https://menj.journals.ekb.eg
Print ISSN: 2735-3974
Online ISSN: 2735-3982
DOI: ----------

MNJ
Menoufia Nursing Journal
Faculty of Nursing
Menoufia University

The Relation between Emotional Distress and Psychological Wellbeing among Parents of Children with Conduct Disorder

Mabrouka A. Badra[1], Maaly I. El-Malky [2], Mona A. El-Nagar [3], Lamiaa H. Eita [4]

[1]Deputy Director of Nursing, Shebin El-kom Psychiatric /Mental Health Hospital and Addiction Treatment center, Menoufia Governorate

[2,3,4]Professor of Psychiatric / Mental Health Nursing, Faculty of Nursing, Menoufia University, Egypt

Abstract:Background: Having children with conduct disorder put parents at a high risk for many problems in many ways. Parents' mental health may be affected by emotional symptoms in younger children and abnormal behaviors related to difficulties associated with imposing a daily routine and discipline on the conduct disorder child that consequently affect their psychological wellbeing. **Purpose:** was to explore the relation between emotional distress and psychological wellbeing. **Methods: Research Design:** A correlational descriptive research design was used to achieve the purpose of the study. **Setting:** The study was conducted at out-patient psychiatric clinic at Menoufia University Hospitals, in Shebin El-Kom City, Menoufia Governorate. **Sample:** A convenience sample consisted of 100 parents from the above mentioned setting who fulfilled the inclusion criteria of the study. **Instruments:** (1) Socio-demographic structured interview questionnaire. (2) The emotional distress scale. (3) Scale of psychological wellbeing. **Results:** The results of the study revealed that two thirds of the studied parents (65%) had emotional distress ranged from mild to moderate, the majority of the studied subjects had moderate levels of psychological wellbeing, and there is a negative significant correlation between emotional distress and psychological wellbeing. **Conclusion:** Emotional distress had a negative effect on psychological wellbeing meaning that raising emotional distress will decrease their psychological wellbeing. **Recommendations:** Psycho-educational program should be given to parents having conduct disorder children to minimize their emotional distress and enhance their psychological wellbeing.

Keywords: *Children with Conduct Disorder, Emotional Distress, Parents, Psychological Wellbeing.*

Introduction

Conduct disorder (CD) refers to a pattern of behavior in which the systematic and persistent violation of others' rights and of social norms can be observed, with severe consequences for academic and social functioning. The manifestation of the disorder is mainly characterized by the presence of aggression of several types: children may show bullying, threatening or intimidating behavior, steal from their victim and/ or coerce others into sexual abuse. The child or adolescent usually exhibits these behavior patterns in a variety of settings—at home, at school, and in social situations—and they cause significant impairment in his or her social, academic, and family functioning (Vanzin & Muari, 2019).

The signs and symptoms that lead to the diagnosis of CD demonstrate a pervasive and repetitive pattern of aggression towards people, animals, with the destruction of property and violation of rules. Children who display early-onset conduct disorder are at greater risk for persistent difficulties. They are also more likely to have troubled peer relationships and academic problems. Males more frequently display physical aggression, vandalism, robbery and school discipline issues. However, females are more likely to play truant, abuse substances, lie and have precocious sexual behaviors causing negative effects and significant burden to their parents (Jan et al., 2020).

Parents and caregivers of children with emotional and behavioral disorders often experience significant burden associated with care of the child. These comprise financial burden, conflicts between family members, high irritability and overprotection in families, effect on family social life, interruption at work, fatigue, sadness and limitations on time, personal freedom, and privacy Parents having children with conduct disorders often experience significant burden associated with care of their children. These comprise financial burden, conflicts between family members, high irritability and overprotection in families, effect on family social life, interruption at work, fatigue, sadness and limitations on time, personal freedom, and privacy. In addition, subjective parent/caregiver strains which constitutes the caregiver's feelings towards those occurrences (e.g., stigma, guilt, anger, sadness, embarrassment, and worry) (Meltzer et al., 2021).

Parents tend to avoid public places such as cinemas, restaurant, shops, and public transport. Parents can also feel embarrassed and ashamed by their child's behavior when they visit relatives or friends. This results in reduced social contact, parent/ caregiver stress, depression, anxiety, strain and parent/ caregiver burden. Adverse family interactions (parent-child, marital, and siblings) are also often linked to the child's behavior that affects their parents' psychological wellbeing (Borden et al., 2020).

Psychological well-being is thus defined as the absence of indicators of emotional distress. Psychological well-being not only refers to a condition free from psychological problems, but its meaning is much broader, including the ability of individuals to perceive themselves positively related to others, with environmental mastery, independence, and life goals and emotions that lead to healthy development global self-esteem and lack of depressive disorders. However, well-being in general is always associated with psychological distress, both in the form of internalization and externalization problems (Lopez et al., 2018).

Parental marital conditions, family functioning, relationships between children and parents, and communication patterns affect the level of psychological well-being for parents having children with conduct disorder. The role of the family becomes very important in the context of child

development, especially for emotional and psychological well-being. Some factors of the family that play a role are attachment, harmony, and family functioning. Conversely, family factors that also have the potential to reduce the quality of parents' psychological wellbeing include parents' marital problems, conflict, and divorce (Shek et al., 2014).

In addition, child factors (e.g. CD severity; IQ), parent factors (e.g. coping style; parenting behaviors; social support) and contextual factors (e.g. family income; socio-economic status) affect emotional distress and psychological wellbeing in families having children with CD. Parents may be threatened in this global era, including unhealthy lifestyles, family instability, armed conflict, and environmental degradation, are important factors affecting their welfare. Parents having children with conduct disorder report the highest level of burden than other parents. Those parents having children with conduct disorder reported levels of burden that were either intermediate levels of emotional distress and low psychological wellbeing that require more attention and caring (Yorke et al., 2018).

