

## **Understanding Conduct Disorder: The ways in which mothers attempt to make sense of their children's behaviour**

Rhiannon M Lewis, Victoria Petch, Naomi Wilson, Simone Fox, & Catrina E Craig

### **Abstract**

'Disruptive behaviour disorders' are the most common reason for referral to CAMHS (Puckering, 2009). Current treatment guidelines focus on parent training programmes (NICE, 2006; CYP IAPT, 2012). Difficulties are often reported when engaging families, with parental attributions and attitudes towards help-seeking proposed as influential factors (Morrissey-Kane & Prinz, 1999; Kane et al., 2007). Previous research has tended to privilege pre-existing frameworks; this study utilised qualitative methods to add to the current understanding of the ways in which parents make sense of their children's behaviour. Semi-structured interviews were carried out with six mothers, recruited through CAMHS. IPA revealed four master themes: 'Understanding the Emotional Child', 'The Emotional Parent', 'Getting Help' and 'The Journey' Participants used a variety of explanations in order to make sense of their children's behaviour, including the impact of loss and trauma. Help-seeking was associated with feelings of shame and services were often viewed as inconsistent and stigmatising. In contrast, positive experiences were those which were characterised as being non-judgemental,

normalising and took into account the wider family context, including mothers' own emotional needs. These findings were discussed in relation to existing research and implications for clinical practice.

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### **Introduction**

Conduct disorders and related disruptive externalizing behaviours are commonly cited as the most common reason for referral to Child and Adolescent Mental Health Services (CAMHS; Renk, 2008; Baker, 2008; Audit Commission, 1999).

There are poor long-term outcomes associated with a childhood diagnosis of conduct disorder including a diagnosis of Antisocial Personality Disorder in adulthood (NICE, 2006), poor educational attainment, criminality, substance misuse, employment problems and interpersonal difficulties (Baker, 2008). Differential outcomes proposed for girls include early pregnancy, increased risk of becoming the victim of partner-violence (Baker, 2008) and co-morbid internalizing disorders, such as depression and anxiety (Keenan, Loeber, and Green (1999). Stepp, Burke, Hipwell, and Loeber (2012) also found an association with symptoms of Borderline Personality Disorder (BPD) in late adolescence and adulthood.

Farrington's (2005) review highlights the biological, parental and social factors that have been suggested as interacting in the development and maintenance of conduct problems. Research has consistently illustrated that parenting style plays a key role in the development of antisocial and oppositional behaviour; Murray and

Farrington (2010) found that poor parental supervision was the strongest and most replicable predictor of delinquent behaviour. Other risk factors highlighted included harsh and inconsistent parenting, an authoritarian (highly punitive) parenting style, parental conflict and exposure to physical abuse. There is also evidence to suggest that conduct disorders are more prevalent in families where there has been parental separation. However, it should be stressed that this is likely to be related to the additional financial and social stressors that single-parent families might face and it is important to take into account the impact of multiple stressors over the life-course (Murray and Farrington, 2010).

Given the strong evidence for the role of parenting style in the development of disruptive behaviour disorders, current treatment focuses mainly around parenting interventions that have their foundations in Social Learning Theory (SLT; Webster-Stratton & Reid, 2010; Sanders, Markie-Dadds, Tully & Bor, 2000). However, despite a strong evidence base (Little et al., 2012; Scott, Spender, Doolan, Jacobs, & Aspland, 2001) there have been difficulties reported in engaging families. A range of potential barriers have been suggested including parental views regarding the relevance of the intervention (Baker, 2008), practicalities of attending groups (Puckering, 2009), social isolation (Kane, Wood & Barlow, 2007), socio-economic status, educational level (Redmond, Spoth, & Trudeau, 2002) and the complicated relationship to help-seeking, including experiences of stigma and shame (Nix, Bierman & McMahon, 2009).

### ***Parental Attributions***

Parental cognitions and attributions regarding the origins of the challenging behaviour and self-efficacy have been suggested as mediating factors to engagement and treatment outcome (Morrissey-Kane & Prinz, 1999; Peters, Calam and Herrington, 2005)) with strategies that target these cognitions suggested as a pre-treatment intervention (Mah & Johnson, 2008).

