CSI-4 diagnostic questionnaire was provided for the teachers and counselors to identify children with conduct disorder symptoms. Then, mothers of students who had diagnostic symptoms of conduct disorder were invited to carry out the training. Before the intervention, the informed consent questionnaire was provided to the mothers and the participants were assured that all information will remain confidential. The first experimental group participated in Good Enough Parenting sessions based on schema therapy approach (a therapeutic strategy using the parent training strategies protocol of Lewis and Lewis (2008)) and the second experimental group participated in positive parenting sessions (therapeutic strategies based on the Sanders positive parenting program training strategies protocol (2003) and the control group did not receive any training.

For the first experimental group, Good Enough Parenting training sessions based on schema therapy approach were implemented in 8 sessions regularly twice a week and each session was 90-minute (the 8th session was a review of the sessions and the practice of processing emotions and examining the obstacles to change and possible measures and the implementation of the post-test). In the continuation of the implementation method, a brief description of the titles of Good Enough Parenting sessions based on schema therapy approach (Table 1) and positive parenting program (Table 2) is given.

Conduct Disorder Diagnosis Questionnaire:

Sprafkin's Children's Behavioral Symptoms Questionnaire, Fourth Edition (CSI-4) was used to measure conduct disorder symptoms. This questionnaire was prepared and adjusted based on the third statistical classification system of mental disorders and includes two scales for parents and teachers and has several forms. Its first form was revised in 1984 by Sprafkin, Gado, and Grayson (year), and following the publication of the fourth edition of the Classification of Mental Disorders in 1994, the CSI-4 form was revised by Sprafkin. This scale includes 112 items, the first 18 of which are related to attention deficit/hyperactivity disorder. Each statement in the checklist has a 4-point scale (never, sometimes, often, and most of the time). Various researchers have used this

questionnaire as a suitable tool in identifying and screening adolescents with conduct disorder. Scoring of the CSI-4 questionnaire is based on two different methods: screening cut and scoring method. For most disorders, the screening method is used. In this method, the statements "never" and "sometimes" are scored with zero and the statements "often" and "most of the time" are scored with one; therefore, the screening cut method is the result of the phrases "often" and "most of the time". Then, the resulting score is compared with the criterion score of this symptom, whose source is DSM-IV diagnostic criteria. If the results are equal to or greater than the criterion score of the symptom, the screener's score will be "yes", which indicates the presence of a disorder in the individual. If the results are lower than the criterion score; the screening cutoff score is "No". The validity and reliability of this questionnaire has been examined in various studies. The reliability of the questionnaire was tested by the test creators using the bisection method, and for the teachers' form this value is 0.91 and for the parents' form is 0.85. Its content validity has also been determined to be 0.90 through retesting.

Questionnaire of Conflict Strategies with Parents:

This questionnaire has 15 items to developed to measure three conflict tactics (reasoning, verbal aggression, and physical aggression) between family members. This scale was prepared in 1979 by Straus (Cited by KamraniFakour, 2005) to evaluate verbal, psychological and physical violence. It was translated into Persian for the first time by Mohammad Khani in 2005 and was used with permission from Straus (KamraniFakour, 2006). This scale has 4 forms including mother, father, child and sibling forms. In all four forms, the first five questions of questionnaire measure reasoning, the second five questions measure verbal aggression, and the third five questions measure physical aggression (Sanaei, Alaghband, Falahati, Human, 2007). The range of scores for each scale is between 0 and 25. A score of 0 indicates no conflict and a score of 25 indicates the highest conflict (Sanaei et al., 2007). The first five questions (1-5) measure reasoning and are scored reversely. The second and third five questions (6-10) measure verbal and physical aggression and are scored directly. The reliability and validity of this test has been satisfactory in most countries of the world. According to the main source of information (Strauss, 2002), six researches confirm the internal consistency of the subscales of reasoning, verbal aggression, and physical aggression. There are 12 alpha coefficients for reasoning subscale range from 0.42 to 0.76, and 16 alpha coefficients for the verbal aggression subscale, which range from 0.62 to 0.88, and 17 alpha coefficients for the physical aggression subscale, which range from 0.42 to 0.96. The internal consistency of the reasoning subscale seems less, because the form used in the research had fewer questions, and therefore the more complete questionnaire presented here is likely to be more valid (Sanaei et al., 2007).