Caring for parents having children with conduct disorder require the nurse to teach the parents to develop consistent self-care activities such as eating a healthy diet, getting optimal amounts of sleep, doing regular exercise, practicing good hygiene, taking time to do things they enjoy, treating themselves well every day and making their living space somewhere they enjoy to be. The nurse should ensure safety for parents/ caregivers, their children, and other family members that should be number one priority. Prevention efforts to improve emotional distress involved promoting well-being (Robert et al., 2018).

In addition the nurse should enhance parent management training to train parents to set consistent discipline with proper rewarding of positive behaviors and promote prosocial behaviors in their children. Multisystem therapy that targets family, school, individual, with a focus on improving family dynamics, academic functioning and improving the child's behavior in the context of multiple systems. Anger management training and individual psychotherapy that targets developing problem-solving skills, strengthen relationships with resolving interpersonal conflicts, learn assertive skills to decline negative influences in the community. Also, the nurse should provide parents with a structured program to reduce disruptive behaviors and decline negative effects on emotional distress and psychological well-being for parents of children with conduct disorder (Weintraub et al., 2019).

Significance of the study

Conduct disorder is more common worldwide. It can present commonly during childhood and early adolescent periods. Conduct disorder is more common in boys than girls, and the ratio could range from 4:1. The prevalence of CD has been estimated among different countries globally, from 35.6% for high- income countries

to 1.6% of low- income or middle-income countries. The prevalence of conduct disorder was reported from 1 to 29.9% for females and from 3.3 to 34.6% for males. Early onset of conduct disorder in childhood years could lead to the worse prognosis of the condition (Thomson et al., 2019). In Egypt, the total prevalence of CD among the adolescents was 19.5%, the prevalence of CD among males was 25%, while among females, it was 13.2% with a ratio of 1.9: 1, The prevalence of CD in males of the technical schools was (25.8%) which is higher than that in the general schools (22%). The percent of adolescent onset type was (78.2%) and that of childhood onset type was (21.8%). Male to female ratio is higher in childhood onset type than with adolescent onset type (2.7: 1 compared to 2: 1) (El Sayed et al., 2014). In Menoufia Governorate, CD represented 8 and 6.9%. It is significantly higher among boys than among girls (89.5% vs. 10.5%). It was correlated with single-parent family, low family socioeconomic status, parental substance abuse, age from middle childhood into adolescence, parental mental illness, parent–child conflict, and inter-parental conflict (Farahat et al., 2017).

Parents having children with conduct disorder experience pressure in their life. Increased emotional distress has been demonstrated in parents having children with conduct disorder concerning depression, anxiety and stress -particularly female parents- in comparison to parents of children with other developmental disorders. About 64% of the parents were noted to have depression symptoms. It is a strong indication to anxiety and stress changes that is more likely to be apparent in Arab/Islamic population than other psychological variables (Lu et al., 2018). Psychological well-being has a negative relationship with emotional distress. Over half of parents of children with conduct disorders have decreased their leisure time. Over third of those parents were reluctant to invite friends into their houses because they feel much more burden and stigmas a result to their children behaviors (Hernandez et al., 2018). So this study aimed to evaluate emotional distress and psychological wellbeing for parents having children with conduct disorder.

Purpose of the study

The purpose of the current study is to explore the relation between emotional distress and psychological wellbeing for parents having children with conduct disorder.

Research questions:

1) What are the levels of emotional distress among parents who having children with conduct disorder?
2) What are the levels of psychological wellbeing among parents who having children with conduct disorder?
3) Is there a relation between emotional distress levels and psychological wellbeing levels among parents having children with conduct disorder?

METHODS

Research design

A descriptive correlational design was utilized to achieve the purpose of the study.

Research Setting

This study was conducted at Outpatient Psychiatric Clinics, Menoufia University Hospitals, Menoufia governorate.

Sampling

A purposive sample of 100 parents having children with CD from both males and females was included in the study according to the following equation:

$$N = [(4\sigma^2)\ (Z_{(1-(\alpha/2))} + Z_{(1-ß)})^2] \div E^2$$

N = total sample size σ = standard deviation of each group

$Z_{(1-(\alpha/2))}$ = related to the chosen significance criterion (1.96)

$Z_{(1-ß)}$ = related to the chosen power (80%)

E = minimum detectable difference between two means

Inclusion criteria

1) Children should be diagnosed as having conduct disorders > one month.
2) children should range from 4-11 years old.
3) Parents able to communicate relevantly participate in the study.

Exclusion criteria

Parents who have children with psychiatric disorders.

Instruments of the Study

Three instruments were utilized for data collection

Instrument one: Socio-demographic structured interview questionnaire:

This questionnaire was developed by the researcher based on pertinent literature and guidance of her supervisors to assess socio demographic characteristics of the parents as age, education, marital status and income ……. etc. And clinical data for their conduct disorder children such as the child age, conduct disorder subtype, early risk factor present, ……. etc.

Instrument two: The emotional distress scale (DASS -21)

This scale was originally developed by Lovibond & Lovibond, (1995) to assess depression, anxiety and stress. This scale includes 21 items. Psychological structures of depression, anxiety and stress were evaluated by 7 different items for each subscale. Each question demonstrated a feeling in the participant.

Scoring system: The rating scale was as follows:

0 = did not apply to me at all.
1 = Applied to me to some degree, or some of the time.
2 = Applied to me to a considerable degree or a good part of time.
3 = Applied to me very much or most of the time.

