Original Article

Access this article online
Quick Response Code:

Website:
www.jehp.net

DOI:
10.4103/jehp.jehp_440_20

The deficits of the Iranian educational system in teaching children with conduct disorders

Sajad Sajadi, Ghoncheh Raheb, Masoumeh Maarefvand, Khadijeh Abolmaali Alhosseini[1], Abolfazl Ghasemi[1]

Abstract:

BACKGROUND: One of the serious issues in the field of children's social and mental health globally, is conduct disorder. Concerning the special problems of these children, their need for appropriate education seems vital. Thus, this study aimed to identify the educational deficiencies in the Iranian education system in terms of educating children with conduct disorder.

SUBJECTS AND METHODS: This was a qualitative content analysis study of the directed type. The population was in Tehran City, Iran. This research was performed on 23 individuals using a triangulation sampling technique and in-depth interviewing. The study subjects were children with conduct disorder, their parents, teachers, and social workers, and psychology experts. The study participants were selected using a purposive sampling method, and the tool used for data collection was a checklist of questions that has been approved by 4 experts. MAXQDA (version 12) software was used for data analysis in this study.

RESULTS: The obtained data suggested that the deficits of the educational system in Iran are classified into four categories, including the lack of knowledge and skills of school staff, the lack of necessary workforce, the lack of appropriate hardware facilities, and the lack of coordination and cooperation between individuals and systems.

CONCLUSION: Considering the present study results, to improve the educational status of children with conduct disorder and reduce their problems, it is necessary to resolve the identified educational deficiencies as soon as possible by the government, policymakers, and educators.

Keywords:

Children, conduct disorder, educational system, externalizing disorder, social work

Department of Social Work, University of Social Welfare and Rehabilitation Sciences, [1]Department of Psychology, Faculty of Psychology and Social Science, Roudehen Branch of Islamic Azad University, Tehran, Iran

Address for correspondence:
Dr. Ghoncheh Raheb, University of Social Welfare and Rehabilitation Sciences, Kodakyar Alley, Daneshjoo Boulevard, Evin, Tehran, Iran.
E-mail: ghr63519@gmail.com

Received: 29-04-2020
Accepted: 31-05-2020
Published: 28-09-2020

Introduction

Any child may experience maladaptation and destructive behaviors in their daily lives, and numerous children may sometimes lie or engage in conflicts. The rare occurrence of these behaviors is not concerning; however, the frequent incidence of a set of such behaviors in a particular child is of clinical importance.[1] Such conditions could cause enormous anxiety and inconsistency in the child's living and learning environment.[2] One of the essential disorders of childhood and adolescence is to conduct disorder and aggressive and antisocial behaviors. One of the main features of conduct disorder is disturbing behaviors in which social rules are violated. Such children present antisocial behaviors though violating the norms and disregarding the others' rights. The aggressive behavior of these children is aimed at harming individuals or animals. Anti-socialism, ruthless and non-emotional traits, as well as verbal and physical threats are common in this group.[1]

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Sajadi S, Raheb G, Maarefvand M, Alhosseini KA, Ghasemi A. The deficits of the Iranian educational system in teaching children with conduct disorders. J Edu Health Promot 2020;9:230.

Furthermore, the adverse effects of conduct disorder on children's academic and social functioning increase the odds of developing mental illnesses in adulthood and imposes enormous costs to the family and society.[2] This population's family are usually caught in a faulty loop concerning their children, exacerbating their problems and threatening their mental health.[3] The existence of academic and behavioral difficulties negatively affects their relationships with teachers and school staff, leading to academic failure and low self-esteem in these children and adolescents.[4] Negative emotionality and poor self-control, including poor tolerance, irritability, outbursts of anger, suspicion, nonsensitivity to punishment, excitement seeking, and fearlessness, are often associated with conduct disorder.[1] Substance abuse is a common feature, especially among teenage girls with conduct disorder.[2] Suicidal ideation, suicide attempt, and successful suicide occur more frequently in individuals with conduct disorders, compared to their healthy counterparts. If antisocial behaviors in these children are not treated before the third grade, these behaviors will be highly persistent; they should be addressed as a chronic behavior afterward, i.e., strongly like diabetes that cannot be cured but can be controlled or prevented through interventions and support. The presence of a high frequency of children with conduct disorder in schools, necessities appropriate attention.[2]