Table 1. Good Enough Parenting intervention program based on schema therapy approach adapted from Lewis and Lewis (2008)

Comparing the effectiveness of good enough parenting training with schema therapy approach and positive parenting program training on parent-child conflict in mothers of children with conduct disorder

1 th session	Getting to know the members and establishing a relationship, explaining the plan and its goals and emphasizing participation in all meetings and the implementation of the pre-test, introducing Good Enough Parenting (the importance of parenting, introducing the four basic emotional needs).
2 nd session	Introducing and teaching about the concept of first basic emotional need of relationship and acceptance (including defining and expressing the importance of the concept of relationship and acceptance, the domain Disconnection & Rejection as the first domain of the four domains related to schemas, explaining and expressing the importance of optimum time spending, considering the essential needs of each age group, empathy and validation of feelings.
3 rd session	Introduction and education about the concept of the second basic emotional needs of IMPAIRED AUTONOMY & PERFORMANCE(including the concept of AUTONOMY and effective performance, self-esteem and motivation, the scope of self-management and investigating the causes of impaired performance).
4 th session	Education about the concept of the third basic emotional need to accept reasonable limits; It includes the definition of reasonable limits, the scope of IMPAIRED LIMITS, the things that prevent from meeting basic need to accept reasonable limits, escape from the vortex that refers to the establishment of a solid foundation in the family, and offering ten guidelines for this purpose.
5 th session	Introducing the basic emotional need of realistic expectations (including the definition of realistic expectations and the scope of exaggerated expectations, factors affecting the weakness and strength of parents' intervention and addressing the issue of how their intervention can be a strength and weakness.
6 th session	Moving towards a healthier outcome by introducing and teaching about the basic emotional need which is the need for spiritual and social values (including providing awareness of how children's views of themselves and others are formed by explaining the three strategies of creating an atmosphere at home that fosters empathy, focusing on the causes and effects of the actions and being role models by parents, the correct method of correcting the child's mistakes, curbing conflicts, forgiveness and reconciliation, how to communicate with peers, communication with adults.
7 th session	Repair and reconnection including expressing the importance of being criticizable and emphasizing that progress is a result of it, and teaching parents how to be criticizable, the principles parents should consider when a dispute arises in relation to issues that concern them, and forgiveness that is understood and implemented as a central part in the structure of a healthy family.
8 th session	Reviewing sessions and practicing emotion processing (including parents revising their reactions to their children's emotions by answering 8 questions related to this assignment), examining barriers to change and possible strategies, and conducting a post-test.

Table 2. Positive parenting program training taken from the Sanders package (2003)

1 th session	Introduction, explanation of the symptoms of the disorder, types and causes of conduct disorder treatment methods, Introducing the positive parenting method.
2 nd session	Describing positive parenting (creating a safe environment, positive learning environment, self-expression, having realistic expectations, taking care of yourself as a parent) , explaining children's behavioral problems that have genetic, family, and environmental causes.
3 rd session	Review of the second session, strengthening the parent-child relationship by creating positive relationships with children (spending more time both verbally and non-verbally with the child), encouraging desirable behavior, how to praise verbally, methods of teaching skills (providing a suitable example through modeling, using incidental learning, encouraging individual independence through asking, telling, doing, using a behavior chart), homework (completing the behavior chart and the asking, telling, doing method).
4 th session	Review of the third session, how to deal with problematic behavior (creating a clear rule, using the ignoring method against a mild behavioral problem), in case of disobedience, use logical consequences (deprivation, silence, dismissal) instead of punishment. Homework (organizing a family meeting and establishing 4-5 rules at home and dealing with children's behavior appropriately).
5 th session	Recommendations for family survival (act as a group, don't argue, have fun and set rules, recognizing troublesome situations, give homework), behavior management in public situations will be taught. Correct communication with aggressive children and behavioral problems in controlling and managing their behavior in public situations. Situations in which parents anticipate problems will arise. Referring some tips to parents about feeling embarrassed in public and mothers will be taught helpful techniques for controlling behavior.
6 th session	In this session, there will be a discussion about how to communicate with the child and how to execute commands, and questions and answers will be given.
7 th session	Reviewing the previous topics, learning how to record the child's positive behaviors at home and how to score these behaviors. Teaching parents to plan for stressful situations, practice and role-play in pairs.
8 th session	In this session, a brief review of what they learned from the whole program was done, and then their opinion about social problems in the future and how to deal with these problems will be asked. Teaching how to monitor the child's behavior.

