THE DIFFERENCE BETWEEN ADOLESCENTS WITH AND WITHOUT CONDUCT DISORDER IN ASSESSING THEIR FAMILY FUNCTION

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ABSTRACT

Background: Conduct disorder (CD) among adolescents is increasing and becomes a particular concern. The occurrence of CD often results from misunderstandings between children and their parents, indicating a functional disturbance in the family. Objective: this study investigated family function from the viewpoints of children with CD. Method: Children with CD who met the inclusion criteria were asked to fill questionnaires of Family Assessment Device (FAD) on family function. As control, their adolescent biological siblings, who had no CD, as well as their parents, were also asked to fill the questionnaires. Results: children with CD showed significant different assessment in several aspects of family function from that of their siblings or parents. However, regarding with family function, children with CD showed significant difference (p < 0.05) from others (father, mother, and siblings). Conclusion: Although in several aspects of family function, CD children had no significant difference from their parents and non-CD siblings, the assessment of CD children to family function is generally different from that of their parents and non-CD siblings. Suggestion: Treatment for children with CD should be undergone using family approach.

Keywords: conduct disorder, family function, difference in assessment

INTRODUCTION

Delinquency among adolescents has long been a problem not only for parents, but also for the society, and the country as well. The problem has attracted attention and concerns, particularly in the efforts to prevent and manage it. If no attention paid to the resolve the problem, it may induce negative effects towards the stability of life in family and society. Conduct disorder (CD) is commonly found, and attention should be paid to prevent as well as to manage its occurrence. This is also confirmed by a family therapy activity, in which from 400 cases receiving family therapy, most of the cases were families that had children with CD (Churven & Cinthio, 1983).

In terms of psychological development, adolescence is a period during which adolescents are undergoing a process towards adulthood. During this period, they experience psychological fluctuation that may results in confusion. It is suggested that the confusion results from mutual interaction between growth and development during adolescence in one side, and social response as well as judgment towards their growth and development in the other side. Adolescence growth and development involves various aspects: physical, emotional, intellectual, social, etc. They have their own sense of beauty and they want to decide anything according to their own judgment. Such development is responded variably by parents, educators, and the society itself. If the response is positive, tolerable and supportive, their growth and development may progress quite well. They will have positive passion, although sometimes they face troubles and obstacles during the process of growth and development. In contrast, if their environment cannot understand them, they will oppose them and regard them as authoritarian. This will result in miscommunication. They may feel disappointed, misunderstood, unsupported, and even unloved. They will turn away from their parents, educators, and society and they will live in their own way, according to what they think is right. They become indifferent, and even oppose their parents, educators, and society. There will be a gap between generations. Adolescents may feel frustrated and, consequently, they become aggressive and demonstrating behaviors unacceptable by their environment (Riberu, 1985).

Literature studies also suggested that antisocial behavior is often related to family pathology, in which children, either overtly or covertly, have a need or expectation of receiving attention from their parents (Fleck, 1985). According to Simon, children behavior is determined by organizational structure and transaction pattern in the family. If they experience conduct disorder, they should not be seen separately from their parents, because parents and children are tied together as a family. Presence of conduct disorder indicates disorder in family function (Simon, 1995). Sater stated that if there is a child with conduct disorder in a family, this situation is a mistransformation from marriage relationship to relationship between parents and children (Coleman et al, 1980). A situation of a family, in which there is disharmony, instability, presence of
psychopathology, lack of supervision and control, may results in conduct disorder in children (Kaplan & Sadock's, 1993). Children who receive no love from their parents or feel as being rejected for a prolonged time, presence of hatred and ignorance, inconsistent control from the parents may also bring about conduct disorder (Hoare P, 1993). Other factors are chaotic family life (Huberman, Cahill, 2000), and social and family condition full with conflict and negativeness (Earls & Mazzacappa, 2002).

All efforts to prevent and overcome the problem have been attempted, yet they have not produced satisfactory results. Therefore, it is important to perform further studies on adolescent delinquency to create improvements in the efforts to prevent and overcome the problem. In the previous study, the author had studied the function of the family of children with CD, based on the perception of the parents of those children. However, it is also important to find the perception or assessment of the children themselves on the function of their family. It is not infrequently that a good intention from the parents is perceived differently or negatively by the children, resulting in reactions that present as negative behavior. In this paper, the author presents a study on the perception of adolescents with conduct disorder (CD) on the function of their family.