Total scores:

Meaning	Depression	Anxiety	Stress
No depression, anxiety or stress	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	**14-18**	**10-14**	**19-25**
Severe	**19-27**	**15-19**	**26-33**
Extremely severe	**28+**	**20+**	**34+**

Total score of emotional distress:

The questionnaire was evaluated giving a score of 0 - 63. The total score of each parent was categorized arbitrary into No ED, if his/her total score was "0 – 30", Mild ED, if the total score was "31– 40" Moderate ED if the total score was "41 – 51", Severe ED if the total score was "52 – 63".

<u>Instrument three:</u> Scale of psychological wellbeing (SPWB) (Appendix III)

This scale was developed by Ryff & Keyes, (1995). It was composed of 18 items on six sub-scales in accordance with the six factors of positive functioning namely autonomy, environmental mastery, personal growth, purpose in life, positive relations with others and self-acceptance.

Scoring system

The rating scale was as the following:
1 = strongly agree.
2 = somewhat agree
3= somewhat disagree
4 = strongly disagree

Scoring system

Higher scores mean higher levels of psychological well-being.

Total score of psychological wellbeing:

Meaning	Psychological wellbeing (PSWB)
Low PSWB	≤ 50%
Intermediate PSWB	>50 : 75%
High PSWB	> 75%

Instruments validity

The study tools were tested for content validity by a jury of five experts in the field specialty of psychiatric mental health nursing, and psychiatric medicine. Following the judgment of the experts, the required modifications were done accordingly to ascertain the relevance, coverage of the content and clarity of the questions. Then they conclude a high degree of agreement on the best form to be implemented and the tools were approved to be valid following the judgment of the experts.

Instruments reliability

Test re-test was done for instruments emotional distress and psychological wellbeing. Cronbach co-efficiency alpha was used for instruments Its values were0.81 and 0. 84.

Ethical consideration

The ethical research considerations, in this study, included the following:

- Awritten consent was obtained from the participants to assure the voluntary participation of every selected parent in the sample. Also, the purpose of the study was explained to the parents.
- The participants were assured about confidentiality and the privacy of their obtained information throughout the study.

- Participants were informed that they were allowed to choose to participate in the study and that they had the right to withdraw from the study at any time during data collection. Also their participation or non-participation in the study would not harm their psychiatric service utilization.

Pilot study

A pilot study was carried out on 10% of the total sample (10 parents) to test the feasibility, clarity, and applicability of the instruments. No modifications were done, so the pilot study sample wasn't excluded from the study.

Procedure:

An official letter was sent from the Dean of the Faculty of Nursing, Menoufia University to the director of Menoufia University Hospital including the purpose and methods of data collection

- ♦The researcher started the process of data collection by introducing herself to the participants.
- ♦A brief description for the purpose of the study and the type of questionnaire required to fill was given to each parent.
- ♦Data collection was done through interviewing with the parents individually in out-patient psychiatric clinic for children in the hospital. The researcher started to collect data from parents one day (Sunday) a week from 9 Am to 2 PM. Each interview lasted for 15-20 minutes, depending on the response of the interviewer using the interview questionnaire methods. This process took 12 weeks from the beginning of October 2022 to the end of December 2022.
- ♦The interview was done in the waiting hall of the out-patient psychiatric clinic before their doctor meeting.
- During the first month (October 2022) the researcher collected 35 parents' interview sheets (only five in the first week due to the presentation and orientation for herself to the staff working in this out-patient clinic for attaining their co-operation in accomplishing this work, and 10 parents' interview sheets in the latest three weeks in that month (10 interview sheet / week).
- During the second month (November 2022) the researcher collected 40 interview sheets (10 interview sheet / week).
- The latest 25 interview sheets were collected during the third month (December 2022.) in which there was a data collection of nearly 6:7 interview sheets / week.

Data Analysis:

Data collected from the studied sample was revised, coded and entered using PC. Computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 23. Data were presented using descriptive statistics in the form of frequencies, percentages for categorical variables, in addition to mean and standard deviation for continuous variables. Statistical significant level value was considered when P-value < 0.05 and highly significant level value was considered when P-value < 0.001 while p-value of > 0.05 indicated non-significant.

Results:

Table 1:- shows socio -demographic characteristics of the studied parents. More than two thirds of studied fathers (62%) aged between 30 to <40 years with mean age 37.5 ± 3.2 years, and more than half of studied mothers (55%) aged between 30 to <40 years with mean of 31.8 ± 2.5 years. Majority of them were living in rural areas (92%), had a mother and father with Intermediate education (74%), live with both parent (92%), and live within a family of satisfied income per month (53%). More than two thirds of them (67%) hadn't troubles between both parents and nearly three quarters of the studied parents had differentiation in behaving with siblings.

Fig.1:- shows total emotional distress symptoms levels among studied parents It shows that the majority of the studied parents had mild to moderate emotional distress (34% & 31% respectively). This result proved the first hypothesis of the study.

Fig.2:- shows total psychological wellbeing levels among studied parents It shows that the majority of the studied parents had intermediate level of psychological wellbeing. This result proved the second hypothesis of the study.

Table 2:- represents pearson correlation between parents' emotional distress and its three subscales with total psychological wellbeing among the studied. It revealed that the increase in emotional distress would decrease their psychological wellbeing ($r = - 0.64$, $P<0.0001$.

Table 3:- highlights relation between emotional distress levels and parents' sociodemographic characters. It presents that, there were no statistically significant differences between parents' characteristics and levels of total score of tht presented that, there were no statistically significant differences between parents' sociodemographic characteristics and levels of total score of their psychological wellbeing concerning mother age, gender, education, marital status, with whom the child live, troubles between parents, and parents' differentiation between siblings (p value= 0.34, 0.06, 0.21, 0.55, 0.40, 0.74, and 0.83 respectively. However, there was a highly statistical significant difference concerning mother age, income (p value < 0.001), occupation (p value < 0.01) and residence (p value < 0.03).

