

## DIFFERENCE IN THE INTENSITY OF DEPRESSION BETWEEN PARENTS HAVING CHILDREN WITH CONDUCT DISORDER AND PARENTS HAVING NORMAL CHILDREN

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### ABSTRACT

#### BACKGROUND

Parents experience psychological trauma if they recognise that their children are having conduct disorder, which is unacceptable to the society and against the social norms. The intensity of depression in parents having children with conduct disorder is included in this study.

#### MATERIALS AND METHODS

Exploratory research was used in this study as the method of study. A sample was selected from parents having children with conduct disorder reported in various psychiatric settings in Kerala, India, and also from parents having normal children. Random sampling was used for selecting the sample. All the parents of children diagnosed with conduct disorder in the age group of 6 to 12 reported in the psychiatric settings on a random day is selected as sample. Mann-Whitney U test was used for statistical analysis.

#### RESULTS

Depression in parents affect their skills in caregiving, support to their children, nurturance and it will affect proper development of children physically and mentally. Similarly, conduct disorder in children will affect their parents mental and social functioning and their life functioning and the parents maybe suffering from depression. Mothers of children with conduct disorders are reported to have exhibit more depressed and they show very poor parenting skills and negative interactions with their children compared to normal mothers. Parents having children with conduct disorder did have higher intensity of depression compared to parents having normal children.

#### CONCLUSION

The study hopes to make contributions in identifying the intensity of depression in parents having children with conduct disorder and it's serious and least recognised impact on their parents. The study will also help to find out the areas in which parents need intervention and to decide which type of therapy will be more helpful to the family as a whole. Identifying and understanding the relevant and feasible components of therapy can then facilitate more rigorous outcome studies in the area, which are imperative.

#### KEYWORDS

Behaviour Problem, Conduct Disorder, Depression, Parenting.

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#### BACKGROUND

Conduct disorder can cause a lot of distress to children, families, schools and local communities. Children having conduct disorder will often find it difficult to make friends and have difficulties understanding social situations. Even

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though they might be quite bright, they will not do well at school and are often near the bottom of the class. On the inside, these children maybe feeling worthless and that they just cannot do anything right. It is common for them to show anger and blame others for their difficulties if they do not know how to change for the better. In this study, the difference in the intensity of depression among Parents having children with Conduct Disorder (PCD) and Parents having children with Normal Children (PNC) was analysed and a result formulated.

Depression is defined as both a mood disorder and a syndrome of symptoms (Jonathan W K et al 2008).<sup>1</sup> As a disorder, it is characterised by disturbances in mood and thoughts, subjective negativity, somatic disturbances and a

desire for self-harm and social withdrawal. The more specific signs and symptoms of this syndrome include dysphoria, helplessness, hopelessness, apathy, guilt, lack of concentration, somatic complaints, poor concentration and sleep disturbances. Parents of children with conduct disorder show deficit in social, psychological, cognitive domain and are at risk of developing depression, psychiatric or emotional disorders including severe anxiety and stress. The criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition - TR (American Psychiatric Association, 2013)<sup>2</sup> suggests that for the child or adolescent to receive a diagnosis of conduct disorder he/she must exhibit three or more of the listed behaviours in the past 12 months with at least one item being present in the last 6 months across the following dimensions- aggression to people and/or animals (e.g. using a weapon, getting into fist fights, kicking the family pet), destruction of property (smashing windows, punching holes in walls, setting fires, graffiti), deceitfulness or theft (e.g. stealing without a weapon, conning others) and serious violations of rules like truancy and running away.

The influence of children's conduct disorder on developing parental depression can have a precipitating attitude toward misbehavior. Depressed mothers have been shown to direct a higher number of commands and criticisms towards their children who in turn respond with increased noncompliance and deviant child behavior. Depressed and irritable parents indirectly create a facilitating atmosphere for behavior problems in their children through inconsistent limit setting, emotional unavailability and reinforcement of inappropriate behaviors through negative attention (Stratton and Dahl, 1995).<sup>3</sup> Depression is one of the main psychological problems experienced by parents having children with conduct disorders and depression in parents will in turn stimulate an unhealthy environment for their children.

The aims and objectives of this study concentrating on the intensity of depression in parents having children with conduct disorder will throw light into the areas on which interventions should be focused to help the parents to care their children in a more positive way. Positive parenting training strategies can be modelled as per the results obtained through this study. Understanding the intensity of depression in parents having children with conduct disorder compared to parents having normal children will help the professionals and academicians to develop strategies for proper and accurate intervention strategies for parental management training and behaviour modification in parents.

Objective of this study is to assess the intensity of depression in parents having children with conduct disorder compared to parents having normal children.

## MATERIALS AND METHODS

An explorative study was conducted to investigate the intensity of state and trait anxiety in parents having children with conduct disorders compared to that of parents having normal children. The population for the study was calculated as 200 parents having children with conduct disorder and

200 parents having normal children. Samples were selected from the parents of 200 diagnosed cases of children in the age group of 6 to 12 years old with conduct disorder reported in the Department of Psychiatry in the medical colleges, which are the referral centers in Kannur, Thrissur, and Thiruvananthapuram, the three districts represents the north, south and middle regions of Kerala and also the parents of 200 normal children were taken from parents of children studying in various schools in these three districts in Kerala, India. All the parents of children diagnosed with conduct disorder in the age group of 6 to 12 years reported in the psychiatric settings on an outpatient day was selected as sample using convenience sampling method and since these psychiatric settings were referral centres, these parents represents a population from almost all the districts in Kerala. Personal data schedule is used for collecting the sociodemographic details of parents and the Malayalam adaptation of Spielberger's state trait personality inventory is used for collecting the details of state and trait anxiety in parents. Coding was done for the data collected.