Procedure:

Descriptive statistics such as mean and standard deviation of scores were used to analyze the data. Inferential statistics were also used to test the hypotheses. To determine the effect of treatments on dependent variables, repeated measures analysis of variance was used in SPSS software version 25.

Results

A number of 60 mothers of children with conduct disorders participated in this study in three experimental and control groups (20 individuals in each). The mean and standard deviation of the age groups of positive parenting program training and Good Enough Parenting training with schema therapy approach and control group are 38.05 ± 9.08 , 39.20 ± 8.38 and 36.65 ± 7.17 , respectively.

The mean values and standard deviation of parent-child conflict in the pre-test, post-test and follow-up and control groups are listed in Table 3.

Table 3. Mean and standard deviation of parent-child conflict in experimental and control groups

Variable	Group	Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
Child-parent conflict	good enough parenting	23.75	4.72	16.15	5.10	14.90	4.90
	Positive parenting program	25.90	8.80	19.43	6.58	17.95	6.73
	Control group	22.53	6.95	21.79	7.15	20.94	6.65

The results of the above table show the mean and standard deviation of the parent-child conflict scores of the subjects in the pre-test, post-test and follow-up stage of the experimental and control groups.

Before conducting the analysis, its assumptions were tested. The results showed that the assumption of equality of the regression slopes was confirmed in the post-test for the parent-child conflict variable ($\text{sig}=0.21$, $F=1.56$), the results of Mbox test showed that the assumption of equality of the covariance matrices was confirmed in the post-test stage ($0.17 = \text{sig}$, $1/25 = F$, $33/15$ Box's $M =$). Levene's test showed that the assumption of equality of variance error in the parent-child conflict variable was confirmed in the post-test ($\text{sig}=0.68$, $F=0.39$). The results of variance analysis with repeated measurements are shown in the following tables:

Table 4. Determining the effect of between subject factors in terms of parent-child conflict in the post-test and follow-up phases

Statues	Variable	Source of changes	Sum of squares	df	Mean square	F	Significance level	Partial η^2
Post-test	Parent-child conflict	Group	357.34	2	178.67	15.45	0.001	0.364
		Error	624.26	54	11.56			

The results revealed that after adjusting the pre-test effect, the effect of good enough parenting training with schema therapy approach and positive parenting program training on parent-child conflict was significant in the post-test. The eta coefficient shows that 36.4% of the variance of parent-child conflict can be explained by Good Enough Parenting training with schema therapy approach and positive parenting program training.

Table 5. Paired sample test of mean scores between experimental and control groups

Variable	Groups		Mean difference	Standard error	Significance level
Child-parent conflict	good enough parenting	Positive parenting	-1.99	1.086	0.22
		Control	-5.94	1.084	0.001
	Positive parenting	Control	-3.95	1.10	0.002

The Paired sample test of means in Table 5 shows that there is no significant difference between the two groups of Good Enough Parenting training with schema therapy approach and positive parenting program training in terms of the parent-child conflict variable. However, there is a significant difference between the two groups of Good Enough Parenting training with schema therapy approach and positive parenting program training and the control group in terms of the parent-child conflict variable ($P = 0.001$). Therefore, both interventions reduced the variable of parent-child conflict and there is no significant difference between their effectiveness.

Discussion

The current research was conducted with the aim of comparing the effectiveness of Good Enough Parenting training based on the schema therapy approach and positive parenting program training on the parent-child conflict of mothers of children with conduct disorder.