Scholars reported inconsistent data on the prevalence rate of conduct disorder in different groups. The prevalence rate of conduct disorder in the United States was calculated as 3.5% (2.7%-4.7%) in the general population.[5] Najafi *et al*. explored the prevalence rate of conduct disorder and stated that it is two times higher in males. The reported data on the prevalence rate of conduct disorder in Iran are not consistent. For example, Najafi *et al*. estimated the prevalence of conduct disorder to be 4.99 in primary school students (males: 5.11%, females: 4.87%).[6] Other investigations suggested the same value to range from 2.6% to 3.29% in the Iranian students.[7,8] Some researchers have documented a higher rate for the accurate prevalence of conduct disorder. Salmanian *et al*. estimated the prevalence of conduct disorder in 7 Middle-Eastern countries; they concluded that the prevalence rates for this disorder vary in different sociocultural groups.[9] Conduct disorder seems to be more prevalent in children from the most vulnerable and migrant areas of Tehran. The widespread prevalence of this disorder in the school population affects numerous children, which in turn causes various problems for the society.[2] The educational system is a critical organization in improving the conditions of these children. Considering that children spend a lot of time in school and the excellent potential for providing various interventions in schools, the school could play a more prominent role in this area. However, there are several shortcomings in schools that prevent them from successfully addressing the problem of children with conduct disorder, in particular. The present study aimed to identify the issues associated with teaching the children with conduct disorder in the educational system, with helping promote their condition. For this reason, we applied in-depth interviews and content analysis methods. It is hoped that the results of this study provide an insight into the education policymakers, educators, and executive practitioners, as well as psychologists, social workers, and psychiatrists. Thus, it could be an effective measure of improving the psychosocial health of society.

Subjects and Methods

The study participants of the present research were selected using a purposive sampling method; this process continued until data saturation. This research was performed on 23 individuals using a triangulation sampling technique. The study subjects were children with conduct disorder, aged 8–12 years ($n = 5$), their parents ($n = 6$), teachers ($n = 5$), and social workers and psychology experts in terms of children's mental health disorders ($n = 7$) in Tehran City, Iran. The primary inclusion criterion of this study included a ≥6 years of work experience for the teachers and experts and >4 years of academic education for the teachers and 6 years for the experts were other inclusion criteria. A psychiatrist diagnosed conduct disorder in the studied samples. Besides, all samples lived with their families in Tehran. Children with biopsychological retardation were excluded from the present study. This study was part of a qualitative research project; the required data were obtained following the directed content analysis method. Accordingly, we used in-depth interviews with flexible and open-ended questions. First, a pilot interview was conducted with 4 subjects. Then, some minor amendments were considered for the interview protocol. This investigation was performed in schools and counseling clinics from January 2019 to January 2020. Each interview took about 45–80 min. All interviews were recorded by a digital recorder. The required data were collected using a checklist approved by 4 experts in children's psychiatric disorders. The interview covered some open-ended questions, as follows:

What is the reaction of school staff to the child's maladaptive behaviors?

What factors do you think will improve the child's educational performance? What are the obstacles along the way?

What measures do you think the family, other students, and school staff could take to help you better train your child?

If we were to design an intervention to improve the child's academic performance, what would be your suggestion for the content of it?

To maximize the theoretical sensitivity, we applied the constant comparison by frequently referring to the attained data during the data analysis phase. All study authors collaborated in the discussions in terms of the process of data analysis. Two independent experts of the research team (peer review) and some of the study participants (member-check) assessed all of the collected transcripts of the interviews and the preliminary set of codes and categories. The Independent Ethics Committee of the University of Social Welfare and Rehabilitation Sciences, Tehran, Iran, approved this research (code: IR. USWR. REC.1397.026). All study subjects provided an informed consent form. Verbal informed consent was also obtained from the studied children. Besides, written informed consent was collected from their parents. The study purposes and the confidentiality of data were explained to the study samples. After performing the interviews and recording their transcripts, the compelling content was imported into the qualitative software program MAXQDA (version 12, which is manufactured by VERBI software in Germany Berlin) for data analysis. Then, open text coding consisted of assessing each interview, categorizing the transcript into different sections of content, and renaming them to point out the implemented classes and concepts. Next, the concepts were reorganized to more abstract subclasses. Such classifications were systematically sorted, compared, and contrasted. We resumed this procedure with complex and inclusive themes until reaching data saturation. The nonlinear analysis method was also applied. Accordingly, we frequently referred to various steps of extracting and coding of the data. Finally, to ensure the accurate equality of the transcribed texts and extracted themes, we compared the outcome with the originally recorded voices.