Table (1): Socio -demographic characteristics of the studied parents (N = 100)

Sociodemographic Characters		Frequency	
		N0.	%
Father age (Years):	<30 years	22	22
	30 – <40 years	62	62
	40 - 50 years	16	16
Mean ± SD		37.5 ± 3.2 years	
Mother age(years):	<30 years	36	36
	30 – <40 years	55	55
	40 - 50 years	9	9
Mean ± SD		31.8 ± 2.5 Y	
Gender:	Male	43	43
	Female	57	57
Marital status:	Married	91	91
	Divorced / Widowed	9	9
Parents Educational Level	Illiterate/Basic education.	10	10
	Secondary school/ technical diploma	74	74
	University & above	16	16
Occupation:	HW/no work	56	56
	Worker	7	7
	Employee	24	24
	Others	13	13
Income:	Not satisfied	39	39
	Satisfied	53	53
	Satisfied and save	8	8
Residence:	Rural	92	92
	Urban	8	8
The child lives with:	Mother only	6	6
	Both parents	92	92
	Relatives	2	2
Troubles between both parents:	Yes	33	33
	No	67	67
Parents have differentiation in behaving with siblings:	Yes	14	14
	No	86	86
Total		100	100

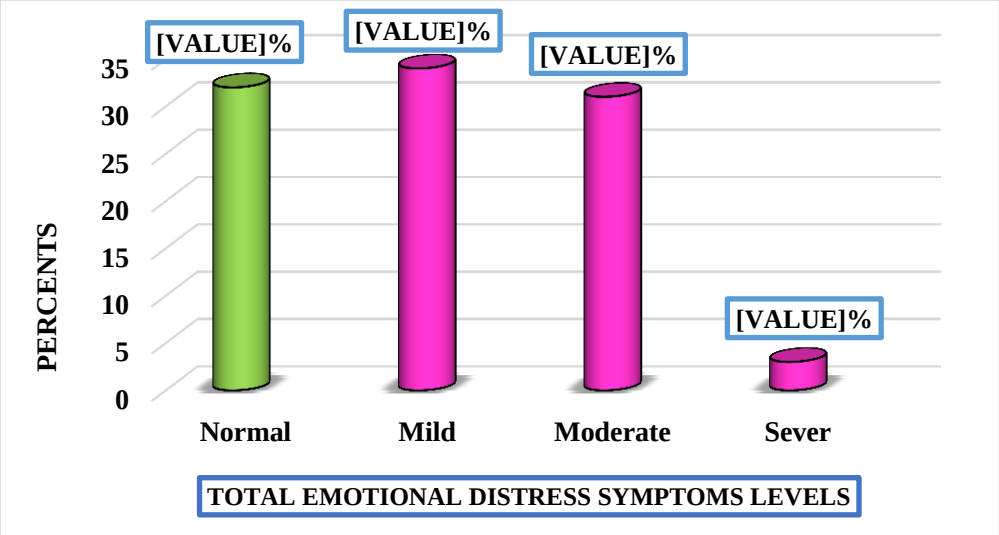

Fig.1: Total emotional distress symptoms levels among studied parents (N=100)

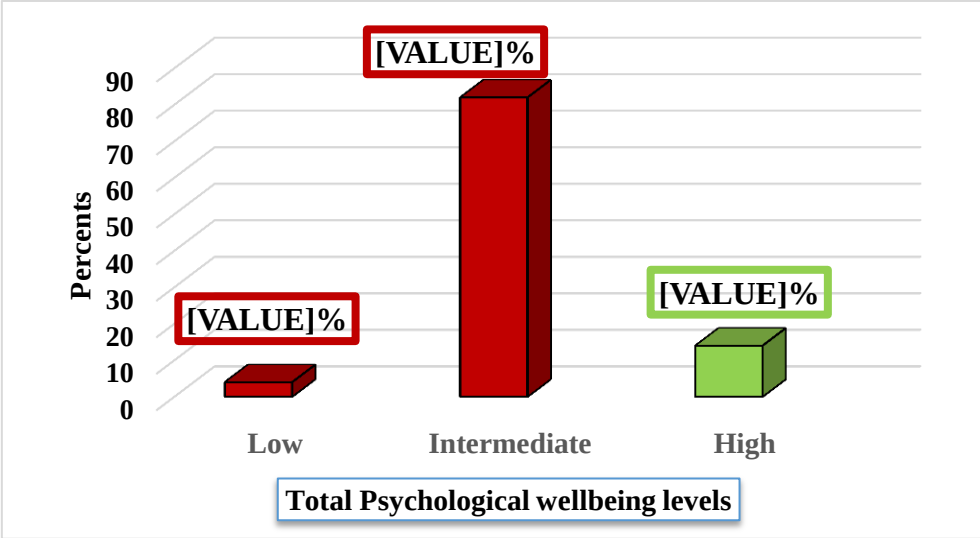

Fig.2: Total Psychological Wellbeing levels among studied parents

Table (2): Pearson Correlation between parents'' Emotional distress and its three subscales with total psychological wellbeing among the studied parents (N=100).