The objectives of this study were to identify how adolescents with CD assessed the function of their family; to find the difference of their assessments, and to find the difference between the assessment of children with CD and that of their normal siblings. It is expected that the results of this study can support the efforts to improve, prevent, and overcome delinquency among adolescents.

METHODS

Patients

Subjects are children who met the criteria of conduct disorder according to the Guidelines for Classification and Diagnosis of Psychiatric Disorders III (GCDPD III) and admitted at child and adolescent psychiatry outpatient clinic and/or participated in "day care" at the Division of Child and Adolescent Psychiatry, Dr Soetomo Hospital and those taken care at Prayuwana House for Delinquent Children during the last one year, and taken care by their own parents. Control consisted of parents of the subjects and one of the subject's siblings aged 12 - 18 years.

The diagnostic criterion of conduct disorder according to GCDPD III was as follows: A repeat and established behavioral pattern (minimally for 6 months) resulting in the violation of others' human rights or violation to important regulations or social norms corresponding to the subject's age. A more serious delinquency than that found among children and adolescents (GCDPD III).

Methods

The subjects were visited and their perception on their own family function was assessed using Family Assessment Device (FAD). Additionally, the function of the family was also assessed according to the perception of the parents and biological sibling who met the criteria in this study. The family function measured was that in the last three months.

Measurement Devices

To measure family function, we used The McMaster Family Assessment Device (FAD), with an acceptable reliability and validity. Results of reliability examination in FAD repeat test showed a high value of reliability (alpha = 0.70) (Miller et al, 1985). FAD validity test in clinical and non-clinical groups showed significant difference (p < 0.02), and the use of FAD together with Locke Wallace Marital Satisfaction Scales provided parallel results of analysis (Epstein et al, 1983; Kabacoff et al, 1983). FAD is a questionnaire comprising 60 items, divided into 7 scales consisting of:

Scale 1. Problem Solving (PS)
Item numbers 2, 12, 24, 38, 50, 60, measuring family capacity in solving problems endangering family integrity and functional capacity.

Scale 2. Communication (Co)
Item numbers 3, 18, 29, 43, 52, 54, 14, 22, 35, measuring information exchange among family members, emphasizing clearliness of the content of verbal messages and the target of those messages.

Scale 3. Roles (Ro)
Item numbers 4, 8, 10, 15, 30, 34, 40, 45, 53, 58, measuring family capability in establishing behavioral pattern in undergoing daily family function, including the family function as the source of accommodation, support for individual development, etc.

Scale 4. Affective Responsiveness (AR)
Item numbers 4, 8, 10, 15, 30, 34, 40, 45, 53, 58, measuring family capability in establishing behavioral pattern in undergoing daily family function, including the family function as the source of accommodation, support for individual development, etc.

Scale 5. Affective Involvement (AI)
Item numbers 5, 13, 25, 33, 37, 42, 54, measuring the extent to which family member provides attention and
involvement in the activity of other member. A family is regarded as healthy when the level of involvement is moderate, not providing too little or too much involvement.

Scale 6. Behavior Control (BC)
Item numbers 7, 17, 20, 27, 32, 44, 47, 48, 55, measuring how the family express and maintain standard behaviors.

Scale 7. General Functioning (GF)
Item numbers 1, 6, 11, 21, 26, 31, 36, 41, 46, 51, 56, measuring all family functions, either pathological or normal, combining a range from scale 1 to scale 6.

Assessment method

Score for each statement was ranging between 1 and 4
1 if the statement was highly corresponding to the real situation of the family
2 if the statement was corresponding to the real situation of the family
3 if the statement was seldom/rarely corresponding to the real situation of the family
4 if the statement was not corresponding to the real situation of the family

Scores for education:
1 for elementary school
2 for junior high school
3 for senior high school
4 for higher education

Data analysis

FAD scores were subjected to Wilcoxon Sign Rank Test statistical analysis. The significance level used in this study was 0.05

RESULTS

The examination of medical records in Dr Soetomo Hospital and Prayuwana House for Delinquent Children in 1989 revealed that 86 children met the criteria of conduct disorder. Eighty-one of those children were male, and the remaining were female. The families of those children were visited to request them for filling the FAD questionnaire. It turned out that only 20 families who successfully filled the FAD, while the other families had no clear address or unwilling to participate in this study. From these 20 families, only 12 children met the criteria as subjects in this study, i.e., aged 12 - 18 years (adolescents) and had siblings aged 12 - 18 years either. Coincidentally, all of the subjects were male, and from the siblings participated, only one was female.