Miller (1995) suggested that the attributions that parents make regarding their children's behaviour may influence the way in which they respond. 'Child-centred' attributions that assume the child's behaviour is purposeful and has negative intent have been associated with increased feelings of anger (Saltmarsh, McDougall, and Downey, 2005) and stricter or 'harsh' parenting practices (Grusec, Rudy, & Martini, 1997; Snarr, Smith, & Grande, 2009; Maniadaki, Sonuga-Barke, Kakouros, and Karaba, 2006).

Wilson, Gardner, Burton, and Leung (2006) demonstrated that maternal attributions regarding globality and internality of conduct problems are not static, and change over time. They found that whilst early conduct behaviours were predictive of later maternal attributions (i.e. higher levels of oppositional behaviour at age three predicted maternal attributions regarding internality and globality of behaviours at age four), early maternal attributions were not predictive of later conduct problems. Ineffective responses to behaviour and subsequent perceived failure are thought to

further reinforce child-centred attributions, which supports the case for preventative interventions that can help parents to develop positive parenting styles before unhelpful attributions about the origins of disruptive behaviours have been formed.

### ***Current study***

In order for services to continue to work towards positive methods of engagement, including providing sufficient information, support and education for parents and care-givers, it is important to explore the processes and methods that parents' utilise to try and make sense of their children's behaviour. Previous research studies into parental attributions have tended to utilise quantitative methods in which parents are asked to make causality and responsibility appraisals regarding hypothetical situations. The current study aims to add to the existing literature by exploring the ways in which parents attempt to make sense of their children's behaviour from their own perspective rather than imposing a pre-existing framework of understanding onto their experiences. As Gergen, Lightfoot, and Sydow (2004) state, qualitative research allows for the possibility of new theory, methods and clinical practice by 'shifting the lens of understanding'. The specific research question under investigation is 'how do parents make sense of their children's behaviour over time'.

### **Method**

### ***Participants and Sampling***

Potential participants were recruited through the means of purposive sampling. Specifically, parents whose children had been identified as displaying 'significant conduct problems' by a Mental Health Professional (MHP) within one of the three identified Tier-three CAMHS teams were eligible for inclusion in the study. The age range was specified as being between eight and thirteen in order to target early onset of symptoms, rather than the 'adolescent limited' sub-type, as arguably they represent a distinct sub-group and parents' experiences are more likely to vary. 'Significant conduct problems' were defined as those which would meet the diagnostic criteria for Conduct Disorder or Oppositional Defiant Disorder (as defined by the DSM-IV-TR). The sample was not intended to be 'representative' of a particular population, but provide an opportunity to gain an in-depth understanding of a particular set of experiences.

To ensure the safety and welfare of participants and the researcher, families were excluded if there were currently significant risk factors within the family (such as domestic violence, abuse or neglect) and/or if there were any children within the family who were currently subject to a child protection order or custody procedures. A total of eight parents (all mothers) whose children met the inclusion criteria were identified over a three-month period and gave verbal consent to be contacted by the researcher. Of these eight parents, six consented to take part in the study and two

parents declined to take part at the time of asking due to family commitments. Five out of the six children who were identified as having conduct problems were male and so the majority of the research interviews captured the mother-son relationship.

Table 1. Demographic Information

<b>Name*</b>	<b>Gender/ Age</b>	<b>Ethnicity</b>	<b>Occupation</b>	<b>Nature of relationship with child's father.</b>	<b>Child Age/Gender (Siblings)</b>
Alison	F, 48	White British	Self-employed	Married, both parents living at home.	10, F (0 siblings)
Beatrice	F, 34	Black British/ Caribbean	Student	Separated, child has regular contact. Mother in a new relationship	11, M (1 older sister)
Connie	F, 46	White British	Full-time mother	Separated. No contact.	10, M (2 older brothers, 1 older sister)
Diane	F, 32	Black Caribbean	Full-time mother	Separated. No contact.	9, M (1 younger brother, 1 younger sister)
Ellie	F, 48	White	Self-employed	Divorced, child has	13, M

		British		irregular contact. Mother in a new relationship.	(3 older brothers)
Fiona	F, 41	White European	Self- employed.	Divorced, irregular phone contact.	12, M (1 younger, 1 older brother)

\* pseudonyms used to preserve participant confidentiality.