Emotional Distress	Studied parents		
	Total Psychological wellbeing		
	R	P	Significance
Depression	-0.62	<0.0001	HS
Anxiety	-0.52	<0.0001	HS
Stress	-0.56	<0.0001	HS
Total Emotional Distress	-0.64	<0.0001	HS

r= Pearson Correlation coefficient, **P**= Statistical probability, **HS**= High significance

Table (3): Relation between Emotional distress levels and parents' sociodemographic characters (N=100)

Emotional Distress / Sociodemographic characteristics		Total	levels of Emotional Distress								Chi-square	
			Normal		Low		Moderate		High			
			N	%	N	%	N	%	N	%	LR	P-value
Father Age (years)	<30Y	22	10	45.5	7	31.8	5	22.7	0	0	7.5	0.27 NS
	30 – <40 Y	62	16	25.8	20	32.3	23	37.1	3	4.8		
	40- ≥ 50 Y	16	6	37.5	7	43.8	3	18.8	0	0		
Mother Age (years)	<30Y	36	17	47.2	11	30.6	8	22.2	0	0	18.8	<0.005 HS
	30 – <40 Y	55	12	21.8	17	30.9	23	41.8	3	5.5		
	40- 50 Y	9	3	33.3	6	66.7	0	0	0	0		
Gender	Males	43	11	25.6	17	39.5	13	30.2	2	1.7	2.4	0.50 NS
	Females	57	21	36.8	17	29.8	18	31.6	1	1.8		
Education	R&W/Basic Edu.	10	0	0	6	60	4	40	0	0	11.2	0.08 NS
	Intermediate Edu.	74	25	33.7	23	31.1	23	31.1	3	4.1		
	High Edu.	16	7	43.8	5	31.2	4	25	0	0		
Marital status	Married	91	27	29.7	32	35.2	29	31.9	3	3.3	2.7	0.43 NS
	Divorced / Widowed	9	5	55.6	2	22.2	2	22.2	0	0		
Income	Not satisfied	39	14	35.9	11	28.2	14	35.9	0	0	9.9	0.12 NS
	Satisfied	53	13	24.5	22	41.5	15	28.3	3	5.7		
	Satisfied & save	8	5	62.5	1	12.5	2	25	0	0		
Occupation	HW*/ Not work	56	7	12.5	25	44.6	22	39.3	2	3.6	39.5	<0.0001 HS
	Worker	7	3	42.9	1	14.3	3	42.9	0	0		
	Employee	24	19	79.2	4	16.7	1	4.2	0	0		
	Others	13	3	23.1	4	30.8	5	38.5	1	7.7		
Residence	Rural	92	28	30.4	32	34.8	29	31.5	3	3.3	1.6	0.66 NS
	Urban	8	4	50	2	25	2	25	0	0		
With whom child live?	Mother	6	5	83.3	1	16.7	0	0	0	0	12.9	<0.04 Sig.
	Both parents	92	27	29.3	31	33.7	31	33.7	3	3.3		
	Relatives	2	0	0	2	100	0	0	0	0		
Troubles between parents	Yes	33	12	36.4	11	33.3	8	24.2	2	6.1	2.5	0.48 NS
	No	67	20	29.9	23	34.3	23	34.3	1	1.5		
Parents 'Differentiation between siblings	Yes	14	5	35.7	5	35.7	4	28.6	0	0	1.02	0.79 NS
	No	86	27	31.4	29	33.7	27	31.4	3	3.5		
Total		**100**	32	32	**34**	**34**	**31**	**31**	**3**	**3**		

Table (4): Relation between Psychological Well Being levels and parents sociodemographic characters (N=100)

Psychological Well being / Sociodemographic charact eristics		Total	Psychological Well Being levels						Chi-square	
			Low		Moderate		High		LR	P-value
			N	%	N	%	N	%		
Father Age (years)	<30Y	22	0	0	16	72.7	6	27.3	19.3	<0.001 HS
	30 – <40 Y	62	4	6.5	56	90.3	2	3.2		
	40- ≥ 50 Y	16	0	0	10	62.5	6	37.5		
Mother Age (years)	<30Y	36	1	2.8	29	80.6	6	16.7	4.5	0.34 NS
	30 – <40 Y	55	3	5.5	47	85.5	5	9.1		
	40- 50 Y	9	0	0	6	66.7	3	33.3		
Gender	Males	43	0	0	35	81.4	8	18.6	LR=5.6	0.06 NS
	Females	57	4	7	47	82.5	6	18.5		
Education	R&W/Basic Edu.	10	0	0	10	100	0	0	LR=5.8	0.21 NS
	Intermediate Edu.	74	3	4.1	58	78.4	13	17.6		
	High Edu.	16	1	6.3	14	87.5	1	6.3		
Marital status	Married	91	4	4.4	75	82.4	12	13.2	LR=1.2	0.55 NS
	Divorced / Widowed	9	0	0	7	77.8	2	22.2		
Income	Not satisfied	39	1	2.6	29	74.4	9	23.1	LR=28.8	<0.0001 HS
	Satisfied	53	3	5.7	50	94.3	0	0		
	Satisfied & save	8	0	0	3	37.5	5	62.5		
Occupation	HW*/ Not work	56	1	1.8	48	85.7	7	12.5	LR=16.2	<0.01 Sig.
	Worker	7	0	0	4	57.1	3	42.9		
	Employee	24	0	0	20	83.3	4	16.7		
	Others	13	3	23.1	10	76.9	0	0		
Residence	Rural	92	2	2.2	76	82.6	14	15.2	LR=7.3	<0.03 Sig.
	Urban	8	2	25	6	75	0	0		
With whom child live?	Mother	6	1	16.7	5	83.3	0	0	LR=4.0	=0.40 NS
	Both parents	92	3	3.3	75	81.5	14	15.2		
	Relatives	2	0	0	2	100	0	0		
Troubles between parents	Yes	33	2	6.1	26	78.8	5	15.2	LR=0.60	0.74 NS
	No	67	2	3	56	83.6	9	13.4		
Parents 'Differentiation between siblings	Yes	14	1	7.1	11	78.6	2	14.3	LR=0.36	0.83 NS
	No	86	3	3.4	71	82.6	12	14		
Total		**100**	**4**	**4**	**82**	**82**	**14**	**14**		

Discussion

Conduct disorder is among the most serious and complex complications in school-aged children. It is considered the leading cause of parental emotional and psychological problems affecting their psychological wellbeing. Raising a child with CD isn't like traditional childrearing. Normal rule-making and household routines can become almost impossible, depending on the type and severity of the child's symptoms. It can become frustrating to cope with some of the behaviors which result from a child diagnosed with CD. CD causes children to be more distractible, aggressive, hyperactive, and impulsive than is normal for their age. As a result, they often act in ways that are difficult for parents to manage (Helleman, et al., 2022).