Results

This study was conducted on 23 participants, including 5 children with conduct disorder, 6 parents, 5 teachers, and 7 specialists [Table 1].

Table 1: The sociodemographic characteristics of the study participants

Variable	Children with conduct disorder	Parents	Teachers	Experts
Gender (*n*)				
Male	3	2	3	3
Female	2	4	2	4
Total	5	6	5	7
Age (years)	9	34	40	32
	9	36	41	37
	10	37	44	38
	10	39	49	39
	10	42	55	39
		50		46
				41
Education (years)	3	0	16	18
	3	3	18	18
	4	12	18	18
	4	12	18	18
	4	16	18	22
		18		22
				22

The deficits of the educational system in teaching children with conduct disorder in Iran are presented in Table 2. These shortcomings are classified into four categories, including the lack of knowledge and skills of school staff, the lack of necessary human resources, the lack of appropriate hardware facilities, and the lack of coordination and cooperation between individuals and systems.

Poor awareness and skill of school staff

According to the obtained information, there are specific deficiencies in terms of awareness and skills of school staff in the face of a child with conduct disorder; adequate attention has not been paid to these children by teachers. "One of the problems we have with these children concerning the classroom is that the teacher does not know that he/she should pay more attention to these children, and unfortunately, they are neglected" (Expert 3).

School counselors have either not learned enough special training methods for these children, or failed at implementing those. "School counselors must take treatment courses for managing these children or be assisted with a supervisor to use their knowledge. Some of our counselors are not ready and capable at the moment (Expert 2).

Due to their special circumstances and problems, these children require special education, i.e., also ignored. In best cases, they are considered to be the same as other children. "Mohammad needs more explanation, and I know that he often does not pay much attention, but the teacher has to be more patient" (Parent 1).

The education system does not provide specific training for teachers and other school staff to educate and train children with conduct disorder, and its absence is strongly felt. "It would be helpful to give us practical solutions to control children like them in in-service classes" (Teacher 5).

The findings suggested that the education system is overly punitive and insists on performing such a system on these children. These children are repeatedly punished at school. "Pouria makes fun of my ears. I hit

Table 2: The deficits of the educational system in teaching children with conduct disorder

Sub- Categories	Categories	Main- Category
Low attention from the teacher	Poor awareness and skill of school staff	The deficits of the educational system in teaching children with conduct disorder
The familiarity of school counselors with new therapeutic approaches		
The child's needs for special training		
The inability of school staff to manage the child's problem		
Experiencing frequent punishments at school		
The lack of required experts in schools to work with the child	The lack of required human resources	
The presence of a high number of students per class		
Not allocating adequate time to monitor children		
Crowded and inappropriate physical space for training	The lack of proper hardware facilities	
The lack of training equipment		
The need for teamwork to work with the child	Poor coordination and cooperation between individuals and systems	
Low cooperation of the family with the school		
The lack of coordination between health professionals and the school system		

him, but the teacher told me off. He always argues with me." (Child 4).

The lack of required human resources

Schools failed to have the necessary specialist staff to serve and work with these children. "What we know about the education system is that we do not have enough skilled workers in schools. For example, it is necessary to have a clinical psychologist for children and adolescents. Even there is no social worker who takes care of the child and family affairs. We have a few working days, and it is not as effective as it should be, because the number of clients is very high" (Expert 5).

The high number of students in a classroom has been reported to be annoying. "With 30-some students in a class, it is difficult to manage the class. Now think of a child like that in the classroom, as well" (Teacher 2).

Schoolteachers have not allocated enough time for monitoring children or have been unable to do so. "It has happened many times that this child is arguing with others for various reasons, and the teacher or the principal and the supervisor were not present" (Parent 3).

The lack of proper hardware facilities

The small and unsuitable physical space of education has been reported to have caused many problems at school. "It seems that this child becomes naughtier in a crowded place. We have a hard time with his behavior due to the small size of the schoolyard" (Teacher 4).

The lack of educational equipment was another problem in schools. "Smartboards are essential for educating children, but unfortunately, we don't have one. We sometimes have trouble obtaining markers. In such cases, how can we be successful in teaching such children?" (Teacher 1).