All of the participants identified significant financial stressors, were living in social housing and were dependent on benefits for at least part of their income. Two participants reported a history of domestic violence.

### **Procedure**

Interviews were conducted using a semi-structured interview schedule in line with Interpretative Phenomenological Analysis (IPA). The interview schedule consisted of an introductory question to ascertain the family composition and then seven further questions to explore the identified child's behavioural difficulties, including: the participant's (or third party's) main concerns, when the behaviour(s) were first identified as a problem; what (if any) ideas the participant had at the time about the origin of the behaviour(s) and what (if any) strategies they tried to implement to manage the behaviour(s); whether the behaviour(s) have changed over time; who else became involved in trying to support the family in managing the behaviour(s) and

whether the participant thought that their ideas about the origin and nature of the behaviour(s) had changed over time. Interview times ranged between forty and ninety minutes

### ***Analysis***

Interviews were transcribed and analysed according to Interpretative Phenomenological Analysis (IPA) as described by Smith, Flowers, and Larkin, (2009). The first stage was the verbatim transcription of audio recordings. Transcripts were read and re-read, and the researcher's initial observations were recorded in the reflective log as part of the process of 'bracketing' off any strong reactions. Next was the 'Initial noting' phase which comprised three levels of analysis: *Descriptive* comments ('face value' content); *Linguistic* comments (the potential meaning of the specific use of language); and *Conceptual* comments (interpretative statements regarding the underlying meaning of the data). Emergent themes from each transcript were entered into a table to identify recurring patterns and convergences in the data which might indicate super-ordinate themes. A visual 'mapping' process was also employed to aid the identification of super-ordinate themes..

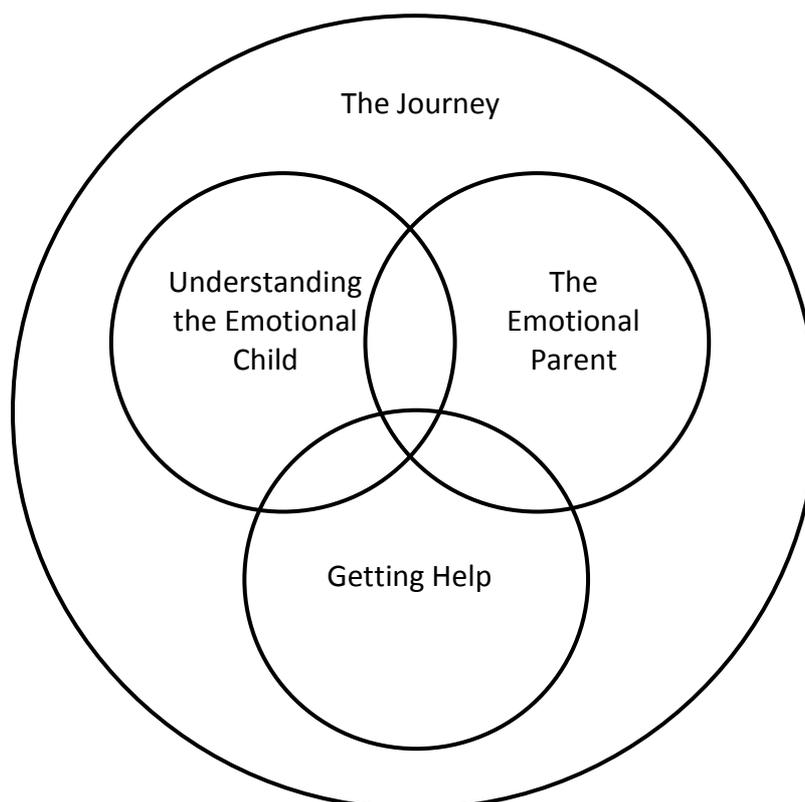
### ***Ethical Considerations***

Ethical approval was gained from a local NHS Research Ethics Committee and Research and Development departments enabling recruitment of participants across three Child and Adolescent Mental Health Services (CAMHS) in South London. Informed consent was gained from all participants. Care was taken to assure participants that their participation was entirely voluntary and would not impact on any input they were currently receiving. All participants were provided with information about where to seek support or advice if needed by the researcher.