The results of the analysis of the present study showed that Good Enough Parenting training with schema therapy approach has a significant effect on reducing parent-child conflict, so that it has reduced the score of parent-child conflict in the post-test and follow-up phase, which indicates the durability of this treatment. This finding is consistent with the findings of studies by Lewis et al. (2021), Oliveri et al. (2015), and Cunningham et al. (2002). In explaining this finding, it can be stated that the externalized behaviors of children with conduct problems affect the interaction of children with their parents as well as the way parents respond to children and cause parents to use more punitive and strict methods (Sanders, 2012). As a result, parents and children are placed in a vicious cycle of communication full of conflict and struggle (Eyberg & Bussing, 2011). The aim of Good Enough Parenting training with schema therapy approach is to improve the quality of the parent-child relationship and prevent behavioral problems in children through changing parents' attitudes, practices and skills, as well as reducing parent-child conflict, improving the psychosocial functioning of parents, and improving family dynamics. In other words, parenting programs aim to break this cycle by promoting parental sensitivity, modifying parental attitudes,

changing parenting documents, teaching adequate punishment techniques, and increasing the use of positive parenting skills.

The results of the analysis of the current research indicated that positive parenting program training has a significant effect on reducing parent-child conflict, so that it has reduced the score of parent-child conflict in the post-test and follow-up stage, which indicates the durability of this treatment. This finding is consistent with the findings of studies by Farshad et al. (2018), Sanders et al. (2012) and Becher et al. (2019). To account for this, it can be stated that positive parenting program is one of the types of family-oriented interventions that aim to prevent and reduce emotional and behavioral problems and promote and restore positive parent-child relationships, giving parents practical and effective strategies for developing children's social and language skills, emotional self-regulation, aggression control, independence and problem-solving ability, and having realistic expectations. Through increasing knowledge and positivity in raising children (Wakimizu, Fujioko & Miyamoto, 2014), the dynamic effect of the positive parenting program for improving parent-child conflict was explained in the program sessions. The first positive principle of parenting is a safe and attractive environment. Sessions titled "Expressing support through mutual compromise with adolescents" and "Understanding my teenage child" were held based on this principle. "Providing Support through Mutual Compromise with Adolescents" helped mothers understand how to support adolescents. The forms of support were also determined through regular agreements and continuous monitoring, and the application of the positive principle of parenting, i.e. the use of discipline, was decisive, all of which reduced the parent-child conflict.

The paired sample test of means showed that there is no significant difference between the two groups of Good Enough Parenting training with schema therapy approach and positive parenting program training in terms of the parent-child conflict variable. No research was found to directly investigate and compare the effectiveness of both treatment methods. But in explaining this finding, it can be stated that Good Enough Parenting training with schema therapy approach and positive parenting program training through raising the level of knowledge and awareness, problem-solving skills, increasing self-confidence and self-esteem has been able to improve mothers' behavior towards helping children with conduct disorder. As a result, this change in the behavior mothers will lead to a significant reduction in parent-child conflict, an increase in parenting resources and also extra-parenting.

Conclusion

In general, the results from the present research showed that Good Enough Parenting training with schema therapy approach and positive parenting program training have a significant effect on reducing parent-child conflict. The two major limitations of the present study were that the research was conducted only on the community of mothers

and the implementation of the Good enough parenting training method with schema therapy approach and positive parenting program training was carried out by the researcher, which can cause bias in the results. It is suggested to carry out studies similar to this research on the community of fathers (men) and compare its findings with the results of the present study. The implementation of educational programs should be done by someone other than the researcher, to eliminate the researcher's bias. In general, the results obtained from the present research showed that Good Enough Parenting training with schema therapy approach and positive parenting program training have a significant effect on parent-child conflict. The results of this study can be used in the development of psychological science, especially in the field of parenting. These programs can provide parents' understanding of positive parenting, adolescence and its psychological dynamics, parents' values and expectations towards adolescents, interaction with adolescents, effective communication skills, negotiation skills, relaxation skills to manage stress in parenting, and formation of self-confidence in parenting. As a result, such interventions can improve future behaviors and issues in children, and in addition, suitable facilities and mental health centers should be provided for families to reduce the burden of their problems. Also, the existence of an expert and experienced work team consisting of at least a child psychiatrist, a child and family psychologist, and a social worker is necessary to serve these families.

Disclosure Statement

No potential conflicts of interest are reported by the authors.

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