Poor coordination and cooperation between individuals and systems

The need for teamwork in educational work with the child was among the deficits of the schools. "School members need to work together on this issue, and everyone should do their part according to the child's situation. Even a school employee can contribute to this matter by participating in the child in some minor cleaning activities and make them feel useful. However, unfortunately, the school system does not work like a cohesive team in this field" (Teacher 5).

Low family cooperation with school staff was reported in many cases. "We got into a fight, and they told me to ask my dad to visit the school, but my dad does not come to school and always says I have to work" (Child 3).

Severe deficits in teamwork concerning teaching and providing the necessary healthcare services to these children was reported in this regard. "I think both the counseling and psychiatric and even social work systems, as well as the education system, should be comprehensively combined. The family system is so flawed that social work is required, but unfortunately, this system has deficiencies" (Expert 6).

Discussion

This study has identified the educational deficiencies in the Iranian educational system in terms of teaching children with conduct disorder. It has been performed on teachers, specialists, parents, and children with conduct disorder. These shortcomings are categorized into 4 classes, including the lack of knowledge and skills of school staff, the lack of necessary human resources, the lack of proper hardware facilities, and the lack of coordination and cooperation between individuals and systems. In the face of this problem, teachers were unable to provide the children with the necessary measures, and have accordingly encountered serious problems in this

regard. Prior research suggested that with skills training, staff performance level increases significantly.[10,11] As a result, providing modern training methods for school staff, especially counselors, seems necessary for the educational system.[10] The role of new and up-to-date skills in managing conditions has also been supported by other studies.[12] It seems that teachers fail to pay enough attention to the specific issue of the child; therefore, by informing the teachers in this training, their attention could be focused on the special needs of this group.[3]

Moreover, children with a disability who needs special education also require specific training, which we should not be disregarded.[13] The adverse impact of inappropriate punishment on the child's mental health status, as previously mentioned in studies, is a factor that motivates us to minimize the discipline of the educational system for these children.[4] However, the frequent punishments of these children in the educational system have been reported. There are inadequate human resources to educate children. This issue not only creates problems for the general population of students but also generates many problems for the children with conduct disorder. Behavioral disorder needs more attention to education and training.[14] Children with conduct disorder require greater attention for training; however, given a large number of students in a class, this is certainly not possible. Adequate supervision is not allocated for the child's behavior, which has an apparent adverse effect on the child and the class. Furthermore, there is a lack of staff in specialized fields, such as child psychologists and social workers in schools. Unfortunately, many schools in Iran currently lack child psychologists, and social workers are rarely allowed by schools to become permanent members of the education team. The lack of hardware facilities impairs the quality and quantity of training.[3,10] In this case, children are forced to study and spend time in a crowded space, and the negative effects of this congestion were observed on the behavior of children with conduct disorder.[3,10]

In addition, the lack of hardware facilities has made it challenging to educate these children. Having teaching aids is of significant importance. According to the study findings, there has not been the necessary coordination between different systems to manage the children's educational affairs. Moreover, the families of children with conduct disorder had poor cooperation with the education system, i.e., reported as one of the many problems in this regard. Thus, the necessary education of these children could not be continued at home in line with the teachers' education, and it is also impossible to manage the child's behavioral problems in the school environment.[15,16] Teamwork is among the essentials of a treatment system.[17] However, there is no team available to teach these children in schools. As mentioned earlier, the presence of some specialists in the school system, such as psychologists and social workers, is necessary.[18]

Furthermore, the educational team, including the principals, supervisors, teachers, and other school staff, need to use a unified plan in the education of every child with a conduct disorder and to coordinate appropriate activities; there exists a severe gap in this respect.[19] Other identified shortcomings included poor coordination between the in-school teaching team and out-of-school resources and healthcare professionals, like psychiatrists, as this lack of coordination can lead to inappropriate diagnosis or misdiagnosis and negligence or misuse of medications. Those conditions make it difficult for the child to be treated and impairs the process of educating them.[20]

Some limitations of the current study were the restricted time of the teachers and experts, limiting the study population to Tehran, which affects the generalizability of the collected information to other groups with conduct disorder, and finally disregarding the comorbid conditions of the studied children.

Conclusion

Considering the main problems identified in the educational system in this study, fundamental and efficient measures are required to address these problems and meet the needs of this group by policymakers. Therefore, the governmental sector, health policymakers, and educational staff must pay attention and take practical measures in this regard.

Ethical considerations

This research was approved by the Research Ethics Committee of the University of Social Welfare and Rehabilitation Sciences, Tehran, Iran (code: IR. USWR. REC.1397.026).