## Results

The analysis revealed four master themes that encapsulated the experiences of the participants' and the meaning they made of these (Fig 2).

**Fig 1.** – Master Themes



### ***Understanding the Emotional Child***

Participants used a range of explanations in their attempts to try and make sense of their children's behaviour. At times, these accounts seemed to be at odds with one another; reflecting the complex processes that mothers experienced as they tried to understand their child's internal world.

All of the participants talked about their children's behaviour as a result of their struggling to deal with emotions. These emotions were often not differentiated by the parent but defined as 'anger'. At other times the emotional experiences of loss, confusion, sadness and frustration were described as challenging for their children. Although the extent to which parents saw emotional dysregulation as primary to the onset of their child's difficulties varied, some of the mothers made a very direct link:

*"...I could kind of understand why [the behaviour was occurring], because I understood that he was kind of going through a lot emotionally as well."*

*(Beatrice 34, son aged 11)*

There was a sense that participants viewed their children as struggling to cope with a range of complex emotions, and ‘bottling them up’ until they were expressed as anger. Many of the mothers spoke about their children’s aggressive behaviour being an ‘explosion’ or ‘eruption’ of emotions.

*“If [he] has got something playing on his mind, he doesn’t talk about it, he bottles it up... You could see it, it’s like [pause] watching a kettle boil”*

*(Ellie, 48, son aged 13)*

In terms of the context of the emotional volatility, one of the dominant themes described by parents was the impact of the breakdown of relationships within the family. Some of the participants directly related their children’s intense emotional expression to the breakdown of the parental relationship and saw their children as having difficult conflicted feelings about these separations.

*“...[his father] will get at me through the children and I think that’s why probably [he] has so many emotional problems because he’s not dealing with all these things”. (Fiona, 41, son aged 12)*

The impact of having witnessed conflict, including for some physical violence within the parental relationship was also identified by some participants as playing a significant role in their children’s behaviour. Again, this was related to the need to process high

levels of affect. One mother spoke about her son needing help in processing these feelings:

*“there was a lot of things that ... [he] erm, needed to talk about or things that he had seen, or things that he’s found quite distressing that he kind of kept to himself and that was kind of coming out in his behaviour.”*

*(Beatrice 34, son aged 11)*

All of the mothers spoke about their children having particular difficulties such as poor concentration, impulsivity and hyperactivity which contributed to behavioural problems at school. Within this context there were also concerns about the child’s developing awareness of themselves of ‘different’ from their peers and a sense of isolation.

*“[He] was more upset about, he couldn’t play in the playground with the other children; he couldn’t do sports with the other children, y’know he was kinda on his own in a room for two hours.” (Connie, 46, son aged 10)*

Some of the participants described feeling as though they had ‘two different children’. This seemed to indicate extremely different experiences of their child and some difficulty in simultaneously holding in mind their child as one, integrated person:

*“And... it’s... it’s like there’s two of them, and all it takes is a switch to flick from one to the other, does that make sense?” (Ellie 48, son aged 13)*

For some participants, this conflict between the two versions of the child was represented by descriptions of their child as being controlling, clever and manipulative on one hand:

*“[He] is very clever; he knows how to work people, especially people like CAMHS. He can come across as a darling, and he’ll come out of CAMHS and he’ll say, ‘see they don’t want to see me again’. And he knows how to play them...”*

*(Ellie 48, son aged 13)*

Whilst on the other hand the view of their child as vulnerable, having difficulties understanding others’ and being unable to navigate interpersonal relationships.