Thus, living in a family having a child with CD influences the whole family both inside the family sphere and socially. Mothers have described their caregiver role to a child with CD as demanding and stressful and affect parents' feelings about parenting and their behavior toward their child. They are mostly susceptible to psychological and social changes (Stone et al., 2016). Therefore, the purpose of this study was to evaluate the emotional distress and psychological wellbeing for parents having children with conduct disorder.

Concerning distribution of total emotional distress of the studied parents, the current study revealed that the majority of the studied parents had mild to moderate emotional distress (34% & 31% respectively) (fig., 1). This might be associated with adverse behavioral and emotional outcomes in children; in particular – and regardless of parent gender – it has been found to relate to higher extrinsic symptoms in their children; Specifically, attention problems, hyperactivity, disobedience, aggression emotional symptoms in children and abnormal behavior, and relationship stress related to difficulties associated with imposing a daily routine and discipline on the conduct disorder child. This might be illustrated by lack of adequate professional support to those parents. Parents were in need of receiving help from healthcare professionals already at the stage of diagnosis of their child's problems. Among the multiple factors contributing to this situation, a major cause is the general lack of education about the course of young children's development and its disorders among professionals (including physicians and psychologists), and insufficient knowledge of symptoms indicating significant behavioral difficulties. Another important issue is the small number of diagnostic and treatment institutions offering specialized services to individuals with CD. CD behavior could be the challenging for parents, leading to elevated symptoms of parenting stress, depression and anxiety. In turn, distressed parents are at higher risk for providing suboptimal quality of caregiving.

The result of this study was in the same line with a study which conducted by (Zhang, Cubbin, & Ci, 2019) who studied "Parenting distress and

mother– child playful interaction: the role of emotional support" and found that parents who have less social support shows high level of distress compared to the ones receiving adequate amount of social support.

A study which conducted by (Frediksen, Soest, Smith and Moe, 2019) who studied "Parenting distress plays a mediating role in the prediction of early child development from both parents' perinatal depressive symptoms" had highlighted a few factors that are associated with parental distress. Besides that, prenatal depressive symptoms also reported to have high influence on parental distress. Furthermore, it indicated that the financial problems as one of the major factors lead to parental distress.

However in contrary with the current study, a study which conducted by (Șipoș, & Predescu,(2017) who studied "The Relationship between Emotional Distress and Cognitive Coping Strategies in Adolescents with Conduct Disorder (CD)" and assumed that the emotional distress is generated among other factors, the child cognitive individualities, they investigated whether in this population having children diagnosed with conduct disorder, the potential mediators (irrational beliefs and coping strategies) relate statistically significant to the reported emotional distress. They reported that parents having children with conduct disorder reported a low level of emotional distress and negative dysfunctional emotions (depression, anxiety) confirming the lack of a relationship between the symptoms of internalization and those of externalization with acts of aggression.

Very bad editing

Concerning total psychological wellbeing levels among parents of children with conduct disorder (fig., 2). This figure showed the majority of the studied parents had intermediate level of psychological wellbeing. This might be explained that those parents may take on a range of disease related tasks, e.g., provision of emotional support, physical care, treatment monitoring, and symptom management. In addition, the studied parents also frequently takeover or assist with everyday tasks, such as cooking, housekeeping, and child care. These tasks can be emotionally, physically, socially, and financially demanding, and experience considerable strain. Negative consequences of care giving, such as depression, anxiety, distress/stress fatigue and insomnia, have frequently been reported. Thus, care giving may have significant costs to the parents' own psychological well-being.

This result was similar to a study conducted by Dellve et al., (2016) who studied "Stress and well-being among parents of children with challenging diseases" and found that Parents of CD children are impacted by psychological distress about (25%) of parents of conduct disorder children are impacted by psychological wellbeing at moderate level approximately half of them.

Regarding the relation between emotional distress and psychological wellbeing, the current study revealed a

high negative significant correlation between grand total ED and grand total psychological wellbeing (table,2). It revealed that the increase in emotional distress would decrease their psychological wellbeing. This may be explained that emotional distress in the form of depression, anxiety, stress, sadness, irritability, self-consciousness and emotional vulnerability is strongly correlated with physical morbidity, reduced quality and duration of life, and increased use of health services. High levels of stress and depression have also been reported among families of children having CD child. Various difficult emotions have been reported by parents of these children including anger, grief, shock, guilt, reproductive inadequacy, child-rearing inadequacy, and embarrassment that is indicated to high rates of emotional distress

The results of the current study was found in agreement with a study which published by (Hutchings et al., 2017) who studied "Parenting intervention in sure start services for children at risk of developing conduct disorder: pragmatic randomized controlled trial" and indicated that emotional and behavioral problems in children with CD increased parental distress, which in turn compromises the ability of the parent to engage in positive parenting behaviors that could support the development of emotional and behavioral skills in the child. Thus, there may be a feedback loop by which each of these variables reinforces the other, so that parental stress/distress would have a negative impact on emotional functioning and behavior in the children, and these features in the children would exacerbate the stress and distress of parents affecting their psychological wellbeing.