Acknowledgments

The authors sincerely appreciate the patients, their families, teachers, and specialists for their contribution to this research.

Financial support and sponsorship

This was a self-funded research study.

Conflicts of interest

There are no conflicts of interest.

References

1. Association AP. Diagnostic and Statistical Manual of Mental Disorders (DSM-5®): American Psychiatric Pub; 2013.
2. Plath D. School-based programme for young children with disruptive behaviours: Two-year follow-up. Children Australia 2018;43:67-76.

3. Vanzin L, Mauri V. Understanding Conduct Disorder and Oppositional-Defiant Disorder: A Guide to Symptoms. Routledge: Management and Treatment; 2019.
4. Clanton RL, Baker RH, Rogers JC, De Brito SA. Conduct disorder. In: Handbook of DSM-5 Disorders in Children and Adolescents. NY, US: Springer; 2017. p. 499-527.
5. O'Connell ME, Boat T, Warner KE. Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities: Washington, DC: National Academies Press; 2009.
6. Najafi M, Foladchang M, Alizadeh H, Mohammadifar M. Prevalence of attention deficit hyperactivity disorder, conduct disorder and oppositional defiant disorder. J Except Children 2009;9:239-54.
7. Sarraf N, Mohammadi MR, Ahmadi N, Khaleghi A, Gharibi S, Atapour H, *et al*. Epidemiology of children and adolescents psychiatric disorders in qazvin central areas 2016-2017 (A National Project). J Qazvin Univ Med Sci 2019;22:167-77.
8. Salmanian M, Mohammadi MR, Keshtkar AA, Asadian-Koohestani F, Alavi SS, Sepasi N. Prevalence of conduct disorder in the Middle East: A systematic review and meta-analysis protocol. Iran J Psychiatry 2015;10:285-7.
9. Salmanian M, Asadian-Koohestani F, Mohammadi MR. A systematic review on the prevalence of conduct disorder in the Middle East. Soc Psychiatry Psychiatr Epidemiol 2017;52:1337-43.
10. Lochman JE, Boxmeyer CL, Jones S, Qu L, Ewoldsen D, Nelson WM 3rd. Testing the feasibility of a briefer school-based preventive intervention with aggressive children: A hybrid intervention with face-to-face and internet components. J Sch Psychol 2017;62:33-50.
11. Katzmann J, Goertz-Dorten A, Hautmann C, Doepfner M. Social skills training and play group intervention for children with oppositional-defiant disorders/conduct disorder: Mediating mechanisms in a head-to-head comparison. Psychother Res 2019;29:784-98.
12. Datyner A, Kimonis ER, Hunt E, Armstrong K. Using a novel emotional skills module to enhance empathic responding for a child with conduct disorder with limited prosocial emotions. Clin Case Stud 2016;15:35-52.
13. Cossu G, Cantone E, Pintus M, Cadoni M, Pisano A, Otten R, *et al*. Integrating children with psychiatric disorders in the classroom: A systematic review. Clin Pract Epidemiol Ment Health 2015;11:41-57.
14. Mingebach T, Kamp-Becker I, Christiansen H, Weber L. Meta-meta-analysis on the effectiveness of parent-based interventions for the treatment of child externalizing behavior problems. PLoS One 2018;13:e0202855.
15. Baumel A, Pawar A, Mathur N, Kane JM, Correll CU. Technology-assisted parent training programs for children and adolescents with disruptive behaviors: A systematic review. J Clin Psychiatry 2017;78:e957-69.
16. Sheridan SM, Ryoo JH, Garbacz SA, Kunz GM, Chumney FL. The efficacy of conjoint behavioral consultation on parents and children in the home setting: Results of a randomized controlled trial. J Sch Psychol 2013;51:717-33.
17. Kim J, Trahan M, Bellamy J, Hall JA. Advancing the innovation of family meeting models: The role of teamwork and parent engagement in improving permanency. Children Youth Serv Rev 2019;100:147-55.
18. Singh G, Verma R. Relevance of school social work: A literature review. Our Heritage 2020;68:1204-21.
19. Sagar R, Patra BN, Patil V. Clinical practice guidelines for the management of conduct disorder. Indian J Psychiatry 2019;61:270-6.
20. Fairchild G, Hawes DJ, Frick PJ, Copeland WE, Odgers CL, Franke B, *et al*. Conduct disorder. Nat Rev Dis Primers 2019;5:43.