*“he’s not where he should be emotionally for his age, he never has been”*

*(Ellie 48, son aged 13)*

Participants seemed to be grappling with strong conflicting emotions towards their child, which seemed to oscillate along with their view of the behaviour. When participants made attributions that implied that the behaviour was intentional and purposeful, they spoke in terms of strong negative emotions (hate, frustration, anger); whereas when they framed the behaviour as uncontrollable, this seemed to allow them to maintain a softer, more nurturing approach.

### ***The Emotional Parent***

Participants spoke in depth about the emotional impact of having a child with behavioural difficulties and their role as a mother. Many parents spoke about the feelings of shame or embarrassment that they experienced due to their child's behaviour.

*“And I was like in the middle of it, you know, like maybe I'm not doing this right, I'm not good enough so that was a really bad time.” (Fiona 41, son aged 12)*

Often this seemed to be related to experiences when somebody outside of the family had commented on their child's behaviour, or when external agencies had become involved. There was a sense that their child's behaviour reflected on them as caregivers and three of the mothers interviewed described being accused of neglect or abuse; these experiences seemed to have been particularly difficult:

*“...that was horrible, you know just listening to someone when they tell you that [your son] is always dirty, and he, you know, and um... he's not... er, he's asking people for money because he doesn't have food at home and that I don't give him any food. That was [laughs] embarrassing really.”*

*(Fiona 41, son aged 12)*

The way in which participants seemed to deal with these feelings was quite varied; often during the interviews participants would laugh when they described these experiences, perhaps protecting themselves from difficult feelings. For some, the feelings of shame or embarrassment were accompanied by expressions of anger or frustration, either towards their children or towards services.

Many of the mothers interviewed spoke about periods of feeling overwhelmed by their child's difficulties. These experiences seemed to be associated with a sense that their children were making demands that they could not meet. Five of the mothers interviewed had separated from their child's father, and the pressure of being a single mum was a recurrent theme. Participants emphasised the multiple pressures in their family lives and feeling as though they did not have any time for themselves.

*"...because I really was at the point where I couldn't cope, I couldn't do anymore."*

(Ellie, 48, son aged 13)

During the interviews participants described some of the ways in which they had tried to manage their child's behaviour. There was a common experience of many of these strategies failing accompanied by increasing feelings of frustration:

*“We tried the naughty step, erm... [pause] we tried sending him to his room, tried taking things away, all these were things that had worked with the other two, never.... never worked with [him]”. (Ellie 48, son aged 13)*

Participants rarely reflected on why the various techniques they had tried had been unsuccessful and it often seemed as though they were searching for a single solution that was going to solve the problem once and for all.

Participants emphasised the importance of their relationships with family and friends in providing an important source of emotional and practical support. Particularly, they emphasised the importance of talking to other parents who could empathise with the experience and challenges of having children with complex needs:

*“I’ve got some friends who’ve got children with special needs as well, so sometimes we just have a chat and compare notes and see what is working...”*

(Diane 32, son aged 9)

### **Getting Help**

Participants’ experiences of seeking help for their child’s difficulties were varied; all of the parents reported some helpful and unhelpful aspects of their search. All had received input from multiple external agencies. Overwhelmingly though, participants

felt let down and frustrated by the lack of help that was available to them and their children, inconsistencies in service provision and poor communication.

Accessing support was described as a complicated process; often referrals to CAMHS were prompted by third parties, following concerns at school or after an appointment for physical health treatments. This seemed to reflect a sense of shame about needing to access help due to behavioural difficulties, because of the meaning that this held, of being a 'bad parent' or not being able to cope.

*"...asking for help is embarrassing. Because you and I both know I should be able to do it with my eyes shut." (Ellie 48, son aged 13)*

Some of the most unhelpful experiences were characterised by parents not feeling listened to, understood, or believed by professionals.

*"as if what I was kind of saying actually wasn't the truth, so I find, I found it very hard to have communication with the school, extremely hard and I don't feel like they were supportive." (Beatrice, 34, son aged 11)*

In contrast, when participants described positive experiences of engaging with services they spoke about feeling listened to and understood, and their experiences being normalised. A key aspect of this seemed to be when clinicians took a 'non-judgemental' stance.