Concerning the relation between the parents' sociodemographic characteristics and the levels of their Emotional Distress. The table presented that, there were no statistically significant differences between parents' sociodemographic characteristics and levels of total score of their Emotional Distress except in three items : their maternal age, occupation, and with whom does the child live?, which had statistically significant differences (table,3). This might be explained that those parents struggled a nontraditional childrearing. Normal rule-making and household routines can become almost impossible, depending on the type and severity of the child's symptoms. It can become frustrating to cope with some of the behaviors which result from a child diagnosed with CD.

On the same line with the statement aforementioned, (Carreras et al., 2019) who studied "Emotion regulation and parent distress: getting at the heart of sensitive parenting among parents of preschool children Experiencing High Sociodemographic Risk" emphasized that parents from low income families tend to suffer from distress which eventually affects children's emotion and that parents who have financial problems may effect children's emotional problem. ― When parents have financial problems, they will think that children are factors causing this issues. The findings of the current study also supported the above

mentioned statement where children from poor or families with financial difficulties tend to have emotional problems. This is due to the fact that parents will be more focused and spending more time for the financial stability of the family which subsequently decreases the quality time spend with the children at home. Besides financial difficulties, parent's educational qualifications also one of the family-related matters which lead to parental distress.

However, another study in an investigation into parental distress, (Noonan et al., 2018) in their study of " Population Health Family income , maternal psychological distress and child socio-emotional behavior" found factors affecting parents' capacity to promote positive development, in combination with financial hardship, which contributes to variation in behavior‖ and that family and external factors, representing the parental stress and investment frameworks, substantially mitigated the effect of income and poverty on children's behavior.

Concerning the relation between psychological wellbeing levels and parents sociodemographic characteristics (table, 5). The table presented that, there were no statistically significant differences between parents' sociodemographic characteristics and levels of total score of their psychological wellbeing concerning mother age, gender, education, marital status, with whom the child live, troubles between parents, and parents' differentiation between siblings. However, there was a highly statistical significant difference concerning mother age, income, occupation and residence. This might be explained that psychological well-being is thus defined as the absence of indicators of emotional distress. Psychological well-being not only refers to a condition free from psychological problems, but its meaning is much broader, including the ability of individuals to perceive themselves positively related to others, with environmental mastery, independence, and life goals and emotions that lead to healthy development global self-esteem and lack of depressive disorders.

The findings of the current study were in the same line with a study which conducted by León-Del-Barco et al., (2019) who studied "Parental psychological control and emotional and behavioral disorders among Spanish adolescents" found psychological wellbeing that was measured among the parents with conduct disorder children León-Del-Barco et al., (2019) concluded that depression, anxiety, and stress negatively affect life satisfaction irrespective of gender and geographical location. Similarly, other evidences show that depression, anxiety, and stress negatively affect well-being in different groups irrespective of race, place, and gender.

Conclusion:

- Based on the findings of the current study, it can be concluded that there was a negative statistically significant relationship between having CD children and emotional

distress and psychological wellbeing among parents having children with conduct disorders.

- Also, there was a negative significant relation between emotional distress and psychological wellbeing among parents having conduct disorder children.

Recommendations:

Based on the findings of the study the following recommendations are suggested:

- Additional efforts should be directed toward parents of children with CD as they are forced to deal with the disruptive behavior of the child and its consequences. These efforts may include but not limited by family counseling, training programs, group sessions and peers support discussions.
- Health care team, teachers and educators of children with CD should empower parents with strategies to deal with disruptive behaviors of their child, i.e., parents should be a part of any remedial intervention with CD child.
- Any positive improvements in the behavior of CD child must be amplified and shared with parents as an indicator that CD child is capable to change toward the best; this might have positive impact on the psychosocial wellbeing for their parents.

References:

Borden, L., Schultz, T., Herman, K., and Brooks, c. (2020). The incredible years parent training program: promoting resilience through evidence-based prevention groups," GroupDynamics: Theory, Research and Practice, vol. 14, no. 3, pp.230–241, 2020.

Carreras, J., Carter, A. S., Heberle, A., Forbes, D., & Gray, S. A. O. (2019). Emotion Regulation and Parent Distress: Getting at the Heart of Sensitive Parenting among Parents of Preschool Children Experiencing High Sociodemographic Risk. Journal of Child and Family Studies, 28(11), 2953–2962. ://doi.org/10.1007/s 10826-019-01471-z.

Dellve, L., Samuelsson, L., Tallborn, A., Fasth, A., and Hallberg, L. (2016). Stress and well-being among parents of children with challenging diseases: a prospective intervention study. J Adv Nurs. 2016 Feb;53(4):392-402. doi: 10.1111/j.1365-2648.2006.03736.x. PMID: 16448482.

El Sayed, M., Mohamed, F., Effat, S., Abdel Hamied, A., and Mohamed Y(2014). Study the role of parental rearing in the development of conduct disorder in Egyptian children. Cairo: Ain-Shams Univ.; 2014:125–160.

Farahat, T., AlKot, M., Khalil, N., Saleh, E., and Al Kalash, S., (2017). Disruptive behavior disorders among basic-learning schoolchildren at Quweisna District, Menoufia Governorate, Egypt (2014/2015). Menoufia Med J 2017;30:34-8.

Fredriksen, E., von Soest, T., Smith, L., & Moe, V. (2019). Parenting Stress Plays a Mediating Role in the Prediction of Early Child Development from Both Parents' Perinatal Depressive Symptoms. Journal of Abnormal Child Psychology, 47(1), 149–164. https://doi.org/10.1007/s10802-018-0428-4 .