Data processing using Wilcoxon Sign Rank Test for paired data revealed that the education of the subjects, as compared to control (the sibling), showed no significant difference (N = 9, T = 18, p > 0.05).

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Above table shows that FAD assessed by CD children compared to FAD assessed by Father reveals significant difference in terms of "Problem Solving" (PS), "Communication" (Co), and "Affective Responsiveness" (AR).

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Table 2 shows that children with CD have significant difference in assessing their family function compared to that of their mothers in terms of "Problem solving" (PS), "Communication" (Co), "Affective Responsiveness" (AP), "Behavior Control" (BC), and "General Functioning" (GF) with p < 0.05.

Table 3. FAD of children with CD vs normal children

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From Table 3 it can be seen that family assessment by children with CD shows significant difference from that of their normal and adolescence siblings in terms of "Problem solving", "Communication", "Roles", "Affective Responsiveness", "Behavior Control", and "General Functioning" with p < 0.05, while for "Problem solving" and "Affective involvement" both groups showed no significant difference with p > 0.05.

Table 4. FAD of normal children vs father

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Table 4 demonstrates that the family function assessment of normal adolescents (without conduct disorder) shows no significant difference from that of their fathers in all aspects (p > 0.05).

Table 5. FAD of normal children vs mother

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Observing Table 5, it is apparent that the assessment of children without CD on their family function shows significant difference from that of their mothers only in terms of "Problem Solving" (PS) and "Affective Involvement" (AT), while in general functions or other aspects no significant difference is found.

DISCUSSION

Results of statistical analysis in this study clearly indicate significant difference in family function assessment between children with conduct disorder (CD) and their fathers, mothers, and siblings. Children with CD and their fathers and mothers showed significant difference in family function assessment regarding with problem solving, communication/information exchange, affective responsiveness, behavior control, and family function in general. While in the assessment of role and emotional involvement children with CD and their parents differed moderately, in the assessment of general family function they differed significantly.

Literature studies revealed that gap between parents in one hand and their adolescent children in the other hand often presents. Due to the process of psychological development, the adolescents' mind start to develop, rendering them to have their own beliefs and hold strongly their own philosophy of life. They need freedom and independence. This may bring about misunderstanding between adolescents and parents/educator. Due to their love to their children, they are afraid that they will take a wrong way which
may lead them to unexpected situations. Thereby, they take preventive actions, which are often manifesting as guidelines that present as undeniable prohibitions, orders, and suggestions. However, what adolescents need more is love from their parents, which is presenting more as trust and freedom, flexibility, independence, and autonomy. Consequently, this difference often results in misunderstanding. Parents believe that they love their children truly, while, in contrast, the children feel that their parents are cruel, have no love to them, and no willingness to let them grow to become mature individuals that have freedom to take care themselves. Finally, they feel unsatisfied, disappointed, and they take their own attitude and behavior according to their own will (Riberu, 1985).

In children without conduct disorder, however, the misunderstanding is relatively low. It does not result in differed assessment of general family function (GF). This is also proved in this study, that even though normal children (without conduct disorder) showed significant difference from their mothers in assessing their family function in terms of "problem solving" and "affective involvement", in general family function they showed no significant difference in their assessment (see Table 4 and Table 5). Moreover, these normal children had no difference in their assessment from their fathers in all aspects.

Although in this study children with conduct disorder and normal children showed no significant difference in problems solving and affective involvement, in other aspects both groups showed significant difference, including in assessing general function of the family. Therefore, in the prevention as well as management of conduct disorder in adolescents the possibility of different assessment as explained above should not be ignored and it should be managed seriously.

However, this study had a shortcoming in terms of the number of subjects involved. This was due to remarkable number of addresses that could not be recognized, remarkable number of parents who refused to participate, and difficulties in obtaining siblings who met the criteria as control in this study.

CONCLUSION AND RECOMMENDATION

In assessing their family function, children with conduct disorder are different from their fathers, mothers, and siblings who have no conduct disorder. Either in the attempt to prevent or manage conduct disorder, the difference should be taken into account and for the parents and children. The presence of such difference should be realized so that they can develop a mutual understanding among each other. Thereby, the attempt to prevent and manage children with conduct disorder can be carried out more successfully.

REFERENCES