*“...it was like someone’s actually listening to what we were saying and not just assuming that we were bad parents...” (Alison 48, daughter aged 10)*

Participants also reported feeling frustrated by the inconsistencies that they experienced when trying to access support. The long-term impact of these perceived inconsistencies on the relationship to services was described by Ellie when she explained how her son reacted to meeting the MST therapist for the first time:

*“...he said ‘but she’ll be like everybody else’ and I said ‘what do you mean she’ll be like everybody else?’ He said ‘she’ll say she’s coming, then when she’s supposed to come, she’ll cancel, then she’ll cancel again’ he said ‘and then she’ll disappear’ but she didn’t, and that was I think a big thing for [him].”*

*(Ellie 48, son aged 13)*

Several participants described input from external agencies as helping them to understand their child’s difficulties in a new light, or adding to their existing understanding, and for some of the mothers, the input they received also helped them to take a different approach in dealing with their child’s behaviour.

*“It confirmed a lot, it confirmed a lot of my ideas of what, y’know, what I thought, and what a lot of people thought about why he was behaving in the way in which he was behaving.” (Beatrice 34, son aged 11)*

Participants described a complex power dynamic with external agencies; at times finding them helpful in enforcing parental authority, whilst at other times feeling undermined and disempowered. The issue of perceived power in relationships was also reflected by Alison's frustration at needing to have her concerns about her daughter's behaviour validated by the school before they were taken seriously:

*"Erm, for me it was annoying a bit in a way because I already knew and I'd tried to say things to them but..." (Alison 48, daughter aged 10)*

### ***The Journey***

Participants spoke about 'looking back' in time to try and determine the origins of their child's difficulties and 'looking forward' to try and sense what the future might hold. At times it seemed as though participants were attempting to process the meaning of their experiences as they spoke and were engaged in a process of trying to put the pieces of a puzzle together. Several of the participants described how they had dismissed their early concerns as 'just a phase' or being normative for their child's developmental stage:

*"I kind of thought 'oh, he'll grow out of it'" (Connie 46, son aged 10)*

Some participants also reflected on experiences during birth, pregnancy and early infancy which they had come to understand as early signs that their child was 'different':

*"...I think I've always known [he] was different, even from a baby..."*

(Connie 46, son aged 10)

There were several times when participants spoke about periods when they felt 'stuck' in their journey. There was a sense that parents had 'lost control' and felt powerless. In this excerpt Ellie describes how she had lost confidence in being able to manage her son's behaviour:

*"But it had been that long since I'd been in control... that I had lost the confidence to do what I knew I had to do." (Ellie 48, son aged 13)*

Participants' reflections on what the future might hold for their children seemed to be related to both their child's developmental stage and the perceived efficacy of attempts to manage their child's behaviour so far. Having recently received input from the MST service which she found very helpful, Ellie described her hopes for a more positive future:

*"...it's been emotionally draining but it's been worth it, because if you'd have asked me six months ago, where my little boy would be at sixteen I would've told you inside [prison]. Now I*

*honestly believe, touch wood, if we can sort school out, and I think for the first time, I really think..." (Ellie, 48, son aged 13)*

Whilst Fiona reflected on some of the fears and worries she had about what the future might hold for her son:

*"Yeah, I'm just scared he will grow up, and you know be involved in so many fights, and you know that will, it won't help him to do what he wants in his life." (Fiona, 41, son aged 12)*

## **Discussion**

Participants used a variety of explanations in their attempts to make sense of their children's behaviour. A recurring theme was the view that the behaviour was a result of their child struggling to deal with complex emotions . Notably, the impact of loss and trauma within relationships played a fundamental role in mothers' understanding of their child's internal world. The impact of trauma has also been highlighted by Briggs et al. (2012) who found that 80% of children referred to child and adolescent mental health services had experienced at least one type of traumatic event, including traumatic loss, separation or bereavement, exposure to domestic violence, emotional abuse and neglect.