## Statistical Analysis

Mann-Whitney U test was applied to examine the comparison of the intensity of depression experienced by parents having children with conduct disorder and parents having normal children. Mann-Whitney U test is a nonparametric test to assess whether two samples are different. This test is administered to examine the difference between the two independent groups in a continuous measurement. It is a nonparametric alternative to the parametric independent samples t-test. In the present study, Mann-Whitney U test is used to find out the difference in the intensity of depression in parents having normal children and parents having children with conduct disorder.

## RESULTS

In the present study, in PNC group, a total of 196 fathers and 200 mothers responded. Four fathers in PNC group were outside the district, at the time of data collection, so that details from those parents were not able to be collected. In PCCD group, 200 fathers and 200 mothers participated in the study. Out of the 400 parents, 396 parents responded to the inventories.

In the PCCD group, there was no male included in the age group of less than 30 years, whereas in PNC group, there was 2.6% were in this age group. But, 22.5% females who were less than 30 years of age group were included in the PCCD group and 8.5% were included in the PNC group. More than 50% males in PCCD group and PNC group were in the age group of 35-44 years. But, among females, more than 50% were in the age group of 30-39 years. 6.1% PNC group and 6.5% PCCD group males were in the age group of below or equals to 50 years and among females 0.5% were in PCCD group and nobody in PNC group were in the age group of below or equals to 50 years.

Out of the 396 parents in the PNC group, only 4.3% belonged to lower primary or below education. Out of 400 parents in the PCCD group, 7.8% belonged to this category.

In PNC group, 9.1% got upper primary education and 46% were having high school education. More than one-fifth of the parents (22.2%) were having plus 2 level qualification and 10.1% degree level and 8.3% were having PG/professional level education in PNC group. In the PCCD group, it was 11.2%, 33.8%, 14.8%, 18.8% and 13.8%, respectively, in each level of education qualification. In PNC group, 63.4% parents were living in joint family, whereas in PCCD group, it was 36.6%. In PNC group, 23.5% belonged

to nuclear family and it was 76.5% in PCCD group. Occupation wise classification showed 12.5% parents of PCCD group were daily labourers and 9.7% self-employed, whereas in PNC group, this was 25% and 6.2%, respectively. All others were either salaried employees or were getting an assured minimum monthly income. In PNC group, 38.4% of mothers were housewives, whereas only 24.2% mothers in PCCD group belonged to this category.

#### Depression-Results of Mann-Whitney U test-

Group	N	Median	Minimum	Maximum	Z
PNC	386	27.0	16.0	49.0	8.5***
PCCD	391	32.0	19.0	57.0	

PNC- Parents having normal children, \*\*\*Significant at 0.001 level.

PCCD- Parents having children with conduct disorder.

Table shows the comparative analysis of depression in parents having children with conduct disorder and those with normal children. Total number responded out of 400 parents in PNC group was 386, and in PCCD group, it was 391. The Z score obtained from the analysis was 8.5 and it was found to be significant at 0.001 level. The minimum score observed was 16 for PNC group and 19 for PCCD group. Maximum score for PNC group was 49 and 57 for PCCD group. The median depression score was 27 and 32 respectively for PNC and PCCD group. The result shows that the depression in the parents having children with conduct disorder was high compared to parents having normal children. The difference found in depression was statistically significant.

#### DISCUSSION

Parents feel huge loss and a sense of uncertainty when they learn that something is wrong with their children. Parents of children with conduct disorder are reported to have lost the colours in their lives and they feel that their dream of having a perfect child has turned into ashes. They will be concerned about their children's future as well as that of their family as a whole. This will lead to chronic depressive state in parents.

The relation between child conduct disorder and its effect on maternal depression has been explained in studies conducted by Murray and Johnston (2006)<sup>4</sup> and Raposa, Hammen, Brennan and Najman (2014).<sup>5</sup> Parents having children with behavior problems have been found to be at a risk of developing depression than their parental counterpart having normal children (Cummings and Davies, 2010)<sup>6</sup> and more specifically who are having children with disorders like conduct disorders (Kim-Cohen, 2007). Research on parents of children with conduct disorders has reported consistently higher and severe rates of anxious and depressive symptoms and are also having greater psychological distress in comparison to parents having children with normal children (Bitsika and Sharpley, 2004).<sup>7</sup> The relation between child conduct disorder and its effect on parental depression and poor parenting has also been identified (Knutson, DeGarmo and Reid 2004).<sup>8</sup> Parents having children with

conduct disorder are more likely to develop mental disorders including depression (Sinotov, Kendler, Walsh, Patterson and Prescott, 2009).<sup>9</sup> Keenan and Wakschlag (2000)<sup>10</sup> states in a study that parental intervention programs are found to be a key element in treating conduct disorder in children if the intervention address the skill deficits of parental depression. The present study supports these viewpoints that parents having children with conduct disorder are at a higher risk of developing depression than the parents having normal children.

#### CONCLUSION

Children having conduct disorder causes tension and chronic sorrow in a parent's life. This will lead to parental depression Problems and shame related to their child's socially unacceptable and inappropriate behaviour disorder combined with the burden of handling a society, which is intolerant to the child's problem behaviour and the blame, which is usually put on the shoulders of the parents will result in social isolation and depression. The result of this present study shows that the depression in the parents having children with conduct disorder is high compared to parents having normal children. There should be a combination of different therapy and it should start with evaluation of a comprehensive nature and by following certain tools such as individual psychotherapy, parent, child and family therapy or a group therapy, parent management training, use of dyadic and social skills training programs and also proper medication.

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