Helleman, A., Rubin, R., Gardner, W., Lourie, A., Taylor, A., Cochran, J., Dorn, L., Susman, E., Barrowman, N., Bijelić, V., Leininger, L., and Pajer, K. (2022). Circadian cortisol secretion in adolescent girls with conduct disorder. Psychoneuroendocrinology. 2023 Feb;148:105972. doi: 10.1016/j.psyneuen. 2022.105972. Epub 2022 Nov 14. PMID: 36462295; PMCID: PMC10038075.

Hernandez, R. , Bassett, S. , Boughton, S., Schuette, S., Shiu, E., and Moskowitz, J. (2018). Psychological well-being and physical health: Associations, mechanisms, and future directions. Emotion Review , 10(1), 18–29. https://doi.org/10.1177/1754073917697824 [Google Scholar].

Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C., and Edwards, R. (2017). Parenting intervention in sure start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. BMJ. 2017;13:678–681.doi: 10.1136/bmj.39126. 620799.55.

Jan, K., Kirsten, C., Jeffrey, G., and Nanda, N. (2020). Conduct disorder. Eur Child Adolescent Psychiatry (2020) 22 (Suppl 1):S49–S54DOI 10.1007/s00787-012-0361.

León-Del-Barco, B., Mendo-Lázaro, S., Polo-Del-Río, M. I., & López-Ramos, V. M. (2019). Parental psychological control and emotional and behavioral disorders among spanish adolescents. International Journal of Environmental Research and Public Health, 16(3). https://doi.org/10.3390/ijerph16030507.

Lopez, A. , Sanderman, R. , Ranchor, A. , and Schroevers, M. (2018). Co mpassion for others and self-compassion: Levels, correlates, and relationship with psychological wellbeing. Mindfulness, 9(1), 325–331. https://doi.org/10. 1007/s12 671-017-0777-z , [Google Scholar].

Lovibond, S., and Lovibond, P. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.)Sydney: Psychology Foundation; Australian Physiotherapy Association. Published by

Elsevier Inc. Volume 56, Issue 3, P. 204.

Lu, C. , Li, Z. , and Patel, V. (2018). Global child and adolescent mental health: The orphan of development assistance for health. PLoS Medicine , 15(3), e1002524. https://doi.org/10.1371/journal.pmed.1002524, [Google Scholar].

Meltzer, H., Ford, T., Goodman, R., and Vostanis, P. (2021). The Burden of Caring for Children with Emotional or Conduct Disorders;Hindawi Publishing Corporation. International Journal of Family Medicine;Volume 2021, Article ID 801203, 8pagesdoi:10.1155/2011/801203.

Nanda N. Jan, K., Kirsten, C., Jeffrey, G., and Nanda, N. (2020). Conduct disorder. Eur Child Adolesc Psychiatry (2020) 22 (Suppl 1):S49–S54DOI 10.1007/s00787-012.

Lopez, A., Sanderman, R., Ranchor, A. ,and Schroevers, M. (2018). Co mpassion for others and self-compassion: Levels, correlates, and relationship with psychologicalwell-being. Mindfulness ,9(1), 325–331. https://doi. org/ 10. 1007/s12671-017-0777-z , [Google Scholar].

Noonan, K., Burns, R., & Violato, M. (2018). SSM - Population Health Family income , maternal psychological distress and child socio-emotional behaviour : Longitudinal findings from the UK Millennium Cohort Study. SSM- Population Health, 4, 280–290. https://doi.org/10.1016/j.ssmph.2018.03.002.

Robert, M., Patricia, S., Brett, B., Heather, T., and Donald, B. (2018).Nelson pediatric symptoms based diagnosis. Textbook of Pediatrics, 20th Edition Chapter 27; pp:421-438. Available at : https://doi.org/10.1016/B978-0-323-39956-2.00027-3.

Ryff, C., and Keyes, C. (1995). The structure of psychological well-being revisited. Journal of Personality and Social Psychology, 69(4), 719–727.

Shek, D., Sun, R., and Ma, C. (2014). Chinese adolescents in Hong Kong: Family life, psychological well-being and risk behavior. Springer. [Crossref], [Google Scholar].

Șipoș, R., & Predescu, E. (2017). The Relationship between Emotional Distress and Cognitive Coping Strategies in Adolescents with Conduct Disorder (CD). Psychopathy - New Updates on an Old Phenomenon. doi: 10.5772/intechopen.70817

Stone, L., . Mares,S., Otten, R. Engels, R., &. Janssens, J.,(2016).The co-development of parenting stress and childhood internalizing and externalizing problemsJ Psychopathol Behav

Assess., 38 (1) (2016), pp. 76-86.

Thomson, K., Richardson, C., Gadermann, A., Emerson, S., Shoveller, J., and Guhn, M. (2019) Association of Childhood Social-Emotional Functioning Profiles at School Entry With Early-Onset Mental Health Conditions. JAMA Netw Open. Jan 04;2(1):e186694.

Vanzin,L., and Muari,V., (2019). Understanding Conduct Disorder and Oppositional-Defiant Disorder: A Guide to Symptoms, Management and Treatment. GE Health care life sciences; September 2019.DOI: 10.4324/978042932 8145. ISBN: 9780429328145.

Weintraub, M., Axelson, D., Kowatch, R., Schneck, C. and Miklowitz, D. (2019). Comorbid disorders as moderators of response to family interventions among adolescents with bipolar disorder. J Affect Disord. Mar 01;246:754-762.

Yorke, I., White, P. and Weston, A. (2018). The Association Between Emotional and Behavioral Problems in Children with Autism Spectrum Disorder and Psychological Distress in Their Parents: A Systematic Review and Meta-analysis. J Autism Dev Disord 48, 3393–3415.

Zhang, C., Cubbin, C., &Ci, Q. (2019). Parenting stress and mother– child playful interaction: the role of emotional support. Journal of Family Studies, 25 (2), 101-115.