Participants' attributions appeared to oscillate, from viewing their children's behaviour as 'intentional and directive' on one end of the spectrum to 'uncontrollable' on the other. Mothers' descriptions of their children were also conflicting, with children described as 'manipulative' on one hand and 'vulnerable' on the other. These shifting perspectives appeared to be associated with strong emotional responses, with participants finding it difficult to integrate the conflicting viewpoints. This is consistent with previous research which suggests that parental attributions which include appraisals of behaviour as child-centred, directive and made with negative intent are likely to be followed by feelings of anger and harsh, inconsistent parental responses (Snarr et al., 2009). Appraisals of the behaviour as 'uncontrollable' are less likely to evoke such powerful negative affect; but may still be associated with feelings of frustration and low self-efficacy (Saltmarsh, 2005). Much of the existing literature relies on parents making causality and responsibility appraisals about hypothetical situations which are unlikely to capture the oscillating nature of emotional conflict which parents experience. In the current study the qualitative nature of the data adds an additional dimension to understanding mothers' emotional experiences.

Parents' own emotional wellbeing appeared to play an important role in how equipped they felt to manage their children's behaviour. Mothers described feeling overwhelmed and emphasised the multiple pressures in their family lives, including violence, conflict, and financial pressures in addition to their child's behaviour. The role of relationships

was central to survival and making sense of experiences. Parents used family and peer networks as sources of emotional and practical support and there was an emphasis placed on the importance of speaking to people who shared similar experiences. This is consistent with previous findings into the ways in which parents utilise informal support networks (Keller & McDade, 2000; Redmond et al., 2002). In some cases support from external agencies was framed as being helpful in aiding understanding, normalising parents' experiences and improving confidence in addressing challenging behaviours. However help-seeking was also associated with feelings of shame and stigma, and external agencies were often experienced as invalidating, inconsistent and disempowering. For some, these experiences seemed to be echoing the existing experiences of loss and abandonment in their personal relationships.

Moretti et al. (1997) and Keiley (2002) highlight the important role of systemic interventions, such as Functional Family Therapy (FFT) and Multisystemic Therapy (MST) in keeping in mind this attachment-focus to engagement when working with multi-stressed families. The potential for negative experiences of services to act as a barrier to future engagement has been discussed previously by Kerkorian (2006). Mothers' reported difficulties in accessing services and confusion regarding the multiple agencies involved which concurs with Shivram et al's (2009) findings. This highlights the importance of effective co-ordination and collaboration between external agencies. Participants' understanding of their own role in the development and maintenance of

their children's behaviour and their hopes and expectations for the future appeared to be influenced by the perceived effectiveness of strategies employed to try and manage their children's behaviour. This would add support to the idea that parental attributions regarding their children's behaviour and their own feelings of self-efficacy are shaped over time by their experience of parenting a child with behavioural problems (Wilson et al., 2006). The current study also suggests that these beliefs are likely to be influenced by a range of personal, social and cultural factors, including pre-existing ideas about what constitutes 'normal behaviour', previous experiences of parenting, positive and negative experiences of engaging with services, access to informal support networks and the wider family context. The evidence regarding the overall impact that parents' existing attributions may have on engagement with services is mixed (Peters et al, 2005) and it remains unclear as to whether addressing parental attributions is necessary as a separate component, or whether existing interventions are already sufficient in this area (Sanders et al., 2004). However there remains a group for whom the basic parent-training interventions are not sufficient (Scott & Dadds, 2009) and in the current study participants described some of the most helpful interventions as those which took into account their own emotional needs and utilised systemic theory and practices to inform the intervention.

### ***Limitations***

It is noted that the sample size was limited; the multiple stressors parents reported being under was reflected in the difficulties recruiting. However, in using a qualitative design a smaller sample allowed for an in-depth analysis of unique data. As participants volunteered to take part in the research it is possible that those who took part were those parents who felt more comfortable engaging with the research process, wanted more support or had a particular personal investment in sharing their experiences (such as grievances with external agencies), and therefore represent the experiences of a particular group. It is also important to acknowledge the potential impact that the researcher's cultural and educational background and role as a Mental Health Professional within CAMHS may have had on the extent to which participants felt able to express their viewpoints openly. It is likely that participants may have had concerns about being judged by the researcher. However, the emergent themes, particularly feelings of being judged by other professionals can be seen as evidence that participants were able to take risks in their disclosures. The study included participants from a White British, White European and Black Caribbean backgrounds. It would have been valuable to gain perspectives from individuals from a wider range of social and cultural backgrounds. Additionally all of the views represented were from mothers, who were predominantly talking about their sons; it would have been interesting to explore further the impact of gender on parental beliefs about behaviour. The linguistic framework used during the interview to discuss parents' experience could be criticised

for being problem saturated, for example the interview included questions about parents' 'concerns' and their children's 'behavioural problems' and may have influenced the way in which participants framed their experiences.

### ***Clinical Implications***

Within a qualitative framework the aim is not to 'generalise' findings to the wider population, but rather the concept of 'transferability' is used in order to provide clinically useful insights into participants' experiences. The current study is able to add to the current understanding of the needs of parents of children with conduct problems, who are likely to be facing multiple pressures in their personal and family lives.

### ***Improving Access***

Participants reported considerable difficulties accessing services and navigating the multiple agencies involved in their children's care, which was also highlighted in '*Child Mental Health is Everybody's Business*' (Ford, Hamilton, Meltzer, & Goodman, 2007). Clearly there is more work to be done in ensuring parents have access to the necessary support services, including early intervention programmes which provide targeted support to vulnerable groups. The study also highlighted a lack of clarity about different services, their function and how they relate to one another.

The mothers interviewed spoke about multiple pressures and stressors in their family lives, which emphasises the importance of recognising parents' needs (Kane et al., 2007) and helping parents to access additional support services as needed, for example by signposting to housing, education and adult mental health services.

### ***Promoting Engagement***

Participants' experiences of engaging with services were varied; the findings highlight the importance of a collaborative, non-judgemental stance so that parents feel listened to and understood. Participants used a range of concepts and ideas in their attempts to understand their children's difficulties. This would support a collaborative, formulation-based approach which makes use of these existing frameworks to help parents develop an integrative and individualised understanding of their child's difficulties which explains the rationale for targeted interventions. Participants reported difficulties in implementing parenting strategies in the home, which were quickly dismissed as being ineffective. This highlights the importance of not delivering information about behavioural strategies in too shallow a manner, which might assume a certain prior knowledge.

### ***Recognising Loss and Trauma***

The current study highlighted the important role of loss and trauma in the development of externalising behaviours. This draws attention to the need for an in-depth and thorough assessment, including paying particular attention to issues around domestic violence, parental conflict and significant losses within the family. This finding also adds further support to systemic interventions which pay particular attention to issues around attachment and loss. There are also important implications to consider for service delivery; several parents reported being referred for multiple, brief interventions which were framed as being ineffective and are likely to have added to the feelings of failure and rejection in the midst of a stressful family context. This highlights the need for services to consider the role of attachment and loss in influencing engagement and be pro-active in 'stepping-up' care at the appropriate points, rather than run the risk of perpetuating this negative cycle.

### ***Further Research***

The current study highlights the need for further attention to be paid into the link between externalising behaviours and early experiences of trauma and loss, so that suitable interventions can be targeted at the families for whom this is particularly relevant. Mothers' explanatory models regarding their children's behaviour appeared to favour a formulation-driven approach which takes into account a range of individual and systemic factors. It would be helpful to directly compare the experiences of

parents who received information delivered in this way, to those who received information regarding their children's difficulties informed by a diagnostic framework.

### ***Conclusion***

This study highlights the complex task of trying to make sense of childhood behavioural difficulties and the importance of frequently re-examining assumptions about the basis of these behaviours. Much of the existing literature does not adequately capture the emotional conflict that parents experience in trying to understand their children nor the intensity of the child's emotional experiences. The relationship to loss and trauma was essential in understanding the child's behaviour and the underlying themes of shame, blame and fracture in relationships were mirrored in parent's experiences of trying to access help. This highlights the importance of qualitative research in ensuring an individual's emotional experiences do not get lost amongst the clinical descriptions of 'disordered' groups.

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